

SAMPLE JOB DESCRIPTION

Revenue Recovery Specialist

I. JOB SUMMARY

The Revenue Recovery Specialist is responsible for monitoring, analyzing, and appealing government, managed care, and commercial payer hospital and outpatient hospital-based patient claim payment variances in order to optimize revenue recovery, assess contract compliance, and communicate contract and reimbursement issues to management.

II. DUTIES AND RESPONSIBILITIES

- Perform a variety of tasks related to developing a knowledge-base and understanding of government payer regulations, terms of third party payer regulations and contracts, coverage and benefit plans, coordination of benefits, payment terms and all other conditions affecting payment, appeal of payment variances and correct payment calculation.
- Use internal data and systems to identify, document, track and summarize payment variances to determine appropriate actions to be taken so as to initiate appeals and to address inaccurate reimbursement in a timely manner.
- Analyze internal processes, technical system issues and payer processing/system issues and determine/communicate corrective actions in order to resolve payment variances.
- Perform a variety of tasks, in conjunction with Managed Care Contracting and Government Payers Department staff, to achieve most accurate payer and contract modeling in the decision support system.
- Document appeals of payment variances and reimbursement amounts recovered thru the various appeals processes.
- Perform special projects, as assigned, in order to resolve recovery issues, settlements with payers and optimize revenue recovery.

III. QUALIFICATIONS

Education:

- Bachelor's degree in Accounting, Business Administration, Finance, Health Related Professions, Nursing, or an equivalent combination of education and experience from which comparable knowledge and abilities can be obtained

Experience and Training:

- A minimum of three years' experience in business acumen, insurance, or managed care industry, hospital patient accounts or a related health-care area such as utilization management, case management, or hospital audit and reimbursement is required.
- Experience in health related contractual analysis involving rate and language analysis, audit and reimbursement, claims denial and appeals experience is preferred
- Knowledge or willingness to learn fundamentals of coding CPT/HCPCS, ICD-10, and DRG's is preferred.