HIS Denials Specialist

Summary of Position: Under general supervision of the Director, Health Information Services, the Denials Specialist performs activities to ensure appropriate financial reimbursement for HIS outpatient services from third party payers. This position provides a vital link physician practices, Patient Access (PA)and Patient Financial Services (PFS). The Denials Specialist is responsible for tracking denied HIS outpatient accounts, work with physician practices, HIS Coders, payers, Department Directors, Clinical Managers, Case Management, PA, and PFS. Actively contributes to the morale and teamwork of the staff and facility always presenting a positive attitude and patient minded vision with patient satisfaction as the continuing goal.

Primary Job Responsibilities:

- Uses software such as Craneware, 3M, and Meditech. Conducts trend analysis to identify patterns and variances in denied accounts
- Researches denied accounts to determine appropriate response to denial to appropriately resolve claim.
- Tracks denied and overturned accounts, compiling routine and ad hoc reports.
- Develops and coordinates educational and training programs regarding appropriate documentation for determining appropriate medical necessity.
- In partnership with appropriate personnel, develops and implements standardized, organization-wide reporting guidelines and documentation requirements and develops and implements training and educational programs for physicians, coders, case managers and/or other affected personnel.
- Initiates corrective action to ensure resolution of problem areas identified during internal or external auditing and provides feedback and focused educational programs on the results of auditing and monitoring activities to affected staff and physicians.
- Demonstrates competency in the use of computer applications and Medical Necessity, Medically Unlikely, OCE edits, and all coding convention and abstracting software and hardware currently in use by the Health Information Services Department.

Minimum Qualifications: RHIT, RHIA, CCS, CPC and 3 years of experience with coding, abstracting, or billing experience. (or other equivalent credential and experience.). Associate's Degree Required, Bachelor Degree preferred.

Working knowledge of ICD-10-CM coding principles and guidelines, Medical Necessity edits, LCDs, NCDs, CARC codes, Remit Codes and Value Based Purchasing. Thorough knowledge of medical terminology, pathophysiology, pharmacology, anatomy, and physiology. Working knowledge of federal, state and payer-specific regulations and policies pertaining to documentation, coding and reimbursement or willingness to obtain this knowledge Strong project and process management, leadership and interpersonal skills. Excellent written and oral communication skills. Critical thinking skills.

Please apply online at www.saratogahospital.org