



Provider Relations Specialist, Bill Review Team

Reporting to the Bill Review Supervisor, a Provider Relations Specialist is responsible for accurately reviewing all types of medical bills, from simple to complex, which were previously reviewed and processed by a Bill Review (BR) Specialist. The Provider Relations Specialist must be able to understand how the bill was processed and communicate to providers the methodology for processing and re-pricing the bill. The Provider Relations Specialist must be able to note and track any errors BR Specialists made in processing a bill, and be able to report those errors to the BR Supervisor for the purpose taking corrective action. In addition, the Provider Relations Specialist will fill in and process medical bills as needed.

Position Specifics: Full-time, Non- Exempt position; working in office Monday through Friday

The job responsibilities will include, but are not limited to:

- Accurately and appropriately analyze complex medical bills and make payment recommendations based on claim history, medical notes, usual and customary rates (UCR), statutory regulations including state laws and fee schedules, available MPN/PPO contracts, coding guidelines, client instructions, and company policies and procedures.
- Receive all provider calls and respond within a reasonable time frame to the provider
- Maintain a provider inquiry database
- Support training for BR Specialists based on processing errors resulting from provider calls
- Reviews and verifies the correct use of medical billing codes and reports the detection of improper use of billing codes to BR leadership
- Participate in the quality assurance (QA) process from initial receipt of bills through final payment
- Protect system integrity: monitoring and correcting duplications and inaccurate/outdated data
- Communicate with medical providers to obtain needed information and resolve bill-specific issues
- Communicate directly with clients, offering excellent customer service by responding to and answering their questions quickly and professionally
- Participate in ongoing training to enhance job skills and knowledge
- Other duties as assigned

Job Requirements:

- High School Diploma required, some college or college degree preferred
- 2+ years of experience in complex Workers' Compensation BR with customer service exposure
- Knowledge of medical terminology, CPT codes, and DRG
- Ability to read, analyze, and interpret technical procedures, medical reports, state laws and fee schedules.
- Hospital Bill Review experience a plus.
- CPC (Certified Professional Coding) coursework or certification a big plus
- Excellent Written and Oral Communication & Interpersonal Skills
- Strong Organization Skills
- High comfort level with computers and computer programs (MS Word, MS Excel, Email)
- Ability to meet deadlines in a high pressure, time sensitive environment
- Ability to lift up to 20 lbs
- Sit (approx. 75-100% of the time), stand (approx. 0-25% of the time), type (approx. 75-100% of the time) and do the job with or without reasonable accommodation