

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. 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 also has responsibility for employee health and wellness activities.

Incumbent works with relative independence under the general direction of the Controller and has supervisory responsibility for clerical assistants dedicated to the Group Insurance and Wellness division.

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. Coordinates and manages any exceptions or plan changes that result from appeals.

Reviews the most difficult, unusual, and/or complex claims and works with TPA to determine what is/is not covered under the health care plan. Supervises and participates in documenting, processing, and reporting City-Parish group insurance premiums according to applicable health, life, accidental death and dismemberment, stop loss, prescription drug, cafeteria, childcare, reasonable and customary, and flexible spending policies.

Reviews and analyzes reports generated by TPAs and other external agencies that document the activity and health of our insurance plans. Supervises the preparation of Leave Without Pay reports and the reconciliation of Supplemental plan deductions and billings and the follows-up to ensure those plan participants are aware of their payment obligations. Reviews and verifies reports on those individuals eligible for COBRA coverage, as prepared by the TPA. Supervises and trains employees engaged in the handling of insurance and benefit issues and addresses questions or concerns. Supervises the enrollment and termination of participants from the plan.

Enforces health plan obligations. Contacts claims processing and/or 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.

Researches, develops, and administers various wellness options, including health insurance and various supplemental benefit plans, to ensure our company provides the best possible health benefits and plans to its employees

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.

NECESSARY SPECIAL QUALIFICATION

Work experience involving the administration of employee benefits, including health insurance and supplemental benefits is required.

DESIRABLE TRAINING AND EXPERIENCE

Bachelor's degree in Insurance and Risk Management, Business Administration, Health Information Management, or a related field, and supervisory work experience