

# Clinical Revenue Recovery Specialist

**Advocate Aurora health**

Job Location: Milwaukee, WI

Full Time, 1<sup>st</sup> Shift, Remote

## **MAJOR RESPONSIBILITIES:**

- Participates in Denial Management Committee meetings at hospitals and professional sites to assist with decision making. Collaborates with the Denial Management teams to analyze, research and review denials and trends and coordinate the appeal process as needed.
- Research and analyze denied claims using payor and government rule and regulations and makes a determination whether or not the case is eligible for appeal by using third party requirements.
- Identifies trends in clinical/technical claim denials and partners with various departments, including business office, pre-service, case management and medical audit and communicate with leadership on findings as deemed necessary, in effort to provide education and/or corrective action to errors related to admission, charging, coding, documentation or billing.
- Prepares claims for clinical/technical appeal processing in the case of authorization, coding, level of care and/or length of stay denials. Write appeal letters based on medical necessity.
- Prioritizes appeals according to filing limitations established by the individual payor contracts. Secure needed medical documentation required or request by insurance carries to support the appeal process.
- Responsible for ongoing documentation of denial status in denial software. Utilizes denial management reports to determine which appeals need to be reviewed and why.
- Provides summary reports on denial/appeal activity and financial risk to appropriate oversight committees.
- Presents data and provides education as needed to appropriate teams and committees as requested.

## **LICENSURE, REGISTRATION, AND/OR CERTIFICATION REQUIRED:**

- Registered Nurse license issued by the state in which the team member practices.

## **EDUCATION REQUIRED:**

- Bachelor's Degree (or equivalent knowledge) in Nursing, or
- Bachelor's Degree (or equivalent knowledge) in Health Care Administration.

## **EXPERIENCE REQUIRED:**

- Typically requires 5 years of experience in hospital billing, finance, utilization management, denials management, coding or related field.

## **FOR MORE INFORMATION/TO APPLY:**

<https://careers.aah.org/job/15702250/clinical-revenue-recovery-specialist-milwaukee-wi/>