Revenue Cycle Specialist

We are a community health center located in majestic Waimanalo, where our mission is to provide the highest level of primary and preventative health care services, with special attention to the needs of Native Hawaiians and the medically underserved, and improving the health and wellness of individuals and their ʻohana (family) regardless of their ability to pay. We are committed to improving the quality of life for the people of Hawaii.

Our Values

Mālama (stewardship) - We listen to people with our full attention, seeking to know them and understand their healthcare and wellness needs and aspirations for themselves, their family and the Waimānalo community. We will respond, to the best of our abilities, as caring, compassionate, engaged and professional partners in healthcare.

ʻOhana (family) - We believe that wellness embraces the whole family and we welcome their participation in the healthcare of their loved ones. Our belief extends to the Waimānalo community-at-large where we build the foundation of good health and wellness for everyone, and we seek collaborative partners who share our values and vision.

Pono (rightness and balance) - We know that quality healthcare starts with people’s trust in our services and the excellence of our care for them and the resources entrusted to us to meet their needs. We are committed to maintaining their trust by treating people with respect and confidentiality, and by being open about our organizational practices and results, seeking to continuously improve our work.

We are seeking a dedicated, talented and team-oriented Revenue Cycle Specialist to join our ʻohana (family) to support our mission and values.

We offer competitive wages, excellent benefits and a great working environment.

SUMMARY

The Revenue Cycle Specialist has primary responsibility for posting all insurance and patient payments into the NextGen EPM system ensuring charge components are reallocated to the appropriate payer(s) during the posting process and that patient liabilities and/or discounts are applied, managed and accounted for within EPM system. Reconciles EPM postings to Cash Receipts Journal or Electronic remittance advice, performs denial management functions, works A/R aging to prevent delinquent accounts, establishes patient budget plans and performs collection activities. Prepares training materials. Provides daily, weekly and/or monthly reports of activities. Other periodic duties may include eligibility verification and charge processing activities.

QUALIFICATIONS

- High School Diploma Associate Degree or Bachelor’s Degree preferred.
- Three years of Accounts Receivable experience
- Knowledge of third party payer requirements including federal, state, and private health care plans and authorization process.
- Excellent communication and customer service skills (verbal, listening, written).
- Must have the good oral and written communication skills, and the ability to resolve problems and prepare written reports, other necessary communications in a professional manner.
Must be organized and detailed. Must have excellent communication (verbal, listening, written) skills.

Must be able to work, interact and communicate effectively, respectfully and sensitively with multi-ethnic, multi-cultural staff and patient populations.

Must be able to work with clinic personnel in other departments, when appropriate.

Must adhere to the policies and requirements of Business Services.

Positive attitude, compassionate, follow directions, work well with others, be a multi-tasked oriented person.

Interact and communicate effectively, respectfully and sensitively to visitors, patients, staff members, Board Directors, and community members in a culturally appropriate manner.

Ability to use MS Office, use electric typewriter, facsimile machine, copier, and other standard office equipment.

Ability to read, analyze, and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals.

Has the ability to multi-task and function professionally under pressure.

Able to be flexible, cope with stressful situations in a calm and deliberate manner.

Ability to function with little to no supervision.

Work independently, have organizational and problem-solving skills.

Reports to work on time and in uniform; presenting a professional image of WHC.

Communicate with co-workers and others in a courteous and productive manner.

Strong organizational skills; ability to prioritize work; detail oriented.

**BENEFITS**

- Health Benefits (Medical, Dental Drug, Vision) – Employee coverage paid by WHC
- Discounted Medical and Dental services provided by WHC
- Paid Holidays – 10 Full days and 2 Half Days
- Paid Time Off (PTO)
- Paid Wellness Hours
- Wellness Bucks - $200 annually
- Group Term Life Insurance
- Supplemental Group-term Life Insurance & AD&D Insurance
- Employee Retirement Savings Pan 403(b) – Employer match 50% of employee contribution up to a maximum of 3% of employee wages
- Flexible Spending Program
- Employee Assistance Program (EAP)
- Longevity Benefit – After 10 or more years of service
- Tuition Assistance Program
- Free Parking
- and more.....