

Health Plans, Inc. Career Opportunities

Health Plans, Inc., a Harvard Pilgrim Health Care Company, is the region's largest Third Party Administrator (TPA). The company provides third-party administrator (TPA) services primarily for ERISA-governed employee group health plans. We specialize in providing claims processing and care management services to clients that self-fund employee health benefits. With locations in Westborough, Woburn and Quincy, MA and Portland, ME, Health Plans provides a comprehensive range of claims and medical management strategies to ensure that our clients' goal of high quality, cost effective health care for their employees is met and exceeded.

Health Plans complies with all applicable laws concerning hiring and employment practices and is firmly committed to fostering and maintaining a workplace free from discrimination. We are an equal opportunity employer and we hire, train, and promote our employees without regard to race, religion, gender, gender identity, genetic information, age, national origin, sexual orientation, disability, veteran status, or any other category protected by applicable law. EEO/AA

Health Plans' career opportunities are listed below. Health Plans offers an excellent working environment and a competitive wage/benefit package. If you are interested in any of the following positions, please forward a cover letter and resume to jobs@healthplansinc.com or fax to **508-329-4814**. You may also submit an inquiry by selecting the link available on the [Career Opportunities](#) page.

Positions:

[Provider and Pricing Specialist, Technical Resource Unit](#)

[Customer Service Manager, Customer Service Department](#)

[Customer Service and Claims Auditor, Research and Development Resources](#)

[Utilization Management Review Coordinator, Care Management Services](#)

Position: **Provider and Pricing Specialist**

[back to positions list](#)

Department: **Technical Resource Unit**

Location: **Westborough**

Description:

The Provider and Pricing Specialist is responsible for managing provider database information, provider association with claim and set up of online customer portals. The Provider and Pricing Specialist assists with research to settle claim pricing questions, as well as the provider and member appeal process. The Specialist provides assistance in all department research activities.

Experience/Requirements:

- Must be detail oriented with demonstrated technical aptitude, capable of learning and applying multiple processes and understanding new computer programs
- Ability to work well in a production oriented environment

- Established problem solving skills needed
- Demonstrated ability to comprehend and communicate Plan Document guidelines
- Must have strong communication skills and ability to work well independently and within a team environment.
- Proficient with Microsoft Word and Excel or similar PC-based programs

Position:	Customer Service Manager	<i>back to positions list</i>
Department:	Customer Service	
Location:	Quincy (travel to Westborough 1-2 days per week)	

Description:

The Customer Service Manager is responsible for the day-to-day management of the customer service department, which ensures effective, accurate and timely servicing of all member and provider inquiries. This includes contacts by telephone, letters, email or through the Health Plans website. The Manager is accountable for meeting customer service performance goals/metrics for service level, call abandon rate, average speed to answer, member satisfaction and the accurate communication and documentation of the information provided to members and providers.

The Manager is responsible for the hiring, training and performance assessment and improvement of individual customer service representatives, and also serves as Office Manager for the company's Quincy location.

The Manager handles customer service and claim research projects including vendor Overpayment Recovery Services issues to recover outstanding overpayments, Nurse Audit inquiries to validate provider billing, and all follow up associated with each of these processes. The Manager documents policies and procedures, and processes voids and recoveries.

Experience/Requirements:

- Experience in a call center environment and in the health benefits industry most desirable
- Phone system experience including queue set-up, maintenance, and monitoring ideal
- Proven ability to develop and implement plans to address operational needs
- Proficient in working with data collection, analysis and report development
- Leadership and supervisory skills, including performance assessment and management
- Ability to collaborate with other departments that depend on the work of Customer Service
- Must be able to communicate effectively both verbally and in writing
- Prior experience with claim processing system preferred; technical proficiency in MS Office needed
- Bachelor degree preferred or High School Diploma with at least five years in positions of increasing responsibility, including supervisory experience

Position: **Customer Service and Claims Auditor**
Department: **Research and Development Resources**
Location: **Quincy and Westborough**

[back to positions list](#)

Description:

The Customer Service and Claims Auditor is responsible for internal auditing of Customer Service Representatives and Claim Examiners. The Auditor provides feedback and error analysis. The Auditor provides quick, efficient resolution to high level claim issues that cannot be resolved by the claims and/or customer service departments.

Handle customer service and claim research projects including vendor Overpayment Recovery Services issues to recover outstanding overpayments, Nurse Audit inquiries to validate provider billing, and all follow up associated with each of these processes. Document policies and procedures; process voids and recoveries.

Experience/Requirements:

- Ability to read and interpret a Plan Document
- Anticipate and understand systems interactions
- Prior experience working in a call center environment a plus
- Claim processing experience in the health insurance industry preferred
- Knowledge of CSIpac and HEALTHware or similar claim processing system needed

Position: **Utilization Management Review Coordinator**
Department: **Care Management Services**
Location: **Westborough**

[back to positions list](#)

Description:

The U.M. Review Coordinator performs telephonic clinical review using standardized criteria. The Review Coordinator collects clinical information for medical conditions, as well as mental health and substance abuse service requests, and assigns an appropriate length of stay based on level of care and medical necessity. Communicate with members/designees, physicians and other health care professionals regarding the utilization management process including Health Plans' role, policies and procedures, determinations and benefit coverage. The Coordinator refers cases to Case Management and Disease Management as appropriate.

Experience/Requirements:

- RN (Registered Nurse) with current unrestricted MA license
- Bachelor's Degree desirable
- Behavioral health experience required, including knowledge of adult and adolescent levels of care for psychiatric and chemical dependency treatment
- 3+ years experience in clinical settings
- 3 years experience in discharge planning or Utilization Management; knowledge of Case/Disease Management a plus