

Clinical Bill Review Analyst, DRG

Välenz Health

Job Location: Remote

Full Time/Days

JOB SUMMARY:

The DRG Analyst will conduct clinical audits including, but not limited to, Diagnosis Related Grouper Validation (DRG), medical record billing discrepancies, and prior authorization discrepancies per policies. The DRG Analyst is responsible for verifying the accuracy of DRG claims submitted for review by selecting claims for medical record reviews in accordance with pre-selection criteria, billing trends, and supporting documentation. The Auditor will collaborate with various business units, including ProteKHT, Claims, Care, and Network Development, as well as with external resources. The successful candidate must be capable of building and maintaining strong working relationships with these key internal and external constituents and must be able to adjust tasks to daily priorities.

MINIMUM REQUIREMENTS:

- 3-5 years of auditing, claims, review, and/or billing experience with a healthcare organization required
- In-depth knowledge of and ability to interpret ICD-10-CM/PCS, HCPCS/CPT, APR-DRG, MS-DRG codes, and DRG grouping systems and Plan benefit designs
- Bill and concurrent review experience
- DRG Validation experience
- Line Charge Verification experience
- Working knowledge of industry coding, ICD-10, CPT, HCPCS and Revenue codes etc.
- Has experience with Microsoft Office applications
- Excellent communication skills, both verbal and written
- Working knowledge of Health Insurance, Medicare guidelines, and various healthcare programs
- Knowledge of CMS guidelines

EDUCATION/LICENSES/CERTIFICATIONS:

- Bachelor's degree in Healthcare Administration, Business Administration, or a related field
- CPC and CIC certification preferred
- Active Certified coder (RHIA, RHIT, CPC, CIC, COC or CCS) required; candidate would need to maintain active certification

FOR MORE INFORMATION/TO APPLY:

<https://valenz.applytojob.com/apply/OHdCv23TuQ/Clinical-Bill-Review-Analyst-DRG>