

Revenue Cycle Reimbursement Specialist

WVU Medicine

Job Location: Morgantown, WV

Full Time, Days

POSITION SUMMARY:

The primary focus of this position is to resolve payer contract payment variances, to include internal and external communication, reduction in A/R, trend analysis, and issue resolution. This position requires the team member to advance as an expert on payer guidelines that impact reimbursement; DRG, APC, RBRVS fee schedules, Pricing Modifiers, Pharmacy reimbursement, etc. This position requires strong communication and analytical skills in order to recognize and resolve issues timely.

PREFERRED QUALIFICATION:

Education, certification, and/or Licensure:

- Certification in one of the following preferred: CPC (Certified Professional Coder), Certified Professional Coder-Hospital Outpatient (CPC-H), RHIT (Registered Health Information Technician), or Certified Revenue Cycle Representative (CRCR).

Experience:

- Two (2) years' experience in Patient Financial Services healthcare setting or coding related field.

CORE DUTIES AND RESPONSIBILITIES:

The statements described here are intended to describe the general nature of work being performed by people assigned to this position. They are not intended to be constructed as an all-inclusive list of all responsibilities and duties. Other duties may be assigned.

- Researches and resolves accounts inappropriately reimbursed based on contractual terms in order to enhance reimbursement opportunity with insurance carriers.
- Prioritizes work in order to effectively reduce volume and meet payer appeal deadlines.
- Recommends financial revenue, system functionality and other opportunities for improvement based on review of accounts and system workflow such as; contract model usage, modifier usage, epic wq workflow, ANSI code assignment
- Maintains positive working relationships with internal departments and peers across Health System such as, PFS, Coding, HIM, Accounting, etc.
- Recognizes and communicates trending payer issues to leader in a timely manner in order for immediate escalation and resolution.
- Maintains positive working relationships with external vendors such as insurance carriers, government agencies, and insurance provider representatives
- Advises staff on resolution of patient and/or payer specific issues encountered during review of contract variances as necessary.
- Maintains competency in functional area assigned through daily work processes, professional development, literature review, seminars, networking, etc.
- Ensures processes support most efficient manner in order to reduce re-work and multiple touches of accounts.
- Creates Excel reports based on payer trending issues and monitors for resolution.
- Runs reports that support unit functions such as registration errors, zero pay, etc.
- Maintains and researches accounts assigned to Recovery Summary log, IME log and payer projects.

FOR MORE INFORMATION/TO APPLY:

https://re12.ultipro.com/WES1019WVUH/JobBoard/JobDetails.aspx?_ID=*C12A8A9914E1E888