



## CLAIMS QUALITY SUPERVISOR

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**Position Status:** Exempt  
**Reports To:** Claims Quality Manager  
**Effective Date:** 04/30/19  
**Revised Date:**  
**Job Level:** M1

### POSITION SUMMARY

Under general direction, this position:

1. Ensures accuracy and completeness of case documentation and compliance with regulations and requirements related to the Provider Dispute Resolution process
2. Develops and oversees quality assurance functions
3. Supervises, mentors and trains assigned staff
4. Performs other duties as assigned

### RESPONSIBILITIES

1. Ensures accuracy and completeness of case documentation and compliance with regulations and requirements related to the Provider Dispute Resolution process, with duties including but not limited to:
  - Developing and utilizing systems to monitor and audit provider inquiries and disputes to ensure that cases are documented, resolved appropriately, and processed according to federal and state regulations
  - Reviewing and routing provider inquiries and disputes to assigned staff
  - Ensuring staff work within established guidelines, timeframes, policies and procedures to complete all follow up and research necessary to resolve provider inquiries, disputes, billing issues and other tasks, which may involve using Alliance systems and other computer applications
  - Serving as the primary resource and point of escalation of issues for staff
  - Ensuring that staff understand the essential components of a clear, complete, and correctly resolved case
  - Assuming responsibility for and resolving cases when case load targets or volume is exceeded and/or when a case is beyond the skill level of staff
  - Developing, reviewing and maintaining dispute policies, procedures, and compliance assessments, including identification and tracking of trends
  - Developing regulatory, compliance and quality improvement reports
  - Coordinating, preparing and submitting reports to committees, governance bodies, the Staff Grievance Review Committee, and external agencies within regulatory timeframes, as directed
  - Identifying, analyzing and making recommendations related to identified trends or improvements, and working with management and staff in other departments to implement changes, as directed
2. Develops and oversees quality assurance functions, with duties including but not limited to:
  - Creating effective auditing packages for the review of manually processed and auto adjudicated claims

- Ensuring through auditing activities that claims are paid in an accurate and timely manner and in accordance with internal and external regulations and guidelines
  - Tracking progress and communicating audit results/status on a regular basis to all impacted parties
  - Creating and updating unit procedures, workflows, and resource materials
  - Identifying issues and operational gaps, developing solutions, and making recommendations for improvement
3. Supervises, mentors, and trains assigned staff, with duties including but not limited to:
- Supervising, delegating work, training, mentoring and providing development and growth opportunities to assigned staff
  - In conjunction with the Claims Quality Manager and Claims Director, interviewing and participating in the selection of staff
  - Evaluating employee performance, providing feedback to staff, and coaching and counseling staff when performance issues arise
  - Conducting training related to Claims Quality Unit functions for all Alliance staff, including the development and maintenance of training materials, in conjunction with the Training and Development team and Claims Trainer
  - Identifying training gaps and opportunities for improved performance
4. Performs other duties as assigned

#### EDUCATION AND EXPERIENCE

- Bachelor's degree in Business, Public Health, Social Work or a related field and a minimum of three years (or a Master's degree and a minimum of one year) experience in health care which included experience with billing, claims payment, coding and/or other closely related functions, and some lead or supervisory experience; or an equivalent combination of education and experience may be qualifying

#### KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the principles and practices of healthcare coverage and benefit structures, principles of coordination of benefits, and medical billing
- Thorough knowledge of the principles and practices of customer service
- Working knowledge of and proficiency with Windows based PC systems and Microsoft Word, Excel and Outlook, and database software
- Working knowledge of the methods and techniques of research, analysis and reporting
- Some knowledge of the basic principles and practices of supervision and training
- Some knowledge of the principles and practices of managed health care
- Some knowledge of Title 22 and Title 28 utilization management and grievance regulations
- Some knowledge of and the ability to utilize conflict resolution and problem solving techniques
- Ability to understand and analyze contractual and regulatory requirements and their effect on the resolution of disputes
- Ability to supervise, train and evaluate the work of staff
- Ability to motivate staff and promote an atmosphere of teamwork and cooperation
- Ability to plan, organize and prioritize tasks and work schedules, manage projects, and adhere to timelines

- Ability to apply sound judgment and make decisions related to areas of functional responsibility
- Ability to identify issues, conduct research, gather and analyze information, reach logical and sound conclusions, and make recommendations for action
- Ability to effectively, clearly and independently document, summarize and resolve complex issues
- Ability to demonstrate excellent writing skills, including knowledge of proper grammar, spelling, punctuation and formatting and drafting of professional correspondence
- Ability to use computer software to produce statistical reports and graphs in presenting data
- Ability to foster effective working relationships, influence others, and build consensus with individuals at all levels in the organization
- Ability to provide leadership and facilitate meetings
- Ability to develop training materials, in conjunction with Training and Development staff and Claims Trainer, and conduct trainings
- Ability to work independently with minimal supervision and as a member of a team

#### DESIRABLE QUALIFICATIONS

- Working knowledge of the principles and practices of managed health care
- Working knowledge of the methods and techniques of reviewing and/or preparing medical records
- Working knowledge of the methods and techniques of drafting and/or preparing legal documents and position statements
- Some knowledge of physician/provider types and physician billing processes

#### WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to travel to other locations in the course of work

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*The job duties, elements, responsibilities, skills, functions, experience, educational factors and the requirements and conditions listed in this job description are representative only and not exhaustive of the tasks that an employee may be required to perform. The Alliance reserves the right to revise this job description at any time.*