

Position: Claims Reviewer

Position Summary

Coordinates and processes billing of patient accounts for Hidalgo Medical Services (HMS), including initial claims review (claims scrubbing) to ensure proper billing and coding for services rendered by HMS. The Claims Reviewer may also be tasked with performing additional duties related to the improvement of revenue cycle processes within the Patient Financial Services (PFS) department. This may include accounts receivable follow-up and other collection efforts.

The delivery of quality service and positive interaction with our customers is critical to the completion of all the tasks within this job description, thus the employee is responsible for establishing and maintaining interpersonal relationships with patients, visitors, and HMS employees in a courteous, respectful, and professional manner. Guidelines include all HMS policies and procedures.

Position Accountabilities

1. Conduct initial claims review prior to submission to ensure clean claims submission.
2. Check for proper CPT/HCPCS/ICD codes from Electronic Health Record (EHR) for claims submissions and resubmissions
3. Ensure claims are signed and locked prior to claims submission.
4. Work with providers to ensure proper coding and documentation guidelines are being followed or for claims corrections when appropriate.
5. Download clearinghouse reports and follow up on rejected claims as needed.
6. Verify information to process insurance forms correctly.
7. Ensure compliance with established coding guidelines and third-party reimbursement policies. Including knowledge of changes, with Federally Qualified Health Center (FQHC) Medicare and Medicaid regulations (health care reform, Centennial plan, PPS, ICD-10) including medical mental health, dental, and hospital claims.
8. Answer telephones, take messages or transfer calls, and answer patient billing questions.
9. Meet with patients who have questions about their accounts and establish payment plans when needed.
10. Contact the Payer-Provider Representative when a billing issue is identified to seek clarification and resolution to the issue.
11. Promote fiscal stability of HMS by cost-effective use of resources.
12. Perform all other related duties as assigned, which may include but are not limited to the following duties:
 - a. Follow up on aged accounts
 - b. Post payments from all sources.
 - c. Send out billing statements
 - d. Issue patient and/or insurance refunds when appropriate.

Minimum Qualifications

- High School graduate or G.E.D.
- Minimum of one year of experience in customer service or billing-related field.
- Certified Medical Coder Preferred.
- Personal computer experience.

To Apply

Completed HMS Employment Application may be emailed to jobs@hmsnm.org or dropped off or mailed to:
1105 N. Pope Street, Suite C, Silver City, NM 88061

Or

530 DeMoss Street, Lordsburg, NM 88045

For more information call 575-247-6036