



Formerly Puget Sound Health Partners

Position:	Temporary Claims Quality Assurance Specialist
Department	Operations
Reports to	Operations Manager
Direct Reports:	None

About Soundpath Health

Few industries are growing as quickly with such a strong career outlook as health care. Soundpath Health is poised to become the local industry leader in supporting health care delivery within the 65+ market arena, and we're looking for qualified individuals to join our winning team. Our goal is to promote our members' health through local provider innovation, work as responsible stewards of health care resources and be an active partner in improving the health of our communities. We believe that experience, teamwork and accountability will help us succeed. We offer a competitive salary, comprehensive benefit package, and rewarding growth potential.

Summary of Duties

The primary responsibility of the Claims Quality Assurance Specialist is to perform intermediate and advanced level daily quality assurance audits to ensure and report on the accuracy of claims processing.

Primary Responsibilities

1. Analyze and review claims for accuracy, completeness, and eligibility.
2. Assist in planning work on assigned segments of an audit.
3. Report audit findings and make recommendations for the correction of unsatisfactory conditions, improvements in operations, and/or reductions in cost.
4. Determine error sources and accurate entry of claim audits.
5. Review error trend reports and participate in improving processes, provide feedback to Operations Manager.

6. Interpret and understand State and Federal contracts and regulations as they apply to existing products and/or markets.
7. Utilizes and creates department procedures and policies.
8. Assures accuracy, completeness and reasonableness of information.
9. Work collaboratively and promote positive relations with Delegates, Vendors, External Stakeholders, and other Departments and Committees as assigned.
10. Performs other duties as assigned.

Required Knowledge, Skills, and Abilities

1. Excellent, professional communications (written and verbal) and interpersonal skills.
2. Problem-solving orientation to identify root cause, develops solutions, and implement in close collaboration with those doing the work.
3. Specific knowledge of compliance, state and federal mandate guidelines and regulations.
4. Ability to understand when to escalate inconsistent information discovered in resources to appropriate level of management for review.
5. Knowledge of standard auditing practices and procedures and the ability to apply them to each project assigned.
6. Excellent organizational skills.
7. Understanding of medical terminology.
8. Strong analytical skills.
9. Knowledge of provider care and billing practices.
10. Attention to detail.
11. Ability to meet deadlines, multi-task and problem solve.
12. Skilled in using Microsoft applications Excel, Word, PowerPoint, Access, Outlook and using the Internet.

Education and Training

One to three years of strong claims examination knowledge or background required.

Medicare experience preferred

Working Conditions

Working conditions are normal for an office environment.

Location

Federal Way, Washington