

Claims Resolution Specialist

CaduceusHealth

Job Location: Jersey City, NJ

Full Time/Days

JOB SUMMARY:

- Perform claims resolution or medical billing and appeals or claims denials in Athena within the last two years.
- Conduct AR Follow-up both on front end scrubs and back end denials through best practices. Scrub charges for submission and launch appeals via the Athena billing platform.
- Review and clear claim edits in the system. Types of edits to be worked include registration, insurance, charge, and related issues for high volume practices.
- Demonstrate a detailed understanding of how to read and interpret EOB's and denials from all insurance carriers (including the financial components such as co-pays, deductibles, and co-insurance).
- Possess a thorough knowledge of appeals processing from end to end across all payer categories based on insurance denials.
- Differentiate between best practices of appeal, coding review, credentialing review and/or adjustment.
- Contact insurance companies and utilize web portal and websites for appeal, eligibility, remittance, and payment information.
- Candidate must be able to report and communicate issues and trends.
- Meet or exceed daily productivity benchmarks.

MINIMUM REQUIREMENTS:

- 3+ years of experience in claims resolution or medical billing.
- A minimum of 3 years of documented experience on the Athena billing platform is required.
- Working knowledge of CPT, ICD-10, and medical terminology.
- Complete understanding of follow-up processes.
- Solid background in AR and overall Revenue Cycle policies and procedures.
- Experience working in a physician billing environment.
- Excellent communication skills.
- Proficiency in Microsoft Office Suite, including Word and Excel.

FOR MORE INFORMATION/TO APPLY:

https://workforcenow.adp.com/mascsr/default/mdf/recruitment/recruitment.html?cid=faa2c5a7-be57-4e4d-9187-3c7d4b4d2108&cclid=19000101_000001&jobId=466649&lang=en_US&source=CC2