

## **Position Description:**

**Renaissance Behavioral Health Systems**, a comprehensive mental health center and Joint Commission accredited organization, is seeking a **Lead Business Office and Credentialing Specialist** to work at our corporate headquarters in Jacksonville, Florida.

The Lead Business Office and Credentialing Specialist is responsible for the completion, revision, tracking, and monitoring of paperwork and all tasks related to manage care applications and credentialing applications for Renaissance Behavioral Health Systems (RBHS) and Mental Health Resource Center (MHRC) facilities and providers. Assists with RBHS Business Office operations. Reviews and resolves claim issues related to provider enrollments and/or credentialing.

### **Some of the responsibilities of the position include but are not limited to:**

- Prepares, tracks and updates public and private managed care applications and credentialing/re-credentialing applications for RBHS and MHRC facilities, Psychiatrists, Psychiatric Nurse Practitioners (APRNs), Clinicians and additional staff as required.
- Prepares, tracks and updates CAQH, Medicaid, Medicare and National Provider Identification (NPI) facility and individual provider applications. Drafts related correspondence and maintains application files.
- Prepares and maintains lists of facility and individual provider agreements.
- Maintains a working knowledge of payer requirements for credentialing and continues to be apprised of changes.
- Maintains and updates documentation files for each Psychiatrist, Psychiatric Nurse Practitioner, Clinician, facility and location.
- Maintains group and provider demographics on various databases, which are utilized by insurance carriers for provider enrollment and claims payments.
- Maintains and updates provider licensing and effective dates for each insurance plan in the EHR System.
- Communicates with program staff regarding provider eligibility for specific payers, services requiring prior authorizations to ensure appropriate reimbursement for services rendered.
- Communicates and works directly with the insurance carriers, providers, and third parties, fostering positive relationships and partnerships.
- Coordinates and works with the Business Office staff to troubleshoot and resolve payer claims issues related to provider enrollment and/or credentialing.
- Maintains the fee schedule spreadsheet for new and existing contracts.
- Assists Business Office staff with general patient accounts and claims follow-up as needed. Identifies billing or coding issues that create claims denials and provide a resolution.
- Assists with the training and mentoring of staff on billing processes, policies, and procedures.
- Performs data reconciliation.
- Runs financial reports, analyzes and reports status to the Business Office Manager.
- Assists with the training and mentoring of staff on billing processes, policies, and procedures.
- Oversees and manages the Business Office staff and operations during the absence of the Business Office Manager.

## **Position Requirements:**

In order to be considered, candidates must have a High school graduate or equivalent required. Associates Degree or business course work preferred.

Three years of experience in health care credentialing and provider enrollment.

Three to five years of experience in health care claims processing and/or follow-up required.

Supervisory experience preferred.

**Position Details:**

This position is a Full Time Days position: Monday through Friday, 8:00am to 4:30pm.

***This full time position offers a comprehensive benefits package***