



## BILLER JOB ANNOUNCEMENT

Santa Cruz Community Health (SCCH) began as a women's health collective in 1974 with the mission to improve the health of our patients and the community and advocate the feminist goals of social, political, and economic equality. Now, more than 45 years later, we serve that same mission as a nonprofit Federally Qualified Health Center operating two separate sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; and the East Cliff Family Health Center in Live Oak, serving everyone.

SCCH has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff works as a team to fulfill our mission so that all our patients have access to comprehensive, quality health care.

### POSITION SUMMARY:

Billers are responsible for performing billing and collections duties within established timelines. Responsibilities include; performing daily billing department functions including claim creation and submission; payment posting; accurate data collection and entry; intra-clinic communication; and customer service. Billers are expected to demonstrate exceptional patient relations, organizational, and time management skills.

**Classification:** Full-time, non-exempt  
**Reports to:** Billing & Collections Supervisor

**Location:** Administration  
**Hours:** 8:00AM-5:00PM

### CORE JOB RESPONSIBILITIES:

#### ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO :

- Maintain the compliance of the Billing Department with health center practices and local, state and federal regulations
- Effectively using our electronic health records system
- Preparing and sending electronic third-party billing and perform posting charges and completion of claims to payers in a timely manner
- Review medical procedures as documented by providers
- Coordinate insurance reimbursement of care providers
- Resolve claim denials to ensure maximum reimbursement for services provided
- Track billing and monitor all collections
- Acts as a liaison between the facility and payment parties
- Compile and track outstanding balances owed to the health centers
- Maintain payment records of all patients
- Make payment arrangements and collect on past due accounts
- Negotiating sliding-scale fee payments
- Explaining agency billing policies to staff and patients
- Liaise between collection agencies, medical facilities and courts
- Provide patient-centered customer service at all times

- Anticipate patients' needs and deliver services and respond to patients in a timely, accurate, and friendly manner
- Advocate for care that best serves the patient
- Assist to meet or exceed Billing Department goals as established by the Revenue Cycle Manager

**GENERAL JOB PERFORMANCE STANDARDS:**

**KNOWLEDGE OF WORK** - Posses and utilizes knowledge of the job which is essential to perform the specific functions and related work.

**QUANTITY OF WORK** - Accomplishes an appropriate volume of satisfactory work under normal conditions. Ability to produce results.

**QUALITY OF WORK** - Consistently demonstrates accuracy, thoroughness, neatness and dependability to produce work within acceptable standards.

**TIMELINESS** - Completes assignments on or ahead of schedule.

**ABILITY TO LEARN NEW DUTIES** - Interprets, learns and responds to instructions for new situations, procedures or methods.

**JUDGEMENT and COMMON SENSE** - Decisions/actions are sound, including safety awareness.

**COOPERATION** - Willing to work with others toward common goals.

**COMMUNICATIONS** - Demonstrates relevance and clarity of written and oral expression. Effectiveness in exchanging ideas and information.

**INITIATIVE** - Ability to originate, develop or create new ideas or take steps to get things done.

**PROBLEM SOLVING** - Identifies and evaluates alternate solutions and selection of the most appropriate course of action.

**ATTENDANCE and PUNCTUALITY** - Shows daily ability to be at work at scheduled time, including being prepared to work on time after breaks, meal periods, and other authorized absences from work.

**QUALIFICATIONS**

**Minimum Requirements:**

- One year of experience handling money/cashiering/bookkeeping
- Experience with and ability to perform, precise, detailed work
- Ability to work in fast paced environment
- Customer service experience and skills

**Preferred Qualifications:**

- Certified Procedural Coder or other medical billing training
- Bilingual English/Spanish
- One year of experience with medical data entry
- Experience with Medi-Cal, Medicare, State programs and private insurance
- Experience working with community

**WORK CONDITIONS**

Working conditions 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 qualified individuals with disabilities to perform the essential functions. Variations in conditions may occur under certain circumstances.



### **SALARY AND BENEFITS**

This is a full-time, hourly, non-exempt position. The pay range is \$23.27-\$30.25 per hour. Benefits package is available to staff working at least 20 hours per week. Paid time off and paid holidays accrue from date of hire. Employer subsidized group health, dental, vision and life insurance plans the first of the month after 30 days of employment. Automatic 2% enrollment in an Employer sponsored 401K plan with a 2% retirement match.

### **APPLICATION PROCESS**

To apply, complete employment application. Download employment application on our [Careers page](#). Submit application and current resume with letter of interest not to exceed two pages to Human Resources. No phone inquiries, please.

**THE SANTA CRUZ COMMUNITY HEALTH CENTERS IS AN EQUAL OPPORTUNITY EMPLOYER (W/M/V/D).**