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# Example of Appeals Analyst Job Description

Our company is searching for experienced candidates for the position of appeals analyst. If you are looking for an exciting place to work, please take a look at the list of qualifications below.

## Responsibilities for appeals analyst

* The lead may serve as a liaison between grievances & appeals and /or dental management, legal, and/or service operations and other internal departments
* The lead may serve as an internal resource for the department and supports the department by leading assigned projects and initiatives
* Responsibilities exclude conducting any utilization or dental management review activities which require the interpretation of clinical information
* The associates in the grievance & appeal departments are the face and voice of the company and gather intelligence for the organization which is presented through root cause analysis
* Administrative appeals are more varied and include membership issues, provider issues, and contractual issues, which often have clinical implications
* Both administrative and clinical appeals dictate greater analytical and problem solving abilities working knowledge of WellPoint's organizational structure
* Enhances and improves workflow processes for data capture
* Continuously evaluates systems performance to identify opportunities to streamline and enhance data collection and reporting
* Acts as main contact for outside vendors or service providers related to computer operations
* Coordinates all system data dictionaries, upgrades, and downtime in collaboration with IT counterparts

## Qualifications for appeals analyst

* Demonstrated knowledge in the health field as acquired during three (3) years of acute care nursing experience
* Knowledge of Interqual Milimen & Roberts or other utilization review tools
* Coordinates with pertinent departments and treating providers to effectuate timely resolution resulting from grievance and appeals decisions made at the plan level or by independent review entities
* Collects, analyzes and interprets grievance and appeals data
* 2 years experience processing grievances and appeals within a managed care setting
* Experience in customer/ member services or prior authorization within a Medicare or Medicaid environment, may substitute for one year of the minimum required experience