**Medical** **Claims Processor (multiple positions)**

**Location: Austin, TX**

EM Key Solutions Inc, a proven Government Contractor, is seeking a self-motivated to perform medical claims processing teams and support our Government client.

**Essential Functions and Job Responsibilities:**

Reporting to a Lead for Medical Claims Processing, this position will provide support for VA Medical Claims Processing (MCP). The Medical Claims Processor is responsible for the accurate and timely processing of medical claims.

The Medical Claims Processor will be responsible to the Team Lead. Duties include but are not limited to:

* Researches and processes claims according to business regulation, internal standards and processing guidelines
* Verifies the coding of procedure and diagnosis codes
* Coordinates with internal/external departments to work edits and deferrals, updating the patient identification, other health insurance, provider identification and other files as necessary
* Examines and processes complex or specialty claims according to business/contract regulations, internal standards and examining guidelines
* Determine whether to return, deny or pay claims following organizational policies and procedures
* Performs research on claim problems by utilizing approved policies, procedures, reference training materials, forms and coordinates with various internal support areas
* Corrects processing errors by reprocessing, adjusting, and/or recouping claims
* Ensures claims are processed according to established quality and production standards
* Assists the lead medical claims processor in training or mentoring new staff members
* Responds to routine correspondence and provides customer service support for on-line and phone call inquires and/or complaints
* Input and validate medical claims data into client system to analyze rejected claims data:
  + Review documentation authorizing benefits payments
  + Determine appropriate amount due to recipient and process all necessary payment transactions
  + Analyze and audit any overpayment of claims
  + Record and issue letters informing debtors of obligations
  + Respond to written and oral vendor inquiries; follow up as needed
* Examine vouchers, invoices, claims, and other payment requests for medical service for authorized patients:
  + Documents must be accurate, provide adequate documentation or citations, and comply with laws and regulations
  + Justification submitted must be in compliance with CPT, HCPCS, and ICD-9-CM and ICD-10-CM standards
  + Review claims for completeness and accuracy
  + Complete procedural processing of standardized vouchers for various types of medical expenses
  + Maintain an understanding of billing and regulations as related to Medicare
  + Possess knowledge of electronic claims editing and submission capabilities, including online claims processing and query systems
  + Respond to written and oral inquiries by vendor
* Serves as one of the primary resources for examining and processing complex and specialty claims according to contracts, internal standards, and established guidelines
* Analyze bulk claims and determine appropriate payment amounts:
  + Ensure appropriate diagnostic and procedural coding for all CMS 1500, UB04, and other claim forms
  + Prepare claims for payments
  + Validate appropriate claim adjustments to resolve payment discrepancies
  + Ensure accuracy of information included in the vendor file for medical providers

**Minimum Requirements:**

* High School Diploma required
* 1 year of experience processing, researching and adjudicating medical claims
* Work to have a thorough understanding of Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, Tenth Revision Clinical Modification (ICD-10-CM) standards (or latest version) within three months from their date of hire
* Work to understand billing and follow-up regulations as it relates to Medicare within three months from their date of hire
* Understand electronic claims editing and submission capabilities including Medicare and NEIC on-line claims processing and query system
* Must have good math skills and attention to detail
* Must have good Microsoft Office skills (Excel, Word, Outlook, and Access).
* Strong written and verbal communication skills

**Additional Desired Qualifications:**

* Any clinical experience would be a plus
* Experience with VA healthcare software applications

EM Key Solutions provides our customers with value-added management consulting and information technology services that consistently deliver success. From Systems Lifecycle Support and Healthcare IT Solutions to Network and Desktop Solutions and e-Business, EMKS is focused on making our clients’ businesses run smoother and better. With a highly trained technical staff, we apply state-of-the-art information technologies, the industry's most advanced methodologies, and broad-based support services to clients in U.S. Government agencies and the commercial sector.

**EMKS is an Equal Opportunity Employer.**  
**All qualified candidates are encouraged to apply, including:**  
**Minorities, Women, Individuals with Disabilities, and Protected Veterans.**