



St. Croix Regional Family Health Center

DENIALS SPECIALIST

Department: Fiscal
Effective date: 12/09/2024

Reports to: Chief Financial Officer
Reviewed:

SUMMARY OF FUNCTIONS: This role involves managing and processing billing information, ensuring accuracy in coding, and maximizing reimbursement through diligent follow-ups and appeals.

MAJOR DUTIES AND RESPONSIBILITIES:

Responsibilities:

- Follow up on unpaid or denied claims, ensuring timely collections
- Appeal denied claims and ensure accurate resubmission
- Communicate with insurance companies, healthcare providers, and patients to resolve outstanding balances
- Verify and update patient insurance information as needed
- Maintain accurate records of collections and billing activities
- Work closely with the billing and coding team to ensure compliance with industry standards and regulations

EXPERIENCE AND/OR EDUCATIONAL REQUIREMENTS:

- Minimum of 3 years of medical billing and collections experience, specifically for an FQHC.
- Strong understanding of Medical and Dental coding for an FQHC (CPT, ICD-10).
- Familiarity with HER/EMR systems and billing software (e.g. EclinicalWorks).
- Excellent communication and negotiation skills.
- Ability to handle high volumes of work efficiently and accurately.
- Knowledge of insurance processes, Medicare/Medicaid, and commercial payers.
- Strong attention to detail and problem solving.