

GROUP HEALTH / WELLNESS SUPERVISOR

PURPOSE AND NATURE OF WORK

Position is responsible for overseeing and coordinating health insurance claims using contracted group health insurance claims processing company to assure prompt and efficient claims processing and payment. Position also has responsibility for employee health and wellness activities through Lafayette Consolidated Government's Registered Nurse's office and the use of real time televisual physician consultations.

The incumbent in this position is responsible for updating and applying health plan guidelines and amendments with regards to changes and/or deletions, per applicable regulations. Incumbent works with relative independence under the general direction of the Chief Financial Officer and has supervisory responsibility for Group Insurance Specialists and a Registered Nurse.

ILLUSTRATIVE EXAMPLES OF WORK (Note: These examples are intended only to illustrate the various types of work performed by the incumbent in the class. All of the duties performed may not be listed.)

Monitors and reports on plan performance. Critically analyzes information, and reports/recommends actions to maintain the effectiveness and regulatory compliance of the health plan. Keeps abreast and has an in-depth working knowledge of all applicable rules, regulations, laws, and guidelines pertaining to the health plan and enforces all such policies to ensure full compliance. Personally coordinates appeals of coverage denials and explains the reasons for the denial. Screens claims for types of injuries to decide whether subrogation efforts are appropriate.

Reviews the most difficult, unusual, and/or complex claims, determines what is/is not covered under the health care plan, checks for errors in Current Procedural Terminology (CPT) codes, corrects billing errors. Supervises and participates in documenting, processing, re-pricing, and reporting City-Parish group insurance claims and premiums according to applicable health, life, accidental death and dismemberment, stop loss, prescription drug, cafeteria, childcare, reasonable and customary, and flexible spending policies.

Generates reports such as monthly Pharmacy Benefit Manager (PBM) and ensures that appropriate funds are applied and transferred, retiree and employees on Leave Without Pay reports and follows-up to ensure those plan participants are aware of their payment obligations, and reports on those individuals eligible for COBRA coverage. Supervises and trains employees engaged in the processing of group insurance claims, addresses questions or concerns, supervises the enrollment and termination of participants from the plan.

Enforces health plan obligations. Contacts claims processing and healthcare providers on behalf of the participant if discrepancies exist between what the participant is billed and the explanation of benefit (E.O.B) and resolves such discrepancies. Reviews any proposed amendments to the plan to ensure such an amendment does not compromise the plan integrity nor unintentionally conflicts with other plan components.

Serves as the point of contact with LCG's stop loss insurer. Ensures claims are reported in the required timeframe, participates in the yearly bidding process with stop loss insurers by investigating/mitigating (if possible) any concerns regarding stop loss liability.

Develops, monitors, and reports on financial indicators and medical cost trends.

Coordinates and facilitates communication between the Registered Nurse and Risk Management divisions to ensure the appropriate exchange of information is being made in order to maintain the vitality of the health plan.

Performs related work as required.

NECESSARY KNOWLEDGES, ABILITIES, AND SKILLS

Thorough knowledge of laws, rules, and regulations related to the Lafayette Consolidated Government's group health plan.

Ability to apply and enforce all provisions of the group health plan.

Ability to independently analyze information related to claims settlement, identify potential problems, and recommend solutions consistent with the management of the group health plan.

Ability to evaluate difficult and unusual health insurance claims.

Considerable knowledge of health insurance claim processing principles and practices.

Ability to apply accounting, bookkeeping and record keeping principles to the maintenance of fiscal and insurance records.

Ability to supervise subordinate specialists in the processing of claims and address questions, complaints, or concerns regarding claim processing.

Ability to address concerns regarding group health plan provisions with healthcare providers and resolve discrepancies.

Ability to clearly and concisely express ideas orally and in writing to groups and individuals.

Ability to foster intra-department communication related to group health claims.

Ability to establish and maintain effective working relationships with superiors, employees, health professionals, and others.

DESIRABLE TRAINING AND EXPERIENCE

Bachelor's degree in Insurance and Risk Management, Business Administration, Health Information Management, or a related field, and considerable experience in accounting or bookkeeping and group health insurance claims processing and administration, including supervisory experience; or any equivalent combination of training and experience.