Job Opportunities 2/22/2019

LFCHD offers excellent competitive benefits package, good work-life balance due to rare evenings/weekend or on-call requirements, tuition reimbursement program, and referral bonus award.

CLICK HERE for Mission, Vision, and Values: www.lexingtonhealthdepartment.org/about-us/

CIICK HERE for Benefits: http://lexingtonhealthdepartment.org/wp-content/uploads/2018/01/Employee-Benefits-Summary-2018.pdf

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Job Title/Job #:	**Certified Coding Specialist** **37.5 hours per week (Job 2825)** This position is responsible for assisting the agency in developing and maintaining appropriate CPT and ICD-10 coding as back up to Team Leader. Responsible for collecting, posting and managing account payments for medical billing. Responsible for submitting claims, working denials and follow up with insurance companies and patients to ensure appropriate collection of medical claims. Responsible for maintaining Preventive Medicaid and Managed Care Organizations, and third party organizations, revalidation and credentialing. Responsible for setting up and maintaining Electronic Funds Transfer accounts with Medicaid.
Department:	Billing and Coding Department
Status/Pay:	Salary Grade 5, $17.23 per hour
Reports To:	Team Leader Billing and Coding
Summary Description:	As an integral part of the Billing and Coding Department this position is responsible for, but not limited to, the following essential duties: collect and reconcile cash receipts and make deposits; prepares and submits clean claims to various insurance companies either electronically or on paper; identifies and resolves patient billing complaints; prepares, reviews and sends patient statements; reports delinquent accounts; performs various collection actions including contacting patients by phone, correction and resubmitting claims to third party payers; analyzes and works billing reports to monitor denied, paid and processed claims; processes payments from insurance companies and prepares a daily deposit. Also: responsible for prior authorizations as required by 3rd party payers on medical procedures; analyzes and maintains reports; maintains department credentialing activities for current providers and agency for claims processing and billing purposes; assists with chart audits; prepares, reviews, processes the Electronic Funds Transfer Accounts for Preventive Medicaid and Managed Care Organizations; updates agencies Medicaid and Managed Care Organizations contracts for claims processing; follows compliance regulations and performs revalidation for preventive Medicaid and Managed Care Organizations according to the Affordable Care Act; authorizes and establishes personnel account access to Medicaid KY Health Net and Managed Care Organizations portals to verify patient payer eligibility.
Summary Requirements:	Must be a Certified Professional Coder. High School and/or GED required with two (2) years of experience. Acceptable experience working with 3rd party payer billing and credentialing, cash handling, to include some experience with managed care organizations. This position requires the ability to handle multiple tasks simultaneously under strict deadlines with knowledge of billing guidelines and collections from various 3rd party payers, diagnostic and procedural coding guidelines, medical terminology, and working with managed care organizations revalidation procedure and process. Background check

Helping Lexington be well.