

## **Job Title: Reimbursement Specialist**

### **Job Summary:**

The Reimbursement Specialist will be responsible for working with referring providers and/or patients to assist with preauthorization, billing, and reimbursement issues related to genetic testing, visits or consults provided by GGC.

### ***Supervisory Responsibilities:***

- May assist in training newly hired and established employees in areas related to insurance reimbursement, preauthorization, and collections.

### ***Duties/Responsibilities:***

- Perform daily activities of preauthorization submissions, billing, and auditing of accounts to ensure accurate claims submissions and optimization of reimbursement from commercial/governmental payers, clients, and payers for services provided.
- Document eligibility, benefit, and authorization information in accordance with established guidelines.
- Verify prior authorizations and/or pre-service requirements are met.
- Proactively manage and maintain all outstanding authorization accounts to increase billing of clean claims.
- Provide outstanding customer service to patients and develop and maintain positive working relationships with internal and external customers.
- Document all account activity and correspond to inquiries in a timely manner.
- Work as part of the accounts receivable operations to resolve open balances with payers.
- Escalate payer issue trends for leadership consideration along with possible solutions.
- Exhibit a good understanding of genetic services provided, as well as fee practices, with the ability to recognize areas of possible difficulty and take appropriate steps.
- Assist in resolution efforts for payers assigned within the AR department.
- Communicate and work effectively with colleagues from all departments.
- Support training of new and existing personnel specialists with tasks related to the preauthorization and reimbursement function.
- Consistently follow written and verbal communications and internal processes, as well as meet or exceed monthly quality and productivity standards.
- Perform other related duties as assigned.

### ***Required Skills/Abilities:***

- Strong critical thinking skills
- Self-motivated and self-directed with the ability to work independently and as part of a team
- Ability to maintain strong relationships with physicians, employees, patients, and customers.
- Excellent organizational skills, time management skills and attention to detail
- Proficient in working with computer to include familiarity with Microsoft Office products, Electronic Medical Records and electronic claims software.
- Strong customer service skills to include being comfortable discussing billing issues with both patients and insurance companies
- Excellent verbal and written communication skills

### ***Education and Experience:***

- Bachelor's degree preferred, with relevant experience in patient billing, preauthorization or insurance verification.
- Demonstrated knowledge of health insurance plans including Medicare, Medicaid, HMO's and PPO's beneficial.

### ***Physical Requirements:***

- Prolonged periods of sitting at a desk and working on a computer.
- Must be able to lift up to 15 pounds at times.