

# Claims Quality Inspector

**WellSense Health Plan**

Job Location: Remote

Full Time/Days

## **JOB SUMMARY:**

The Claims Quality Inspector is responsible for the thorough and accurate review of adjudicated claims and Enrollment entry against established corporate guidelines and protocols specific to claim adjudication and Enrollment entry. Ideal candidates will maintain a broad knowledge of corporate claims processing and enrollment entry rules for use in conducting all review functions.

## **MINIMUM REQUIREMENTS:**

- **Experience Required:**
  - At least 2 years of experience in a Claims or QC/Inspector role within the managed care industry, or
  - At least 5 years of experience processing medical claims
- **Experience Preferred/Desirable:**
  - Prior experience within the Medicare, Medicaid, or other regulated Managed Care payer environment
  - Prior experience with coordination of benefits or subrogation
  - Familiarity with Facets claims administration platform
  - Prior Enrollment quality auditing experience

## **EDUCATION/LICENSES/CERTIFICATIONS:**

- **Education Required:**
  - High School Diploma or GED required
- **Education Preferred:**
  - Bachelor's degree and/Claims adjudication or medical billing/coding certification preferred

## **ADDITIONAL INFORMATION:**

- Full-time remote work
- Competitive salaries
- Excellent benefits

## **FOR MORE INFORMATION/TO APPLY:**

[https://jobs.wellsense.org/jobs/claims-quality-inspector-294533?\\_gl=1\\*1iwyi0o\\*\\_gcl\\_au\\*NTU5NDEwMDU2LjE3NDk3NDIzNzI](https://jobs.wellsense.org/jobs/claims-quality-inspector-294533?_gl=1*1iwyi0o*_gcl_au*NTU5NDEwMDU2LjE3NDk3NDIzNzI).