

Job Title: AR Follow-up and Appeals Representative

FLSA Status Non-Exempt

Division & Department: RCM-Convergent-MA

Reports To: Team Lead, Accounts Receivable

POSITION SUMMARY

The AR Follow-up and Appeals Rep. is responsible for following up on claims and billed professional fee charges. This person should be able to navigate payer and clearinghouse websites and utilize excellent phone skills when obtaining claim status. The goal is to perform one touch resolution by obtaining all appropriate information, commenting thoroughly and taking appropriate action for adjudication. It is imperative for this position to understand the unique requirements of each individual payer as well as the time limits surrounding claim and appeal submission. It is essential that this person fully comprehends explanation of benefits from each carrier from several different states as well as being able to identify trends and escalating in a timely manner in order to be managed efficiently.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Effectively work from daily AR report
- Perform follow-up either on website or placing phone calls to Insurance Carrier or patient with unpaid claims
- Navigate effectively and efficiently through insurance websites
- Verify insurance eligibility and benefits; obtain LCD's/Carrier Policies
- Understand managed care authorizations and limits to coverage such as the number of visits
 - This is encountered often when billing for specialties; know where to find such authorizations and have claim reprocessed
- Research credit balances providing feedback and/or prepares refunds for approval by Supervisor
- Process correspondence requests; respond to customer inquiries in a timely manner
- Provide weekly review of rejected claims and find resolutions
- Identify and awareness of claim submission/deadlines and escalate trends; discuss ideas for process improvement with the Supervisor
- Report all insurance company trends to the AR Team Lead that might be hindering payment/adjudication
- Maintain production standard of 40-50 accounts/day
- Contribute to special projects, as assigned by the AR Team Lead
- Performs other duties as assigned and/or assume additional responsibilities as required

QUALIFICATIONS (Knowledge, Skills, and Ability Requirements)

- High School Graduate or equivalent
- Minimum of 2 years relevant experience in a health care organization
- Knowledgeable on insurance and reimbursement process
- Knowledge of medical terminology
- Excellent communication skills
- Demonstrate time management skills; must be able to meet deadlines
- Must be computer literate and have basic word processing, excel, and calculator skills; computation, typing and filing
- Must be able to work flexible hours when needed and occasional extended hours when necessary
- Effectively cope with change
- Orchestrate multiple activities at once to accomplish a goal; uses resources effectively and efficiently; detail oriented
- Widely trusted; keeps information confidential; maintain confidentiality within a HIPAA secure environment

ENVIRONMENTAL/WORKING CONDITIONS

- Normal office environment
- Sit for long periods of time; manual dexterity, use a calculator and to operate a computer keyboard; frequent mobility required to access files; bending, stooping, walking and lifting required
- Must be able to work flexible hours when necessary with occasional extended hours when necessary
- Mandatory overtime at month-end

SUPERVISORY RESPONSIBILITIES

Does this job have supervisory responsibilities? **No**

Are there subordinate supervisors reporting to this job? **No**

Are there other non-supervisory employees who report directly to this job? **No**

CERTIFICATES, LICENSES, REGISTRATIONS

N/A

ACKNOWLEDGEMENTS

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____