
DENIALS COORDINATOR

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Please be sure to reference the position in your email.

Essential Duties and Responsibilities:

- Differentiates between clinical and technical denials through EOB'S, denial letters/payer correspondence and data mining.
- Identifies payer and hospital's managed care contracts.
- Reviews managed care contracts against application of rates, provisions and terms.
- Reviews timely filing guidelines regarding the appeals process.
- Contacts payer to negotiate resolution on technical denials.
- Appeals denials using all means necessary (appeal letters, medical records and other supporting documentation, utilization of on-staff clinicians).
- Evaluates appeal outcome for next steps (logs recovered funds, supports uphold decision or initiates 2nd level appeal).
- Manages assigned workload of accounts through timely follow up and accurate record keeping.

Minimum Qualifications & Competencies:

- Four-year degree preferred or equivalent experience in hospital related billing/follow-up field
- Benefits/fund administration experience preferred
- Knowledge of/experience working with managed care contracts
- Experience working with customer support/client issue resolution management
- Strong analytical acumen
- Strong multi-tasking skills
- Proficiency with MS Office