Job Title: US Healthcare Accounts Receivable (AR) Caller & Follow-Up Agent – Hyderabad, India

Job Description:

OnQ Global Inc. seeks experienced AR Callers to support US healthcare providers with medical billing and revenue-cycle tasks. In this role you will help "generate and submit patient care billing to payors" and then follow up on submitted claims to obtain payment. Duties include preparing professional (CMS-1500) claims for physician services (e.g. anesthesia, pathology, radiology), verifying payer information, and contacting insurers to resolve unpaid or denied claims. The goal is to ensure timely payment and maximize provider revenue. This is a full-time, India-based position on the night shift to align with US business hours.

Key Responsibilities

- **Verify coverage:** Check patient insurance eligibility and benefits for scheduled services or procedures (working with admissions/eligibility teams as needed) to ensure claims are filed correctly. *Example: support patient service teams by "verifying insurance information for patient visits"*.
- **Prepare and submit claims:** Use medical billing software to prepare, review, and transmit professional claims (CMS-1500) accurately (electronic and paper) on time. This includes confirming coding, modifiers, and fees against fee schedules.
- **Follow up on unpaid claims:** Regularly call or contact payers and provider offices to obtain status updates on outstanding or aged claims and expedite payment. You will monitor accounts receivable aging and ensure claims move through the payment cycle within expected time frames.
- **Investigate denials and underpayments:** Analyze Explanation of Benefits (EOBs) for denied or underpaid claims, identify missing information or errors, and take corrective action. This includes gathering documentation, correcting claim data, and filing appeals or resubmissions as needed.
- **Resolve discrepancies:** Review insurance payments against contractual rates and claim details, and address any discrepancies or underpayments. When payments are incorrect, contact insurance carriers by phone to clarify and correct the issue.
- **Bill secondary/tertiary insurances:** Identify any additional patient coverages and submit claims to secondary or tertiary payers, ensuring maximized reimbursement. This includes updating patient accounts with new insurance information when needed.

- **Documentation:** Maintain detailed records of all AR activities in the billing system. Document every payer interaction and resolution step to ensure a clear audit trail. Accurately log phone calls, messages, and follow-up tasks, and update the system as work progresses.
- **Reporting:** Update A/R spreadsheets and generate aging/collection reports to track payments and outstanding balances. Provide regular status reports on accounts receivable and collections progress to supervisors or US clients.
- **Collaborate with staff:** Work closely with coding teams, providers, and other billing staff to obtain any missing information (e.g. medical records, corrected codes) needed to process claims. For example, *"work with providers and insurance companies to get a claim processed and paid"*. Escalate complex issues to senior staff as appropriate.
- **Customer service:** Answer inquiries from providers or insurance reps regarding claim status or billing questions. Respond promptly (e.g. within 24 hours) to any phone or email inquiries related to assigned accounts. Maintain a professional and patient demeanor when interacting with insurance reps, staff, and clients.
- **Compliance:** Adhere to all healthcare regulations and company policies. Ensure patient information confidentiality and compliance with HIPAA guidelines. Always handle Protected Health Information (PHI) with the appropriate security measures.
- **Night shift availability:** Willingly work night shifts that overlap US business hours (typically India evenings through late night) to directly communicate with US payers and clients.

Required Skills & Qualifications

- **AR Experience:** Minimum 2+ years of medical billing/accounts receivable experience (3+ years preferred), specifically handling US claims and collections. Candidates should have worked US healthcare AR cycles (follow-up, denials, appeals) for physician or outpatient services.
- **Knowledge of U.S. Payers:** Strong understanding of US insurance processes and payer guidelines (HMO/PPO plans, Medicare/Medicaid rules, commercial carriers, etc.). Familiarity with insurance contract terms and fee schedules is expected.
- **Medical Coding/Terminology:** Working knowledge of medical terminology and coding standards. Proficient with ICD-10, CPT-4 (and HCPCS) coding concepts. Able to interpret EOBs in the context of codes and modifiers.
- **Software Proficiency:** Experience with healthcare billing and practice management software is essential. Familiarity with major EMR/EHR or PMS systems (e.g. Epic, eClinicalWorks, AdvancedMD, Meditech, GE Centricity, AthenaHealth, NextGen, PHIMED, etc.) is a strong plus.

- **Computer Skills:** Proficient with computers and MS Office (especially Excel). Comfortable with numeric (10-key) data entry and managing multiple digital spreadsheets or A/R tracking tools.
- **Communication:** Excellent written and verbal English communication skills. Must be able to clearly articulate issues to payers and explain billing issues to providers. Call-center or phone-based support experience is a plus.
- **Analytical and Problem Solving:** Strong analytical ability to investigate claim/payment issues and resolve denials or underpayments. Detail-oriented and organized in managing multiple tasks; able to prioritize work effectively.
- **Interpersonal Skills:** Professional, patient, and customer-focused when dealing with insurance representatives and provider staff. Able to de-escalate difficult situations calmly and maintain a high level of customer service.
- **HIPAA Compliance:** Understanding of HIPAA and patient privacy requirements. Commitment to maintaining confidentiality of all patient and insurance data.
- **Availability:** Flexibility to work night shifts (India time) to match US business hours and deadlines.

Preferred Skills & Qualifications

- **Specialty Billing Experience:** Prior experience with accounts receivable in specialties such as radiology, pathology, infusion therapy, or anesthesia is a strong asset. Familiarity with professional billing nuances (e.g. anesthesia Mod-26 billing, pathology split bills) is beneficial.
- **Physician Billing:** Experience specifically in physician (professional) billing or post-operative billing is a plus.
- **Leadership/Training:** Any history of mentoring colleagues or taking ownership of AR projects will stand out. (Even as a senior AR caller, demonstrating initiative in improving AR processes is valued.)

OnQ Global offers a challenging role for skilled medical billing professionals who want to excel in US healthcare revenue cycle management. The ideal candidate will combine solid AR follow-up expertise with excellent communication and technical skills to help maximize client revenue and cash flow. Successful applicants will join a collaborative team dedicated to high performance and continuous improvement.