Our mission at Apicha Community Health Center is to improve the health of our community and to increase access to comprehensive primary care, preventive health services, mental health, and supportive services. We are committed to excellence and to providing culturally competent services that enhance the quality of life. We advocate for and provide a welcoming environment for underserved and vulnerable people, especially Asians and Pacific Islanders, the LGBT Community and individuals living with and affected by HIV/AIDS.

Title: Revenue Cycle Associate (Full-Time Permanent)
Reports to: Director of Revenue Cycle and Patient Accounts
FLSA Status: Non-Exempt

Position Summary: Under the supervision of the Revenue Cycle and Patient Account Director, the Revenue Cycle Associate is responsible to ensure and reconcile billing encounters - claim and statement processing, corrective coding, payment posting, accounts receivable/denial follow-up.

Duties and Responsibilities:
- Prepare, review, transmit 827P/837I and process primary and secondary claims for Institutional (UB04) & Professional (HCFA) billing as well as printing paper claims for timely submission.
- Monitor, research and resolve unpaid, rejected and denied claims
- Initiate and answer correspondence for claims resolution with insurance carriers.
- Import and Export EDI / ERA files from multiple sources and verify all payments posted and adjustments have been applied according to policy.
- Maintain files and documentation thoroughly and accurately, in accordance with company policy and accepted accounting practices
- Work with management in identifying, researching, and resolving issues which may lead to inaccurate or untimely filing of claims, claim rejections, and/or other billing and collections issues which may arise
- Review denied charges at the Clearinghouse level (e-Solutions / ClaimRemedi) - resolve errors,
- Prepare and review patient statements by following Sliding Scale policy
- Review, research, resolve credit balances, appeals, and refund requests
- Verify all payments and adjustments have been applied according to policy.
- Ability to present findings and discuss issues with providers effective
- Answer questions from patients, clerical/managerial staff and insurance companies
- Ability to work independently and as a part of a team in a deliverable-focused professional environment
- Assists with related special projects as require
Qualifications/Education/ Experience:
High School Diploma or GED and 5 years’ Billing and Coding (Medical and/or Dental) experience required.
- Experience billing for a Federally Qualified Health Center (FQHC) or Community Health Center (CHC) environment.
- Knowledge of Medicaid - Wraparound / 4028, Medicare and other insurance guidelines, including Commercial/ Managed Care/ Advantage/HMO/PPO etc.
- Knowledge of facility-based billing/reimbursement methodologies including revenue rates and codes, as well as knowledge of federal, state and payer specific regulations and policies is a plus.
- Knowledge of one or more multi-specialties; Dental, Family Health, Infection Disease, Pediatrics, Women's Health - GYN / Obstetrics, Mental Health,
- Working knowledge of Medical Billing Systems/ Electronic Health Records – eClinicalWorks, EPIC and/or Medisoft.
- In depth knowledge of CPT4 and ICD10 Coding required
- Strong interpersonal and communication skills, including the ability to communicate effectively with a wide range of physician practices and their patients.
- Strong computer skills with fluency in Microsoft Office applications including Excel, Outlook, and Word

Physical Demands/Working Conditions:
- Ability to stand, walk or sit for an extended period.
- Ability to hear within normal range
- Strong verbal and written communications skills
- Ability to see within normal range
- Extended periods of time at a computer
- Noise level is moderate

The physical requirements described herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made, whenever possible, to enable individuals with disabilities to perform the essential functions.

Apicha CHC is an Equal Opportunity Employer. M/F/D/V/SO

Benefits Offered: Medical, Dental, Vision, Long Term Disability, FSA, Commuter benefits, PTO, etc.
Working position: Monday to Friday 40 hours per week
Number of openings: 1
Form of payment: Paystub
Screening: Yes. Background screening and Pre-Employment Medical Certification