

POSITION DESCRIPTION

Rev: 02/27/2019

Job Title: Claims Analyst
Status: Non-exempt, Full Time
Department: Claims, Reports to Claims Production Supervisor

PURPOSE:

To learn Allied's Claims Processing system, the benefit structures and basic policy provisions in the Certificates of Insurance, and Allied's procedures and philosophies to process pre-approved claims. To make appropriate decisions on the claims reviewed and to convey this information through written or telephone communications with agents, insureds, providers and other external customers. To provide support to the claims staff by making phone calls to verify information and by inputting detailed data into the computer system. These duties occur in a production environment with an emphasis on sequenced activities but with fluent decision making.

ESSENTIAL FUNCTIONS:

1. Enter data obtained from claims correspondence into the computer system, meeting departmental standards.
 - a. Review correspondence to determine if requested information has been received.
 - b. Make necessary modifications or corrections to insured's claim file in computer.
2. Review and process claims within established department guidelines and standards.
 - a. Access computer system and review policy and benefit information (i.e., Certificates of Insurance) for each claimant.
 - b. Make appropriate contact with external source, verbal, written letter or electronic to obtain necessary information to process the claim.
3. Perform any other duties as indicated by management.

JUNIOR ANALYST

ESSENTIAL FUNCTIONS:

1. Be knowledgeable of all claims procedures, benefit structures, basic policy provisions, guidelines, state riders, telephone procedures and equipment through initial and ongoing training.
2. Process the following types of claims within established department guidelines and standards by visually reviewing the claims and applying all Policy provisions to determine if claim is payable, if additional information is needed, or if claim should be denied:
 - Claim denials for other than pre-existing
 - Claims in which initial investigation is needed
 - Claims which involve writing and signing custom letters
 - Claims which involve an overpayment
 - UAS department referrals
 - a. Access computer system and review policy and benefit information (i.e., Certificates of Insurance or Summary Plan Documents) for each claimant.
 - b. If claim is payable, review bills for possible vendor intervention if applicable
 - c. If additional information is necessary, secure information via telephone call and/or written correspondence.
 - d. Research claims information through utilization of in-house or online medical resources.
 - e. If unable to make a determination on the claim, refer to Supervisor, Trainer, HCM or other designated person.

3. When indexing documents into claims system verify that all have been entered correctly and have been matched to the correct plan participant.

ANALYST

ESSENTIAL REQUIREMENTS:

1. High school graduate or equivalent.
2. One year office and telephone customer service experience.
3. Medical claims processing experience strongly preferred.
4. Knowledge and understanding of medical terminology preferred. If none, must complete a medical terminology course within six months.
5. Ability to speak, read, comprehend and follow written and verbal English instructions. Ability to communicate effectively verbally and in writing.
6. Ability to compose proper business correspondence (i.e., letters, memos and file documentation).
7. Ability to communicate in an assertive but positive manner, using excellent telephone communication skills (i.e. listening for understanding, responding accurately and professionally and expressing self clearly and courteously).
8. Demonstrated decision making abilities
9. Ability to perform basic math skills.
10. Ability to operate a ten-key calculator and have experience with computers and typing at industry minimums.
11. Ability to meet company attendance requirements.
12. Ability to sit or stand for 7.5 hours per day.
13. Ability to achieve department training standards.
14. Ability to achieve and maintain department quality and production standards.
15. Ability to work under and handle stress associated with varying workloads and deadlines.
16. Experience commensurate with the essential functions necessary to successfully perform the job.

FACTORS IMPORTANT TO SUCCESSFUL PERFORMANCE OF POSITION:

Problem solving	Interpersonal skills
Analytical ability	Dexterity
Communication skills	Adaptability

The position requires the ability to assess a problem and analyze the facts to reach appropriate claims decisions. Communication and interpersonal skills are necessary, as the position requires telephone contact and written correspondence with internal and external customers. The applicant must possess a positive attitude, be resilient and able to adapt to a changing work environment within the department and organization.

PHYSICAL DEMANDS OF POSITION:

Standing/Sitting	98% of time	Processing claims
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Speaking/Hearing	25% of time	Conversations to secure and give information
Reaching/Handling	100% of time	Reaching for files on desk, placing data in file order, placing/removing staples
Seeing	100% of time	Reviewing data from charges and medical records

NOTE: Applicants who need accommodation for an interview or job testing, please request this in advance to the Human Resources Department.