

Preferred Health Care Job Description

Job Title: Director, Claims and Customer Service
Department: Claims Admin/Customer Svc Department
Reports To: Vice President of Operations

SUMMARY

Supervises and coordinates activities of workers engaged in the examining, repricing, and adjudication of insurance claims and providing customer service. Assures repriced claims are forwarded to the appropriate payor and applicable claims are adjudicated within mandated timeframes by performing the following duties.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.

Claims Department

- Acts as the direct liaison with all claims system vendors
- Responsible for identifying and implementing all improvements necessary to gain maximum efficiency and effectiveness from the Claims System.
- Performs analysis on daily claims edit reports and assists provider/billing company with corrections
- Responsible for continuing to grow PHC electronic claims submission rates annually. Contacts providers identified by claim volume to facilitate in the setup process of submitting electronic claims.
- Performs all supervisory responsibilities for the claims and customer service department and is accountable for all work performed in the department.
- Assigns duties, determines work procedures, examines work for exactness, neatness, and conformance to policies and procedures, and expedites workflow.
- Issues written and oral instructions to all department employees to ensure company policies and guidelines are routinely met or exceeded.
- Develops and maintains the departmental Policy & Procedure manual.
- Studies and standardizes procedures to improve efficiency of claims staff and reports the findings to the Vice President of Operations quarterly.
- Prepares composite claims reports utilizing all necessary systems data as necessary or requested by Management.
- Assists claims personnel in meeting claims turn around time requirement of 2 days. Produces and posts daily reports reflecting both individual and company-wide claims turnaround times.

- Responsible for the entry of all data related to fee schedules, provider participation, and group setup in the claims system
- Reviews and trains all employees on claims processing errors and adjusts as necessary in the claims system.
- Responsible for all budget creation, staff hiring and training and overall departmental performance
- Validates all claims activity and invoices from PHC's electronic claims intermediary (s) monthly
- Assist accounting department in reconciling eligibility counts as they relate to access fee invoicing as requested.
- Responsible for extracting an eligibility file bi-monthly for our Medical Management system.
- Loads and tests all incoming electronic eligibility in the Claims system.
- Interacts with other management personnel to understand their needs and expectation of the claims staff
- Informs Vice President of Operations of claims production status on a weekly basis.

Customer Service Department

- Leads the development, training and supervision of the company's customer service department.
- Sends Customer Service Satisfaction Surveys and monitors results to ensure quality customer service.
- Responsible for creating an overall customer service ethic throughout the organization.
- Supervises all staff within the department.
- Oversees the creation of service improvement initiatives, all aimed at providing the best service possible to our customers.
- Responsible for ensuring accurate and timely completion and the oversight of all calls and complaint logs in the Access Complaint/CSR Log database. Pulls weekly/monthly Complaint and Call Log Reports, analyzes for resolutions, and distribute to Management.
- Other duties as assigned by the Vice President of Operations.

QUALIFICATIONS

To perform this job successfully, the Manager of Claims Administration must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge,

skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

Bachelor's Degree or five years related experience and/or training; or equivalent combination of education and experience.

LANGUAGE SKILLS

Ability to read and interpret claims documents and procedure manuals.

MATHEMATICAL SKILLS

Ability to calculate figures and amounts such as discounts, interest, and percentages.

REASONING ABILITY

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, or scheduled form. Ability to maximize the efficiencies offered by the current claims system relative to claim examining and data reporting.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit. Specific vision abilities required by this job include close vision, and ability to adjust focus during computer operation.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is usually quiet.

Department Vice President Approval:	Approved by:
Title:	Title:
Date:	Date: