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## **Robert Smith** Phone (123) 456 78 99 Email: info@qwikresume.com Website: www.qwikresume.com Lead Billing Analyst Linkedin: linkedin.com/qwikresume Address: 1737 Marshville Road, Alabama SUMMARY Qualified Analyst professional eager to demonstrate over 13 years of billing and claims analysis experience. Highly organized, results driven efficient and skilled in a variety of analytical and billing services tasks. SKILLS Accounts Payable Accounts Receivable Blue Vista Bookkeeping/Accounting. WORK EXPERIENCE Lead Billing Analyst ABC Corporation - October 2010 - December 2015 Review previous submitted CM1500 to ensure accuracy and completeness for processing and Analyze coding for proper reimbursement and review process for compliance with federal and Review all medical/surgical billings for reasonable and necessary charges. Examine coding of operative reports, procedures, and multiple and complicated surgeries. · Perform hospital length of stay reviews to determine reasonable and necessary care, Recommend appropriate payments of dispute of billing. Provide second review of bills on which providers question the appropriateness of payments Evaluate claims referred for medical management and make recommendations for follow-up, further investigation or documentation. **Billing Analyst** ABC Corporation - 2005 - 2010 Managed accuracy and timeliness of varied billing deliverables up to \$3M. Lead billing systems testing activities for new products and pricing changes.

- Implemented new billing procedures and developed relevant systems documentation.
  Guided systems development staff in facilitating billing processes and enhancements.
- Facilitated communication with various business units and presented project scope.
  Ensured correct interaction between custom billing system and Oracle applications.
- Tested billing systems for Year 2000 (YZK) Compliance...

## EDUCATION

General Accounting

Account Ledger

Workfile Generation

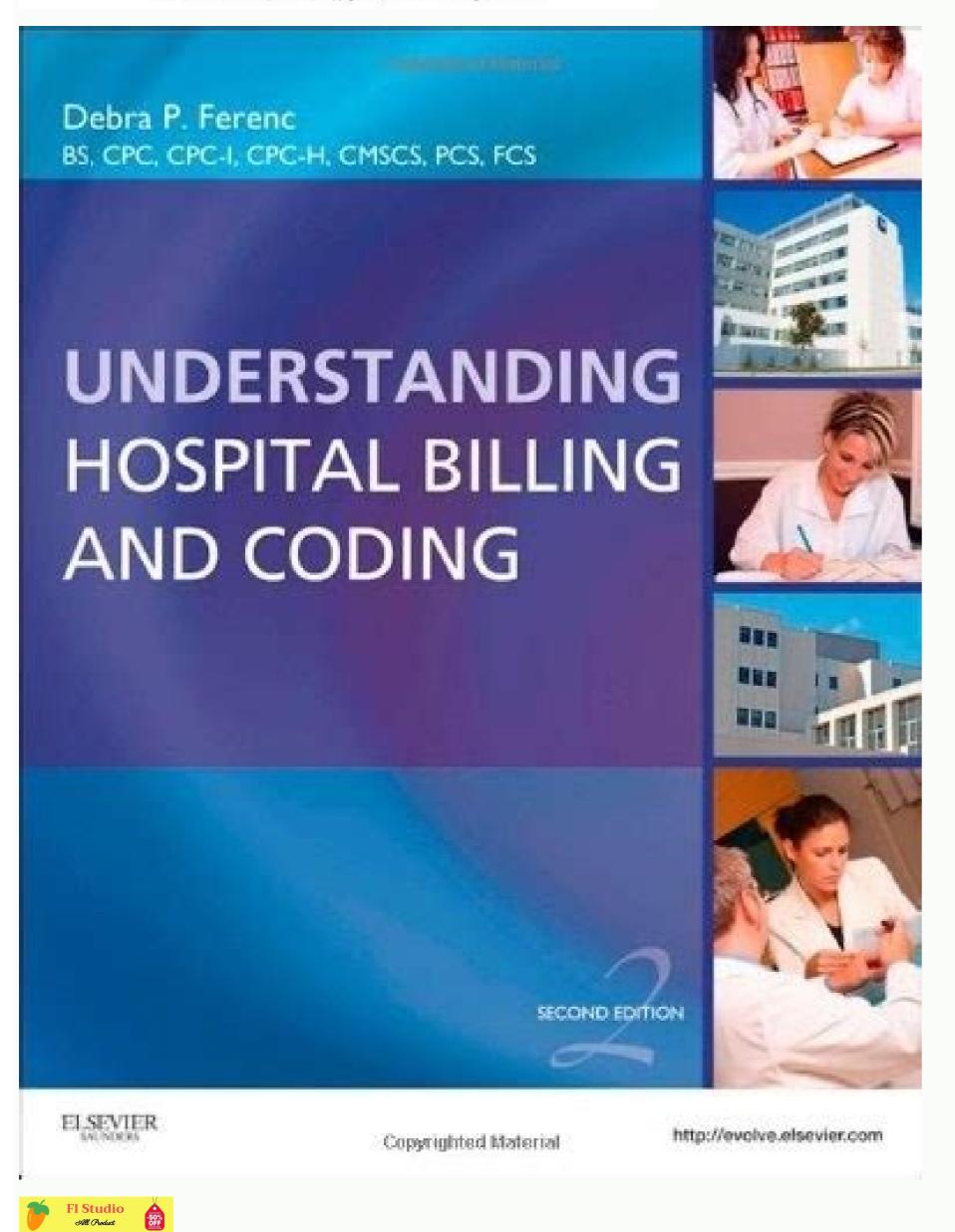
Invoice Processing

Customer Ledger

Account Ledger

Criminal Justice - 2010 (ITT Technical Institute - Charlotte, NC)

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Students learn the ins and outs of private medical insurance, Medicare and Medicaid. Patient charts are sent electronically. Often a coder will keep sources of information nearby to help with unfamiliar diagnoses. Students are introduced to commonly used classification systems necessary for coding. A medical biller constantly has irons on the fire and must figure out the best way to attend to them all. A Day in the Life of a Medical CoderMany medical coders work from home, which helps eliminate the distractions that billers contend with. It can be difficult to determine a patient's Medical billing may seem like a simple process to an outsider: submit the claim, and the provider gets paid. Unfortunately, it is not that simple total AR / average daily charges for last 6mo / number of days in last 6mo = average daily charges total AR / average daily charges total AR / average daily charges for last 6mo / number of days in last 6mo = average daily charges total AR / average daily charges total AR / average daily charges total AR / average daily charges for last 6mo / number of days in last 6mo = average daily charges total AR / average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo = average daily charges for last 6mo / number of days in last 6mo / number of days 6mo / number of days 6mo / number of days 6mo / n \$1,538. Then, if your total accounts receivable is \$70,000, the Days in Accounts Receivable is 45.5. It is taking an average of 45.5 days to collect your payments. One of the most common issues we confront when called to perform a physician billing department assessment, or a more broad-based medical practice analysis, is the lament: "Why aren't we collecting more of our accounts receivable". And the corollary: "Why can't I get a straight answer to that question from the office manager/administrator/billing supervisor?" When we ask questions about medical accounts receivable, we usually get answers like, "Oh, our AR is very low!" or, "Our AR is \$XX", with no way to tell if that's good, bad or ugly. Many steps are involved in the revenue cycle management process. Posting payments and reconciling accounts is necessary to ensure that a provider is receiving all payments to which they are entitled. After claims are submitted to the insurance payer, they are processed and adjudicated and then, either paid or denied. An Explanation of Benefits (EOB) or Explanation of Payment (EOP), or a similar document, is sent to the providers may deposit the check and move on. However, an experienced revenue cycle expert knows that payment posting and account reconciliation is a critical step in the process for the following reasons: Patient Balances- Many claims have assigned patient responsibility. The account must be reconciled correctly, and balance must be billed to the patient promptly. Reviewing Denials- Accurate posting of remittance or EOBs is necessary for the Accounts Receivable staff to work denied claims. It also helps identify problems with payers that may impact multiple patients. Identifying Internal Issues- Reviewing Write-offs and Adjustments- Checking write-offs and Adjustments against fee schedules and policies may also disclose errors in payments. Secondary Claims- Many patients have multiple payers. Quick turn around of EOBs from the primary payer to secondary or even tertiary payer will result in faster complete payment and denial information is a tool for companies to analyze their overall business operations. It can help with revenue forecasting and business strategy and use the information to improve overall operations. Reconcile payments, and electronic funds transfer with the statements from payers is imperative to safeguard that all funds have been received. Funds could have been misrouted or checks lost. Do posting payments and managing those details seem like too much work for your practice? Missing Piece Billing and Consulting specializes in helping ABA therapy and behavioral health provider with the complete revenue cycle management process. Average-performing billing departments. A coder has to wade through records and notes from a patient and determine the proper coding based on a patient and determine the proper coding ba to Medicare, so the billing must be coded and submitted to Medical Biller Medical other measure is the percent of accounts receivable in each "aging bucket", for instance, 0-30 days, 31-60 days, 61-90 days, etc. In between being asked a bunch of questions from patients waiting to be seen, a biller needs to get about their business — reviewing patient accounts, seeing if any are way past due and need to be seen to collections, printing out and mailing bills, checking on claim status reports, taking phone calls from potentially angry patients who have questions about their bill and much, much more. Asking for reports each month that show the outcome of each of these measures will go a long way to helping you monitor the performance of your billing department. Of course, these are only outcome indicators - the report card, if you will. If they are not where you want them to be, you still have to ask questions about what can be done to move them in the right direction, but at least you know which way is up! Take a look at our presentation on "A Better Physician Billing Department". There you'll find more information on benchmarks, and questions to ask a billing department. And if you're hesitant to seek outside help, take a look at our Case Studies and ROI to get an idea of how investing in the services of a qualified medical billing consultant can pay off handsomely. One of the reasons straight answers are hard to come by is that many staff members responsible to manage accounts receivable don't know the relevant benchmarks to use for measuring performance. So they fall back on generalities or dollar amounts with no context. No wonder physicians are skeptical and frustrated. So, as a practice owner or manager, it's critical to have a handle on your medical accounts receivable. Divide the total accounts receivable by the average daily charges. The result is the Days in Accounts Receivable. "Days in AR" The first measure is the "days in AR, Compute the average daily charges for the past several months - add up the charges posted for the last six months and divide by the total number of days in those months. We have an entire department focused on posting payments, or the Patient Statement department can bill the patient for the balance due in a timely manner. This ensures that your practice is paid more quickly and more accurately. To learn more, set up your free Revenue Cycle Analysis review today with one of our consultants by calling 765-628-7400 or by emailing weare@yourmissingpiece.com. Medical billing is the process by which insurance companies submit claims and follow up on them so that they ultimately receive the monies owed for services rendered by a healthcare provider. Billing and Medical Coding are actually two different processes. The biller takes the information from the medical coder and creates a medical claim, which must meet the standards of billing compliance. Medicare BillingMedical coding for Medicare and Medicaid can be a bit more daunting, since each state has its own billing requirements. To calculate it, you will need a report showing the dollar amount of the AR in each aging bucket. Simply convert each bucket to a percent of the total AR. The graph below shows the contrast between Better-performing billing departments vs. Coding entails examining clinical statements and doctor or hospital visits on a classification system. The coursework allows students to familiarize themselves with medical terminology pathophysiology. A coder must wade through all the information in the chart, make sense of it, and assign to proper codes. There can be a lot of stress with this job, especially if your employer expects a certain number of charts to be completed per day. How Does a Person Get into the Field? A common pathway to get into the Fi billing and coding. 60 days or more for a Below Average Medical Billing Department. Medical Practices Checklist In fact, it's fairly easy to monitor the overall performance of your accounts receivable efforts, and looking at these measures each month can provide an early warning of potential collection problems - and the effect on cash flow. It's also part of the best practices in medical billing you need to implement, even if your cash flow seems adequate right now. MORE FROM QUESTIONSANSWERED.NET \$280,000 / 182 = \$1,538 \$70,000 / \$1,538 = 45.5 So is that good? Well, Medicare usually pays about 14 days after receiving a claim. Some HMOs pay claims at 45 days after receipt, the time allowed by law in some states. We look at the following figures as benchmarks for medical billing and collections: 30 days or less for a High performing Medical Billing Department.

Revenue Cycle Definition. The revenue cycle is a method of defining and maintaining the processes used for the completion of an accounting process for recording transaction from the beginning, normally which starts from receiving an ... Factoring is a financial transaction and a type of debtor finance in which a business will sometimes factor its receivable assets to meet its present and immediate cash needs. Forfaiting is a factoring arrangement used in international trade finance by exporters who wish to sell ... However, fi a lab runs more than two distinct procedural service, then the lab must use the 59 modifier with each additional service billed as an attestation that it is a distinct procedural service. Billing the 59 modifier may results in a request for medical ... Oct 11, 2017 · The definition of customized DME used in making decisions regarding when to make individual payment determinations outside the normal process for calculating customary and prevailing charges under the reasonable charge payment ... Aug 26, 2020 · The accounts receivable aging schedule is a listing of the customers making up your total accounts receivable aging schedule may help you identify potential cash flow problems. Mar 18, 2020 · 1.2 We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due. 1.3. AAPC provides live and on-demand webinars on Medical Coding and Billing. Access medical coding education webinars to stay up-to-date on the healthcare industry. ... Administrator managed account; For more information Call 877-524-5027 or. ... Common Denials: Definition, Cause, Resolution, Prevention 1.0: Register Now: 2/23/2022 MS-DRG Changes ... a. A formal banking, brokerage, or business relationship established to provide for regular services, dealings, and other financial transactions. What would you do if you started working on a new account and they didn't have existing financial records in place to explain their finances? ... Can speak beyond the textbook definition; Example: "Accounts payable and accounts receivable are both associated with a company's cash flow. AR is referred to as assets. SQL administrators and technicians may spend a lot of time interacting with end users and teams who rely heavily on the databases. The applicant should feel comfortable explaining details of SOL and the way it relates to the end user's work.

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