

RN, Appeals & Grievances - Remote

Evolent Health

Job Location: Remote

Full Time

What You'll Be Doing:

- Act as a member advocate addressing member or provider concerns
- Evaluate, review and evaluate appeals and grievances in compliance with state, federal and other regulatory requirements
- Research, investigate and summarize complex issues using state and federally mandated benefits, EOC/COC/SPD benefit language, CMS guidelines, Medical Policies and Interqual criteria
- Prepare cases for Medical Director and/or External Review
- Develop timely and professional documentation and correspondence that ensures accuracy, completeness and conformance to quality and regulatory standards
- Formulate fortitude language that resolves member or provider issues in a manner consistent with regulatory and accrediting agency requirements
- Recognize potential quality of care concerns
- Utilize multiple internal and external computer applications and programs
- Meet established productivity and quality standards

The Experience You Need (Required):

- Active, unrestricted Registered Nurse license
- Minimum of 2 years of appeals experience in a payer-based environment
- Minimum of 5 years of acute care or outpatient clinical experience
- Minimum of 3 years of utilization management experience in a payer-based environment
- Excellent written and oral communication skills
- Proficiency with PC-based software programs including Word, Excel and Outlook
- Strong critical thinking, analytical, research and organizational skills
- Ability to work remotely and objectively
- Access to high speed broadband or DSL internet in a secure home office

Finishing Touches (Preferred):

- BS Degree or equivalent work experience
- Expertise in Medicare appeals
- Medical coding experience
- Medical claims review experience

For More Information/ To Apply:

https://evolent.wd1.myworkdayjobs.com/en-US/External/details/RN--Appeals---Grievances---Remote_JR-905117?q=Appeals