



Director, Claims & Cost Containment

Workplace type: On-Site in Paoli, PA

Job type: Full-time

Reporting to: VP, Stop Loss

Who We Are:

Crumdale Specialty is a diversified insurance firm providing custom solutions to businesses nationwide. We leverage industry expertise, superior talent, and a disruptive mindset to provide agile, transparent, and cost-saving solutions to optimize self-funded health plans. Founded in 2014, we are the fastest-growing purveyor of integrated insurance solutions, with deep-rooted experience in program management, TPA administration, PBM consulting, stop loss coverage, compliance, risk management, underwriting, and analytics.

At Crumdale, people come first. Our clients, colleagues, trading partners, and communities are our strength. Our company culture is rooted in alignment, innovation, and integrity. We are proud to be named to Inc. Magazine's Best Places to Work in multiple years.

Position Summary:

As a Director of Claims & Cost Containment, you will act as a strategic leader and be responsible for overseeing and optimizing our insurance claims management processes and cost containment strategies. This role involves leading a dedicated team, developing innovative approaches to enhance operational efficiency, ensuring compliance with regulatory standards, and fostering collaboration across departments to achieve company goals. The ideal candidate will possess extensive experience in insurance claims management, a strong grasp of cost containment techniques, and a proven track record of leadership in a dynamic organizational setting.

About the Job:

Claims Analysis & Review

- Ensure financial accuracy of claims processing of all TPAs
- Research and apply appropriate claims processing rules and regulatory policies
- Create reimbursement policies when needed
- Review of benefit plans
- Responsible for reporting month and quarterly findings
- Complete specialized focused audits
- Monitor pre-cert and CM activity, performing pre-cert audits pre/post appointment
- Perform Quarterly Claim Audits of specific category as well as TPA claim processing audits



Contract Negotiations

- Interpret Provider Contracts for proper payments to ensure claims systems are paying appropriately
- Negotiate with providers when applicable
- Analyze financial impact of contracts and terms
- Build relationships and be the point of contact

Additional Responsibilities

- May be assigned by the manager as needed

Qualifications & Skills:

- Must have hospital and provider contracting background
- Bachelor's degree in Business Administration, Finance, Risk Management, or a related field; Master's degree preferred.
- 5 years of progressive experience in claims management within the insurance industry.
- 5 years of provider/hospital contracting negotiation skills.
- In-depth knowledge of insurance claims processes, cost containment strategies, and regulatory requirements.
- Strong analytical and problem-solving skills, with the ability to interpret complex data and trends.
- Excellent leadership and interpersonal skills, with a proven track record of building and leading successful teams.
- Strategic thinker with the ability to develop and implement initiatives that drive operational efficiency and improve financial outcomes.
- Excellent verbal and written communication skills, with the ability to present information and influence stakeholders at all levels.

Benefits:

- Medical insurance
- Dental insurance
- 401(k)
- Flexible PTO

Compensation:

- Based on skills and experience