



Division: Administration
Department: Finance
Position Title: Insurance Analyst
Reports To: Finance Director
FLSA: Non-Exempt

Summary

The Insurance Analyst is responsible for processing and recording the corresponding payments and denials for medical and/or dental in both practice management systems. Provide phone coverage for the corporate office, as related to billing. Receive calls from patients regarding their statements for medical and/or dental. Submit claims to primary and secondary insurance carriers for medical and/or dental, process returned statements for medical and/or dental and have the ability to prioritize workflow to meet department and insurance timely filing deadlines. Perform all other duties as assigned or necessary.

Essential Functions

Must be able to perform the essential functions of the job as listed below:

- Enters information necessary for insurance claims such as patient, insurance ID, diagnosis and treatment code and modifiers, and provider information. Insures claim information is complete and accurate.
- Submits insurance claims to clearinghouse or individual insurance companies electronically or via paper
- Follows up with insurance company on unpaid or rejected claims. Resolves issue and re-submits claims.
- Prepares appeal letters to insurance carrier when not in agreement with claim denial. Collect necessary information to accompany appeal.
- Understands managed care authorizations and limits to coverage such as the number of visits. This is encountered often when billing for specialties.
- May have to verify patient benefits eligibility and coverage.
- Ability to look up ICD 10 diagnosis and CPT treatment codes from online service or using traditional coding references.
- Answer patient questions on patient responsible portions, copays, deductibles, write-off's, etc. Resolves patient complaints or explains why certain services are not covered.
- Prepares patient statements for charges not covered by insurance. Insures statements are mailed on a regular basis.
- May work with patients to establish payment plan for past due accounts in accordance with provider policies.
- Posts insurance and patient payments using medical claim billing software.
- May perform "soft" collections for patient past due accounts. This may include contacting and notifying patients via phone or mail.
- Follows HIPAA guidelines in handling patient information.

Minimum Qualifications

High school graduate, Associate degree preferred, but not required. One to three years' experience in a professional healthcare environment with prior work experience in the areas of processing medical and dental claims. Prior experience in healthcare billing is preferred. Ability to communicate professionally with patients and staff via both written and verbal communication. Bilingual skills (English and Spanish speaking) preferred, but not required.

Physical Demands/Working Conditions

Work is performed in an office environment. Requires frequent sitting for long periods, operation of standard office machines such as computer terminals, copiers, printers and telephones. Requires eye-hand coordination, manual dexterity and requires normal vision range. Contact with staff and external clients/vendors. May require lifting of up to 25 pounds.