

Director of Claims

Dayton, OH

Summary

This professional role will focus on and supervise the activities of the Claims department to ensure appropriateness of all aspects of data entry/claims processing functions.

Essential Functions

- Coordination and direction of the activities of claims and data entry areas including direct supervision of subordinates and the implementation of employment issues
- Maintenance of appropriate reimbursement levels, overseeing review of new procedure methodologies/research of payment mechanisms
- Maintenance of a working knowledge of Management Information System and the coordination of required software enhancements for efficient claims processing
- Preparation and monitoring of departmental budget to control cost effectiveness
- Assisting in the development and implementation of departmental policies and procedures
- Assurance of appropriate level of staff training
- Monitoring and documenting processing accuracy and productivity levels
- Preparing and monitoring various reports as required
- Perform any other job related instructions, as requested

Requirements

Education / Experience

- Associate's degree in business or related field or equivalent relevant work experience is required
- Bachelor's degree is preferred
- A minimum of five (5) years of healthcare claims experience is required
- A minimum of five (5) years of leadership experience is required

Required Competencies / Knowledge / Skills

- Advanced level experience in Microsoft Word, Excel and PowerPoint
- Data analysis and trending skills
- Staffing and forecasting experience preferred
- Demonstrated understanding of claims operations specifically related to managed care
- Advanced knowledge of coding and billing processes, including CPT, IICD-9 and HCPCS coding
- Communication

- Strategic management skills
- Prior supervisory skills
- Ability to work independently and within a team environment
- Attention to detail
- Familiarity of the healthcare field
- Critical listening and thinking skills
- Strategic management skills
- Negotiation skills/experience
- Proper grammar usage
- Technical writing skills
- Time management skills
- Executive management skills
- Proper phone etiquette
- Customer service oriented
- Decision making/problem solving skills
- Leadership experience and skills
- Understanding of Compliance and Regulatory fundamentals specifically related to managed care and government programs (CMS/HHS/DOI/Medicaid)
- Professional communication skills, to include proper grammar usage, document structure, and business writing to audiences including but not limited to internal Leadership at all levels, internal and external Legal Counsel, Corporate Compliance, State and Federal Regulators
- Ability to work independently and within a team environment
- Success in working in a matrixed environment
- Detail orientated
- Critical thinking skills
- Project management skills
- Negotiation skills/experience
- Time management skills including creation and maintenance of project timelines
- Advanced level experience in Microsoft Word, Excel and PowerPoint

Licensure / Certification:

- Medical coding or billing certification is *preferred*

For more information / How to Apply:

https://re11.ultipro.com/CAR1029/JobBoard/JobDetails.aspx?__ID=*4C85A811723B52E5

