

Klamath Health Partnership

Job Description and Responsibilities



Position: Collections Specialist

Salary Range: \$
Status: Non-Exempt
Reports to: Billing Supervisor
Location: Klamath Open Door

The Collections Specialist plays a key role in ensuring accurate documentation, compliant coding, and efficient billing processes that support timely reimbursement and patient access to care. This position bridges clinical documentation and financial operations, helping providers, patients, and payers work together smoothly while upholding FQHC standards and patient privacy.

Key Responsibilities

Billing & Accounts Receivable

- Manage patient billing inquiries and establish payment plans when needed
- Collect patient co-payments and sliding fee scale payments.
- Post insurance and patient payments, resubmit rejected claims, and follow up on outstanding balances.
- Prepare and submit clean, error-free claims to Medicare, Medicaid (Oregon Health Plan), commercial insurance, Workman's Compensation, and Personal Injury carriers. (Motor Vehicle Accidents)
- Conduct account audits to verify correctness of balances.

Coding & Documentation

- Assign accurate ICD-10-CM, CPT, and HCPCS codes for diagnoses, procedures, and services.
- Collaborate with providers to ensure documentation supports assigned codes.
- Pull chart notes for claims requiring documentation.
- Participate in audits to ensure compliance with coding guidelines and payer requirements.

Compliance & Regulatory Expertise

- Apply FQHC-specific payment methodologies and regulations (HRSA, CMS, OHA).
- Ensure strict adherence to HIPAA and patient privacy standards.
- Assist in developing and enforcing billing and coding policies and procedures.

Training & Process Improvement

- Provide mentorship and technical assistance to staff on coding and compliance best practices.
- Identify and recommend improvements to billing workflows and EHR systems.
- Stay current with evolving healthcare regulations and maintain relevant certifications.

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Desired Knowledge, Skills, and Abilities:

- Professional tact and customer service skills for effective interaction with patients, providers, and staff.
- Post insurance and patient payments, resubmit rejected claims, and follow up on outstanding balances.
- Understanding of Medicare, Medicaid (OHP), and commercial insurance reimbursement rules.
- High school diploma or equivalent; additional training in billing/coding preferred.
- Certified Coding Specialist
- Knowledge of ICD-10-CM, CPT, and HCPCS coding systems.
- Proficiency with EHR systems (e.g., ECW) and billing software.
- Strong analytical, problem-solving, and communication skills.
- Ability to work independently and collaboratively in a fast-paced environment.
- Bilingual preferred but not required.

Accommodations

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to walk, talk, bend, lift, carry, write, and hear. The employee frequently is required to stand, walk, sit and use hands to finger, handle or feel. Specific vision abilities required by this job include close vision, distance vision, color vision, depth perception and ability to adjust focus.