



Wallowa County Health Care District

JOB TITLE: Insurance Billing Specialist

FLSA STATUS: Non-Exempt - Union

DEPARTMENT: Business Office

DATE: October 2026

REPORTS TO: Coding & Revenue Integrity Supervisor

APPROVED BY: Chief Financial Officer

JOB SUMMARY:

The Insurance Billing Specialist is responsible for the accurate and timely processing and submission of medical claims, management of outstanding accounts receivable, and maintenance of hospital and clinic patient health records in accordance with applicable regulatory requirements. This position supports the revenue cycle through claims management, payment reconciliation, denial resolution, medical record completeness analysis, and daily work queue management. Additional responsibilities include coordinating the release of information (ROI) process, maintaining the accuracy and confidentiality of patient health information, and completing required birth certificate documentation. The Insurance Billing Specialist performs their duties within the framework of the Wallowa Memorial Hospital mission, "To Provide Premier Health Care," and our organizational values, recognizing that accurate billing, comprehensive documentation, and effective health information management are essential to quality patient care, regulatory compliance, and the financial health of the District.

MISSION, VISION & VALUES:

The successful candidate(s) must share and demonstrate through job performance (and will be evaluated on) the ability, willingness and successful application of support for the Mission, Vision and Values of the District:

Mission: To provide premier Health Care

Vision: To be a recognized leader in mission focus, quality care, and fiscal strength

Values: Compassion, Respect, Integrity, Quality, Stewardship, and Family

ESSENTIAL DUTIES & RESPONSIBILITIES:

Includes the following and other duties as may be assigned.

- Submit electronic and paper claims to Medicare, Medicaid, and commercial insurance payers in accordance with payer-specific billing guidelines, regulatory requirements, and timely filing deadlines.
- Review claims for accuracy and completeness prior to submission; identify and resolve errors, missing information, coding discrepancies, and other issues that may result in claim denials or payment delays.
- Monitor assigned work queues and follow up on unpaid, pending, and denied claims; investigate discrepancies, initiate corrective action, and resubmit or appeal claims as appropriate to support timely reimbursement.
- Communicate with insurance representatives regarding claim status, authorization requirements, denials, and reimbursement discrepancies to facilitate timely resolution.
- Respond to patient billing inquiries professionally and accurately, provide clarification regarding account balances and insurance payments, and assist with establishing payment arrangements as appropriate.
- Maintain accurate and thorough documentation of billing activities, claim follow-up, account adjustments, and related communications within the electronic health record (EHR) and billing systems.
- Compile, process, maintain, and safeguard electronic and paper health records for hospital and clinic patients in accordance with organizational policies and applicable administrative, ethical, legal, and regulatory requirements.
- Review discharged patient records for completeness, accuracy, and compliance with documentation standards; identify deficiencies and coordinate with providers to ensure timely record completion.
- Coordinate the release of information (ROI) process in accordance with HIPAA, applicable regulations, and District policies; verify authorizations, retrieve and prepare records, maintain appropriate disclosure documentation, and ensure timely fulfillment of requests.
- Maintain accurate records of ROI requests and disclosures, including requestor information, records released, applicable fees, and payment information as appropriate.
- Scan, index, and verify medical documentation within the EHR; identify and correct misfiled documents, duplicate records, and patient identification discrepancies while supporting the accuracy and integrity of the master patient index.



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- Collect, verify, and process required documentation and information for the accurate completion and submission of birth certificates to the appropriate state agency.
- Retrieve, organize, and maintain medical records in accordance with established departmental procedures; support appropriate record storage, retention, and destruction in compliance with District policies and applicable regulations.
- Coordinate and fulfill authorized medical record requests related to payer audits, legal proceedings, regulatory reviews, and quality improvement activities, ensuring accurate and timely preparation of supporting documentation.
- Provide professional, courteous, and responsive customer service to patients, providers, insurance representatives, and other internal and external stakeholders, including responding to telephone and written inquiries.
- Maintain current knowledge of applicable federal and state regulations, HIPAA requirements, payer guidelines, reimbursement policies, and documentation standards, including requirements specific to Critical Access Hospitals.
- Provide cross-functional support and backup coverage for related business office and health information management functions to promote operational efficiency and continuity of services.
- Perform other duties as assigned.

EDUCATION & EXPERIENCE:

- High School Diploma, education should include courses in bookkeeping, typing, grammar and mathematics.
- Prior experience in a healthcare setting, patient registration, medical billing, or customer service is desirable but not essential.
- Coursework or demonstrated knowledge of medical terminology required.
- One year of experience in health information management, medical records, or a related healthcare office setting preferred.
- Experience with electronic health record (EHR) systems and document imaging preferred.
- RHIT (Registered Health Information Technician) credential from AHIMA preferred, but not required.
- Working knowledge of HIPAA privacy and release of information requirements preferred.

CORE COMPETENCIES:

- Compassion – Welcomes, mentors and receives new team members. Shows concern for the welfare of others.
- Respect – Manages conflict with respect and dignity for others. Attempts to address issues before escalating.
- Integrity – Owns professional development and seeks self-development. Uses good judgment in resolving job problems. Generates and evaluates alternative solutions and makes effective and timely decisions.
- Quality - Pays close attention to detail. Strives to achieve excellence in all things.
- Stewardship – Careful and responsible management of WCHCD resources. Proactively seeks meaningful tasks during slower periods to support the team.
- Family – Creates and participates in a team environment. Applies effective interpersonal and problem-solving skills when responding to coworkers, patients and visitors.

POSITION SPECIFIC COMPETENCIES:

- **Medical Billing Knowledge** — Working knowledge of third-party billing guidelines, claim submission processes, reimbursement procedures, and payer-specific requirements for Medicare, Medicaid, and commercial insurers.
- **Medical Coding Knowledge** — Knowledge of ICD-10-CM, CPT, and HCPCS coding systems, coding guidelines, and their application to accurate code assignment, claim processing, and reimbursement.
- **Accounts Receivable Management** — Ability to accurately post payments, reconcile remittance advice, monitor outstanding balances, and identify and resolve payment discrepancies.
- **Critical Thinking and Problem-Solving** — Applies logic, reasoning, and established guidelines to identify and resolve coding discrepancies, claim errors, denials, and ambiguous documentation.
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- **Attention to Detail** — Consistently reviews and processes clinical documentation, coding information, and financial data with accuracy, thoroughness, and a focus on quality.
- **Active Listening** — Demonstrates attentive listening when communicating with patients, providers, payers, and colleagues; asks clarifying questions to ensure accuracy and understanding.
- **Patient Privacy and Confidentiality** — Working knowledge of HIPAA regulations, patient confidentiality requirements, valid authorization standards, and the appropriate handling, use, and disclosure of Protected Health Information (PHI).
- **Written and Oral Communication** — Effectively documents account activity and coding rationale while communicating billing, coding, and documentation matters clearly and professionally with patients, providers, payers, and internal staff.
- **Health Information Management** — Knowledge of medical record content, documentation standards, record completion requirements, and applicable retention and release-of-information procedures within hospital and clinic settings.
- **Clinical Documentation Interpretation** — Ability to accurately review and interpret physician notes, operative reports, discharge summaries, and other clinical documentation to support appropriate code assignment, billing accuracy, and regulatory compliance.

WORK ENVIRONMENT:

This job operates in a professional office environment. This role routinely uses standard office equipment such as computers, phones, photocopiers, filing cabinets and fax machines.

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

WCHCD CODE of CONDUCT & CONFIDENTIALITY STATEMENT:

As an employee of Wallowa County Health Care District (WCHCD) you must agree to abide by the following code of Conduct/Confidentiality Statement.

I understand and agree that in the performance of my duties I must hold medical information in confidence. I understand that any violation of the confidentiality of medical information may result in punitive action. I will at all times protect the safety of our patient/residents understanding that they are our “customers” and the reason for our employment. I will avoid any and all personal conflicts of interest as it relates to my position at this facility. I agree to abide by the dress code for WCHCD. I will not use any of the assets of WCHCD for personal use. I will abide to all rules and regulations of the State of Oregon and the United States in relation to the operation of a medical facility. I will treat my co-workers at all times in a professional & courteous manner. I will strive to always work as a team player with my co-workers. I agree to report any perceived medical/facility operation noncompliance issues immediately through the compliance reporting process.

I have read and understand the above job description.

Employee Signature

Date