



Behavioral & Educational Solutions, P.C.

Job Title:	Medical Claims & Authorizations Specialist	Job Category:	Professional
Location:	DC Metro Area	Travel Required:	Minimal
Level/Salary Range:	Competitive & commensurate with experience	Position Type:	Full-Time, Permanent

Role and Responsibilities:

Since our inception in 2008, Behavioral & Educational Solutions (BESDC) has positioned itself as a leader in mental health and social support services for children and families in the DC Metro area. Our team of psychologists, speech and language pathologists, social-workers, and behavioral analysts provide support, resources, solutions, respite, and education so families can increase engaged quality time together. We are committed to collaborating with families and schools so interventions are solution focused, culturally sensitive, and developmentally appropriate. We are a team of young, culturally diverse, and energetic professionals committed to providing comprehensive services that serve the entire child and nurture his/her development. We are looking for like-minded professionals.

What the Ideal Candidate looks like:

- Medical or behavioral health billing experience - **REQUIRED**
- AA/BA degree in applicable field OR an equivalent combination of post-secondary education, training, and experience
- Billing experience is required. Combination of experience and education will be considered. Healthcare business and/ or medical office experience is preferred.
- Experience working in a diverse multicultural setting; Spanish and English languages an asset

Duties include (but are not limited to):

Claims

- Ensure accurate and timely insurance claims processing
- Complete detailed insurance billing statements
- Develop professional relationships with insurance payer
- Proactively resolve insurance claims disputes
- Manage insurance payment/collection activities
- Maximize revenue collection
- Research and resolve rejected, incorrectly paid and denied claim and submit for appeal

Credentialing

- Complete credentialing application for newly hired clinicians and follow up on application status at least monthly.
- Ensure that the organization is in compliance with paneling procedures with each insurance company
- Identify other insurance companies to panel with
- Leads, coordinates, and monitors the review and analysis of clinician's insurance applications and accompanying documents, ensuring applicant eligibility.
- Conducts thorough background investigation, research and primary source verification of all components of the applicant's file.
- Notifies Clinician if CAQH needs updating;
- Monitors and ensures that clinician's licensing, CAQH, and professional liability insurance are up-to-date and valid ensuring compliance with regulatory bodies policies and procedures, and specific contracts.



- Responds to inquiries from healthcare organizations, interfaces with internal and external customers on day-to-day credentialing and privileging issues as they arise.
- Performs miscellaneous job-related duties as assigned.

Authorizations:

- Obtains pre-authorizations/pre-certification per payer requirements for services
- Ensures authorization information is documented in the electronic medical records system
- Maintain strong communication between clinical and administrative staff
- Remain current with insurance requirements for pre-authorization and provide education within the departments and clinics on essential changes
- Keep management informed of changes in authorization process, insurance policies, billing requirements, rejection or denial codes as they pertain to claim processing and coding.

Essential Skills, Knowledge, and Qualities:

- In-depth understanding of BES patient policies and procedures
- Thorough knowledge of various types of insurances and their allowable benefits; regulations governing alternate sources of payment; and other regulations governing alternate sources for funds.
- Knowledge of third-party payor reimbursement requirements and benefit verification experience including the identification and coding of payers contracted with to assure accurate billing.
- Ability to problem-solve.
- Ability to work well with others.
- Maintains confidentiality of sensitive information.
- Must be detail oriented and accurate.
- Demonstrates service excellence in previous positions.
- Good written and oral communication skills.
- Displays an aptitude and willingness to learn new responsibilities.
- Working knowledge of medical terminology and abbreviations
- Ability to prioritize and complete required tasks within established time schedules.
- Ability to perform basic arithmetic calculations.
- The ability to operate office machines/computers.
- Efficient and accurate typing skills.
- Previous experience with electronic medical records management system (CentralReach a plus)
- Spanish speaker a plus
- Knowledge of CPT, HCPCS, and ICD-10 codes required.
- Medical terminology required
- Strong customer service skills & Professional demeanor
- Excellent communication skills
- Strong organizational abilities and priority management
- High proficiency and working knowledge of computer use, data base navigation, MS Word and Excel