

# TRILLIUM COMMUNITY HEALTH PLAN, INC

## POSITION DESCRIPTION

**POSITION TITLE:** Claims Training Specialist

**POSITION SUMMARY:** Responsible for the training of new claims staff, on-going training and review of processes with existing claims staff, review of reports for accuracy and training issues. Assist with procedure review, development and implementation, claims processing when regular claims staff are out. Also responsible for providing the highest quality of customer service to all internal and external contacts.

### PRIMARY RESPONSIBILITIES & DUTIES

- Responsible for training claims staff on all claim types and specialties.
- Responsible for review, development and implementation of claims procedures and processes to ensure compliance with Medicaid , Medicare, and commercial payment guidelines.
- Responsible for claims processing of assigned claims queues and to cover time off when claims staff is out of the office.
  - ❖ Responsible for proper coding and accurate entry of claims
  - ❖ Ensure claims are processed according to allowed benefits, rules, and contractual obligations.
- Assist Operations Manager to work with staff to ensure accuracy and TAT standards are met.
- Assist with claim appeal review and preparation for routing through the appeal department.
- Assist with identification of problem areas in claims processes and work to find more efficient, accurate processes.
- Responsible for review of claims audit finding recommendations, to address training issues, system issues, and provider billing issues.
- Assist with review and correction of encounter data in addition to identification of processing errors leading to failed encounters.
- Perform other duties as requested.

### RELATIONSHIPS & WORK TEAM RESPONSIBILITIES

**Reports To:** Operations Manager (Claims)

#### Internal:

- Operations Staff
- Medical Management
- Provider Relations
- Other internal staff as necessary.

#### External:

- Members
- Provider Offices
- Vendors

### JOB REQUIREMENTS

#### Education:

- High School Graduate
- College level courses in medical terminology preferred
- CPC courses and/or certification preferred

**Experience:**

- Five years experience in working with health care claims preferred
- Working knowledge of medical terminology.
- Working knowledge and understanding of ICD-9, CPT, and HCPC coding.
- Working knowledge regarding HIPAA guidelines
- Knowledge of Medicare and Medicaid guidelines

**Skills:**

- Excellent verbal and interpersonal skills
- Proficiency in computer skills
- Ability to work as a member of a team and/or independently
- Proper Telephone usage and etiquette
- Excellent verbal and interpersonal skills