Job Train - Menlo Park (5924)
To: Employment Counselor
Date: 03/29/2024

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94544

HAYWARD, CA, 94544

Medical Denials Specialist

Benefits: Candidates on temporary assignment may qualify for our competitive benefits package which includes group health, life and disability insurance and voluntary benefits such as retirement savings and holiday pay.

Salary range: $25.00 to $29.00 hourly
Employment status: Contract / Temporary

Description

Are you a skilled Denials Specialist looking to jump into your next role? This hybrid, Denials Specialist role could be a great fit for you! This is a contract to full-time position for a growing office here in Hayward, CA.

Job Duties:

- Monitors all aspects of denial work queues/tasks, and documents, tracks and communicates findings to Denial Avoidance Specialist and/or PFS educator to collaboratively resolve denials appropriately and timely.
- Identifies and monitors negative patterns in denials/rejections and monitors those denials effectively to maintain a required level of productivity to effectively reduce days in A/R.
- Develops and writes appeals for denials associated with the payment of claims within the department/division. Maintains appropriate timeliness of appeals for denials. Identifies other means and resources to complete tasks, as applicable and appropriate.
- Helps create and implement trend reporting to resolve issues and ensure compliance with third party negotiated rates and communicates inconsistency to the Denial Avoidance Team. Acts as a liaison to work with the Denial Avoidance and Education Team to resolve A/R and payer issues, avoid timely claim consideration/filing, failed appeals, and/or increased denials & write-offs.
- Participates in and helps coordinate meetings involving discussion of A/R processes, trends and denial resolutions to enhance billing functions and performance accuracy as needed.
- Responds to telephone traffic with patients, visitors and other hospital personnel in a courteous and timely manner. Relays accurate information promptly to the appropriate party for A/R reduction and patient satisfaction.
- Performs clerical functions such as data entry, typing and filing. Develops, interprets and utilizes computer reports as needed within all systems and data bases.
- Adheres to all HIPAA and BVHS security and privacy rules and regulations.

Requirements

- 2+ years Patient Accounting/previous billing experience required
- High School graduate or GED equivalent
- Medical Terminology required
- ICD-9/ICD-10, HCPCS and CPT coding knowledge required
- An Advanced technical aptitude, proved PC literacy, proficient analytical skill in Microsoft suite of products required
- Effective communications both written and verbal. Ability to work with and communicate to a diverse work force in all levels of the organization
- Strong problem solving skills, ability to manage project tasks and timeliness. Possess analytical ability
- Positive service-oriented interpersonal and communication skills required
- Previous experience with denial management or the ability to interpret payer explanation of benefits required
- Knowledge of payer edits, rejections, rules, and how to appropriately respond to each
- Hospital or professional billing knowledge and an in depth understanding of denials and appeals required
- Ability to create professional correspondence to other healthcare professionals and patients and meet deadlines timely and accurately
- Strong Problem-solving skills and operation improvement orientation

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