

Position Description

Position Title: Claims Risk Coordinator
Department: Claims
Position Location: Remote
Position Classification: Hourly

Date: January 3, 2024
Reports to: Manager, Claims Risk Management

JOB SUMMARY

This position is responsible for the review and processing of large claims and those that carry more financial risk. This position also coordinates claim review activities conducted by MedBen's cost containment vendor ("CCV") and other vendors. Finally, this position acts as liaison between MedBen and utilization review vendors and pharmacy benefit managers and facilitates medical review of prior-authorization requests, if necessary.

SPECIFIC DUTIES

- A. Coordinates and supports all claim activities involving the CCV.
 - Monitors claim batches and claims selected for review by the CCV to ensure timely payment.
 - Obtains and provides additional information needed for the CCV to conduct its review.
 - Reviews the CCV recommendations and prepares Vendor Recommendation Forms, when appropriate, to determine acceptance. Reprocesses claims to release payment.
 - Processes the CCV fees for payment.
- B. Review and release claims in excess of the claims examiner's authorization limit.
- C. Review and adjudicate broaching specific claims.
- D. Review and adjudicate repriced transplant claims.
- E. Review and adjudicate short-term disability claims, including sending group email notifications when necessary.
- F. Review and adjudicate life insurance claims.
- G. Prepare and distribute the weekly high priority provider pending claims report; monitor handling of these claims to ensure timeliness.
- H. Follows all renewal procedures to ensure timely payment of stop loss claims.
- I. Manually refer potential third party liability claims to subrogation vendor when necessary.
- J. Corresponds with utilization review vendors, as necessary, and updates applicable systems with related data, including the data base for covered persons in case management. Provides case management status reports and information to applicable MedBen employees and clients.
- K. Corresponds with pharmacy benefit managers regarding pre-authorization requests for prescription drugs, issues approval letters and updates eligibility notes.
- L. Submits prior-authorization requests to the appropriate medical review firm and returns decisions to the claims examiner for response.
- M. Monitors OVER2000 workbasket to ensure claims are not released without a discount or applicable reduction.
- N. Performs general clerical duties, including filing, maintaining records and general correspondence.
- O. All other duties as assigned.

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PREFERRED KNOWLEDGE, SKILLS, AND EXPERIENCE

- High School Diploma or equivalent.
- Two years experience in the health insurance industry, preferably in the claims or medical review areas, where benefit interpretation was demonstrated.
- Strong keyboarding skills and knowledge of Windows and Microsoft Office (Outlook, Word, Excel, Explorer).
- Basic understanding of medical terminology and industry coding (e.g, CPT, HCPCS, ICD-10, RVS) preferred.
- Ability to read and interpret reference manuals and benefit documents.
- Strong oral and written communication skills
- Detail Oriented
- Ability to work with minimal supervision.
- Strong organizational skills and the ability to handle a wide range of responsibilities.

SCHEDULE

Individual team member schedules vary in order to cover department hours of 7:00 am – 5:00 pm Monday – Friday. Due to high volume business need, this department has vacation blackout periods during the month of December and the last week in June.

If you have any questions regarding a specific job position or completing the [MedBen Employment Application](#), please contact MedBen Human Resources Manager Jill Evans at (740) 522-7382 or medbenhr@medben.com.

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