

# INFANT WELFARE SOCIETY OF CHICAGO

## REIMBURSEMENT SPECIALIST

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Report to: Director of Revenue Cycle

Department: Billing

Classification: Non  
Exempt

Date: February 2013  
Revised: 11/2016

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**SUMMARY:** Manages activities of the billing and receivable functions of IWS

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To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of knowledge, skills, and ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties.

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### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

- Responsible for transmission of billing for Medical, Mental Health and Dental services.
- Responsible for downloading remittances from MEDI, Availity and Doral Dental systems.
- Responsible for posting electronic payments into Practice Management system.
- Responsible for reconciling remittance vouchers against transmissions.
- Responsible for collecting, posting and managing account payments on a daily basis.
- Responsible for generating monthly billing statements to patients.
- Responsible for data entry of Family Planning claims into Ahlers system.
- Tracks and reconciles receivables against transmission batches.
- Manages rejected billing and re-submission of claims for Medicaid, Mental Health, Dental and Commercial carriers.
- Generates monthly reports to track collections.
- Responsible for registering all providers with various payers (i.e. Medicaid and commercial)
- Reports trends in claims rejections that may have an impact on maximizing clinic revenue.
- Identifies front-end issues and resolves with source in an effective and expedient manner.
- Follows and reports status of delinquent accounts.
- Performs various collection actions including contacting patients by phone, correcting and resubmitting claims to third party payers.
- Verifies overpayments, collecting data, making adjustments, reversals and clearing up any discrepancies.
- Serve as liaison with IDPA on billing issues.
- Serve as a super user for Practice Management and Electronic Medical Records (EMR) system for Patient Support.
- Serves as the Billing Manager's back-up.
- Maintains strictest confidentiality; adheres to all HIPAA guidelines/regulations.
- Other duties as assigned by supervisor.

**QUALIFICATIONS:**

- Education: Bachelors degree preferred
- Licensure: N/A
- Experience: Three (3) years of patient billing experience, preferably in a nonprofit Medical setting or a Federally Qualified Health Center (FQHC). Experience with computerized medical billing required.
- Special Training: Coding and Billing training preferred.
- Skills: Must have ability to review, analyze and develop operational system changes to achieve goals. Must have strong organizational and communication skills. Must have excellent management skills and problem-solving ability. Demonstrates proficiency in the use of computers.
- Demonstrated Competencies: Design- Generates creative solutions; demonstrates attention to detail.  
Problem Solving – Identifies and resolves problems in a timely manner.  
Oral Communications – Good listener obtains clarification when required; Responds well to questions; Participates in meetings.  
Teamwork - Balances team and individual responsibilities; Exhibits objectivity and openness to others' views; Gives and welcomes feedback; Contributes to building a positive team spirit.
- Cognitive Requirements: The ability to speak and write fluent and clear English and Spanish.
- Working Conditions: This position requires sitting behind a desk during working hours, and may require the use of a headset
- Equipment Used: Computer, Telephone, Copier, Calculator, Headset and Fax Machine