This is a great opportunity for an experienced Health Insurance Claims Manager who is looking for a new challenge in a non-traditional health plan setting. A publicly traded, Tulsa headquartered energy company that is fully self-insured is looking to add a Claims Manager to head-up the Claims Department. All Plan functions are performed internally, and the Claims Manager plays a vital role in the Healthcare Plan Leadership. Competitive salary and highly competitive benefits. Excellent working environment with a highly engaged team. Candidates located in Northeastern Oklahoma strongly preferred.

SUMMARY: Responsible for day-to-day operations of claim examiners, managing the processing of incoming claims, back log of unprocessed claims, and the management of the claim queues. Assists with the identification and on boarding of external vendors with provisioning.

ESSENTIAL DUTIES AND RESPONSIBILITIES: The items listed below detail some of the assigned duties and responsibilities for this position. This is not meant to be an all-inclusive list and management reserves the right to change these duties at any time.

- Managing Adjusters who are monitoring the processing of 120,000 claims per year
- Auditing configuration to confirm claims are being processed and paid accurately
- Identifying opportunities for processing efficiencies
- Performing vendor management and oversight of fulfillment vendors delivering EOB/EOP statements (Zellis), member/provider portal access (HealthX) and claim clearinghouse (Smart Data Solutions)
- Developing workflows associated with managing Workers Compensation-related claims including the prevention of payment for claims associated with work-related injuries/illnesses for covered dependents.
- Developing financial tracking and recovery process for medical claims for which there is Third-Party liability.
- Monitor and analyze significant legal development and legislative changes in services territories that may impact claim operations; communicates conclusion and recommendations to the appropriate parties.
- Ensure execution of the Quality Assurance Program through identification of strengths and deficiencies of staff and implementation of action plans focused on improved results.
- Establish, document and communication of claims settlement and reserving authorities of claims staff and grants reserve/settlement authority of cases exceeding supervisor's authority levels.
- Identify training needs, establish, and implement delivery strategy for staff level employees.
- Effectively plan staff responsibilities and mange activities, utilizing staff resources to meet department goals in accordance with established business plans and budget.
- Select, develop and manage staff to ensure appropriate staffing levels to ensure delivery of timely, high-quality services to our members.
- Ensure quality management of claims in accordance with best practices
- Develop, recommend and implements short- and long-term objective consistent with company business goals, guidelines and programs.

- Serve as a primary source for vendor identification including building and maintain long-lasting relationship, reviewing new vendors and their products, Negotiating product pricing and contracts and communication of product-related issues and concerns to vendors
- Communicating vendor responsibility and obligations including establishing vendor performance standards and suggesting improvements.
- Updating, renewing and canceling vendor contracts as appropriate.

QUALIFICATIONS

- Bachelor's degree in accounting or equivalent healthcare claims processing experience
- Three to five years' experience in a health insurance company or third-party administrator processing health care related claims payments preferred.
- Previous experience with healthcare billing, forms and code sets (UB04, HCFA 1500, ICD-10, CPT-4 and HCPCS) and healthcare program reimbursement and methodologies experience preferred
- Knowledge of healthcare revenue cycle practices.
- Maintains patient confidentiality and privacy, while adhering to all HIPAA guidelines/regulations and fraud and abuse prevention detection policies and procedures
- Strong analytical skills.
- Proficiency in MS Excel required; Access strongly preferred.
- Ability to work both in a team and independently.
- Ability to establish and maintain positive and effective working relationships with coworkers, plan members and providers.
- Excellent organizational ability required to handle multiple priorities.

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 and use a computer and a phone. The employee is regularly required to talk and hear, as well as use hands to finger, handle and feel. The employee is occasionally required to stand and walk and occasionally lift and/or move up to 10 pounds.

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.

- Normal office Environment