

Under direct supervision of the Director – Business Office, the incumbent is responsible for management of claims through the process of submission of both electronic and paper based claims, resolution of claim edits / validation of data integrity, and resolution of claims for all commercial and government health insurance payers submitted on behalf of MERCY REGIONAL MEDICAL CENTER in accordance with established standards, guidelines and requirements. The incumbent conducts follow-up process activities through websites, phone calls, fax and written correspondence, leveraging work queues to organize work efficiently. Work also includes reviewing insurance remittance advices, researching denial reasons and resolving issues through well-written appeals. Work requires proactive troubleshooting, significant attention to detail and the application of analytical/critical thinking skills to analyze denials and reimbursement methodologies and bring timely resolution to issues that have a potential impact on revenues. Additionally, the incumbent must be able to communicate effectively with payer representatives and maintain professional communication with team members to support claim/denial resolution.