



JOB ANNOUNCEMENT

For Internal and External Candidates

CLAIMS SUPERVISOR

Department: Member Benefit Systems
Reports To: Claims Manager
Closing Date: Open Until Filled

Become a part of EMI Health's growing organization. EMI Health is an employee benefits firm providing insurance products to companies and individuals in Utah, Arizona and Texas. We provide our employees with an outstanding benefit package that includes paid medical and dental coverage for employees, paid time off, holiday pay, vision, life, disability, HSA and retirement savings plans. In addition, we provide our employees with a fully equipped onsite fitness center and subsidize mass transit passes.

We are a tobacco free workplace, hiring non-tobacco users only.

EMI Health is an EEO employer as defined by the EEOC.

SUMMARY OF JOB: Under the direction of the Claims Manager, the Claims Supervisor is responsible for overseeing claims staff, ongoing training for claims editors and processors as well as coordinating all claim system related issues with the claim payment system vendor and other EMI Health departments. This is a full-time, exempt position. Hours are generally 8:00 a.m. to 5:00 p.m. Monday through Friday.

PRIMARY RESPONSIBILITIES:

- Oversees the training program and training content for the MBS department.
- Coordinates all claims system related issues and updates.
- Manages projects for the MBS department.
- Supervises and directs the work of Editors, Processors and Admin staff.
- Oversees Policy and Procedure management.
- Oversees claim production to ensure that staff meets production standards.
- Oversees quality assessment of staff output to ensure that staff meets quality standards.
- Ensures that claims and adjustments are processed within the required guidelines.
- Monitors the claim inventory and distribution of claims.
- Evaluates processes for improvement and supports all departmental initiatives in improving overall efficiency.
- Resolves issues, questions, and research items received from other departments.
- Develops and provides reports and makes recommendations to management.

EDUCATION, EXPERIENCE AND QUALIFICATIONS:

- Associates degree (Bachelors preferred) or minimum of five years related experience in a similar position; or equivalent combination of training and experience.

- Working knowledge of claims payment systems.
- Thorough understanding of CPT, HCPCS, and ICD9/ICD10 coding procedures and guidelines.
- Knowledge of terminology specific to medical, dental, and vision benefits.
- Knowledge of State and Federal regulations related to the health insurance industry. (COB, Medicare, COBRA, ACA, HIPAA, etc.)

APPLICATION PROCEDURE:

Internal candidates submit an Application for Position Vacancy to Margaret DuKatz. External candidates apply online at <https://emihealth.com/emi/about/opportunities>.

Current employees must have completed their six month probationary period before applying for any position vacancy and must be “Meets Plus” or above on their last performance review.