



Benefit Coding Specialist

Position Summary:

The Benefit Coding Specialist is responsible for claims processing system configurations including plan design, pricing, clinical programs and provider networks. Responsibilities include, but are not limited to, the claims adjudication system coding and maintenance along with quality assurance testing.

Essential Duties and Responsibilities:

1. Implements the initial benefit build and manages complex on-going benefit change requests for clients.
2. Analyzes client intent documentation for completeness and accuracy; works with client-facing staff to determine quality approach to client intent. Obtains organizational consensus on client intent prior to execution.
3. Applying knowledge of plan configuration and industry standard and exceptions, determines the appropriate approach to configuration build of client requests.
4. Based on analysis of complexity and plan type, and utilizing appropriate documentation, assigns tasks to Benefit Coding Support Specialist based on analysis of complexity and plan type.
5. Consults with internal stakeholders to provide technical support and advice on claims processing system logic for: adjudication, system limits, potential benefit logic conflicts and pricing.
6. In addition to execution of client-specific configuration requests, is responsible for the analysis of internal clinical programs and provider network strategies. Executes initial system configuration and maintenance of these programs.
7. Responsible for accurately configuring non-adjudicated services and fees across multiple systems.
8. Manages quality assurance testing and executes other quality reviews of all system configurations to ensure claims processing accuracy and adherence with design requirements.
9. Analyzes claim adjudication results and identifies discrepancies, inaccuracies, and unintended consequences; notifies management of the severity of issues and recommends corrective action.
10. Resolves escalated claim issues and confirms accuracy of adjudication system configurations.



11. Investigates and answers claims processing and system configuration questions, when needed.
12. Proactively identifies service issues and escalates for immediate review and resolution.
13. Performs other duties as assigned.

Required Education / Experience:

- Bachelor's degree desired or equivalent combination of education and job-related experience.
- Two or more years of prior employee benefits or pharmacy/medical claims processing experience required.
- Experience in quality assurance test procedures preferred.
- Prior PBM experience in a benefit configuration role preferred

Competencies

- Must be proficient in Microsoft Office. Experience with Adobe Acrobat X Pro is desired.
- Ability to read, analyze and interpret common employee benefit terminology is required.
- Must be organized and meet deadlines with the ability to manage multiple priorities.
- Must have excellent skills in data entry and attention to detail with a high degree of accuracy.
- Must be able to work under pressure in a fast-paced environment.

Required Credentials / Licensing / Certification

- Pharmacy Technician Certification is a plus.

Physical Demands:

Must be able to sit for extended time periods (between 6-8 hours/day), operate typical office equipment such as a computer, telephone, fax machine, copy machine, etc.