

JOB DESCRIPTION

Discrepancy Analyst

POSITION SUMMARY: Minimum of two years experience - Responsible for assuring insurance payers payments are appropriate, processed accordingly via TRH contract agreements with payers. Will review payments with any system including the contract management system to assure the maximum reimbursement has been attained under the terms of all insurance payers. Generate correspondence surrounding validity of any overpayment. Provide operational support for all staff regarding insurance discrepancy payments.. Responsible for daily credits where an insurance has overpaid. Responsible for Medicare and Medicaid credit reports and audits. Perform maintenance in Meditech and/or other systems. Assist with special projects as indicated.

MAJOR RESPONSIBILITIES:

1. Review payer refund requests in contract system to verify amount requested is appropriate.
2. If inappropriate contact payer to dispute then follow up with a letter disputing refund request.
3. If refund is correct complete paper work to refund overage to appropriate party.
4. Forward completed refund requests for approval / signature to the appropriate level.
5. Batch refunds daily.
6. Forward completed refund batches to Accounting.
7. Submit Meditech maintenance corrections as indicated / needed.
8. Review work list of potentially underpaid claims.
9. Re-bill/appeal underpaid claims identified thru the review / audit process.
10. Contact insurance payers to collect money due on claims identified as a discrepancy.
11. Respond to correspondence from payers.
12. Reviews overpayment reports on a daily basis in contract management system.
13. Works 50 accounts a day at a minimum .
14. Perform maintenance as needed in Meditech.
15. Any other duties as identified to ensure efficient workflow.
16. Special projects as assigned / indicated.

NAME _____

DATE _____