

Revenue Cycle SPECIALIST

Job Status:	Full-Time/Part-time	Reports To:	Administrative Director
Pay:	\$35,000 - \$55,000	Date:	
Hours:	M-F; Flexible Hours		
Qualification	Must have 3-5+ years in claims billing, revenue cycle management, or a related field; Bachelor's degree in Business, Healthcare Administration, or a related discipline <u>is preferred</u> ; Must have updated child abuse clearance, and FBI and state criminal background checks.		

Company Information

Children's Universal Behavior Services (affectionately known as "CUBS") was founded in the Pocono Mountains to meet the growing need for comprehensive behavior services for children, their families, and educational institutions affected by autism and related disorders.

Our team has a distinct and effective approach to implementing behavior analytic services, grounded in the evidence-based practice of Applied Behavior Analysis (ABA). CUBS individualized behavior programs have a common goal - to encourage wellness, foster independence and inclusion, prepare for learning, and promote personal empowerment so that children and their families can **THRIVE**. By actively engaging with their communities, peers, and collaborative care providers, children are more likely to maximize their potential and quality of life.

CUBS operates a center in Shawnee on Delaware, Pennsylvania and serves children ages 0-13 in school, home, and community-based settings with exceptional therapeutic and habilitative treatments. Services also include parent training and consulting, as well as training for professionals who are involved in the treatment and education of children.

To apply online or for more information about CUBS, please visit www.ChildrensUniversal.com.

Position Summary

We are seeking a proactive, detail-oriented Revenue Cycle Specialist to manage key aspects of the revenue cycle process, including denial management, financial counseling, and cash posting. In this role, you'll collaborate with insurance companies, patients, and internal teams to ensure claims are resolved promptly, collections are optimized, and patients have an exceptional financial experience. You'll also analyze payment trends, identify opportunities for process improvement, and contribute to month-end closing activities. This role reports to the Revenue Cycle Manager/Administrative Director.

Skills and Qualifications

- 3-5+ years in claims billing, revenue cycle management, or a related field.
- Bachelor's degree in Business, Healthcare Administration, or a related discipline is preferred.
- Strong analytical ability to review claims data, spot trends, and implement improvements.

- Exceptional organizational skills with meticulous attention to detail.
- Excellent written and interpersonal communication skills.
- Ability to work independently in a fast-paced, dynamic environment while adapting to new systems and processes quickly.
- Capacity to handle sensitive and confidential information with integrity and build trust.
- Ability to maintain a distraction-free home workspace and reliable internet for consistent audio/video communication.

Duties & Responsibilities

Denial Management

- Analyze and resolve denied insurance claims promptly.
- Identify trends in denials and recommend process improvements to reduce future rejections.
- Collaborate with insurance companies and internal teams to appeal and overturn denials.
- Document all denial management activities thoroughly and accurately.

Financial Counseling

- Provide patients with clear explanations of their financial obligations.
- Assist patients in understanding insurance benefits and coverage.
- Offer guidance on payment plans and financial assistance programs.
- Ensure compliance with all regulatory requirements related to patient financial communications.

Cash Posting

- Accurately post payments from patients and insurance companies to the appropriate accounts.
- Reconcile daily/weekly cash receipts and prepare deposit reports.
- Investigate and resolve any discrepancies in payment postings.

General Duties

- Work closely with billing and authorization teams/staff to reduce denials and underpayments.
- Stay updated on insurance policies and regulatory changes.
- Support month-end closing activities related to revenue cycle processes.
- Actively participate in team meetings and contribute to team goals.
- Demonstrate competency in generating various financial reports through Aloha ABA, as well as, various functions within Office Ally and other portals/databases.
- Providing periodic reports, to include receivables (weekly), denials (weekly), and client and payer aging reports (monthly)

Benefits of Joining CUBS

- Part-Time and Full-Time positions available with flexible hours.
- Six (6) paid holidays.
- Paid time off (PTO) for full-time employees.
- Employee Wellness Program.
- Language Stipend.

Application Procedures

Submit a letter of interest, resume of relevant experience, and names and contact information for three (3) references via our website (www.ChildrensUniversal.com), under the Employment page. You are also welcome to fax, mail or deliver your application package and clearances to the address below. We are looking forward to connecting with you!

Children's Universal Behavior Services

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