

# Denials Specialist - Remote

## Conifer Health Solutions

Job Location: Frisco, TX - Remote

Full Time/Days

### JOB SUMMARY:

Responsible for validating dispute reasons following Explanation of Benefits (EOB) review, escalating payment variance trends or issues to NIC management, and generating appeals for denied or underpaid claims.

### ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Validate denial reasons and ensures coding in DCM is accurate and reflects the denial reasons.
- Coordinate with the Clinical Resource Center (CRC) for clinical consultations or account referrals when necessary,
- Generate an appeal based on the dispute reason and contract terms specific to the payor. This includes online reconsiderations.
- Follow specific payer guidelines for appeals submission
- Escalate exhausted appeal efforts for resolution
- Work payer projects as directed
- Research contract terms/interpretation and compile necessary supporting documentation for appeals, Terms & Conditions for Internet enabled Managed Care System (IMaCS) adjudication issues, and referral to refund unit on overpayments.
- Perform research and makes determination of corrective actions and takes appropriate steps to code the DCM system and route account appropriately.
- Escalate denial or payment variance trends to NIC leadership team for payor escalation.

### KNOWLEDGE, SKILLS AND ABILITIES:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Intermediate understanding of Explanation of Benefits form (EOB), Managed Care Contracts, Contract Language and Federal and State Requirements
- Intermediate knowledge of hospital billing form requirements (UB-04)
- Intermediate understanding of ICD-9, HCPCS/CPT coding and medical terminology
- Intermediate Microsoft Office (Word, Excel) skills
- Advanced business letter writing skills to include correct use of grammar and punctuation.

### EDUCATION/EXPERIENCE:

Include minimum education, technical training, and/or experience preferred to perform the job.

- High School Diploma or equivalent, some college coursework preferred
- 3 - 5 years of experience in a hospital business environment performing billing and/or collections

### FOR MORE INFORMATION/TO APPLY:

<https://jobs.tenethealth.com/job/frisco/denials-specialist-remote/1127/41215054816>