

Position Description

Position Title: Claims Examiner Trainee
Department: Claims Processing
Position Location: Remote
Position Classification: Non-Exempt

Date: January 2, 2024
Reports to: Supervisor, Claims Processing

JOB SUMMARY

The primary responsibility of this position is to adjudicate medical, and vision claims in accordance with established accuracy and turnaround time requirements. Upon successful completion of training, this position telecommutes from home. Once at home the trainee is given some flexibility in his/her work schedule, however, this position requires a fixed working schedule during certain business times. Claims Management staff will determine when this fixed schedule applies each year and notify staff. The Telecommuting Employees Policy applies to this position.

SPECIFIC DUTIES

- Review all workbook claims for coverage under the plan document or plan doc checklist and adjudicate them accordingly.
- Initiate claim investigations when appropriate for other insurance, student status, pre-existing conditions, and additional information.
- Review letter responses and process any related claims.
- Review and adjudicate any unhandled claims for claimants who have exceeded the specific deductible under the plan's stoploss policy.
- Review the pending claim report weekly for internally pending claims on assigned groups and take action to ensure turn-around time requirements are met.
- Review and respond to any pending customer service phone documentations.
- Comply with all production requirements established for the position, including turn-around time and accuracy standards.
- Work in the office a minimum of twice per year (once every six weeks), once released to telecommute from home.
- Maintain Group Quick Reference Sheets for assigned groups, updating any benefit changes in a timely manner.
- Attend departmental staff meetings and company trainings (credits toward in office work requirements).
- Learn and thoroughly understand departmental work instructions; participate in the development of new work instructions or revisions to current ones.
- Complete other duties as assigned.

PREFERRED KNOWLEDGE, SKILLS, AND EXPERIENCE

- High School Diploma or equivalent.
- Two or more years' experience in the health insurance industry, preferably in the claims or medical review areas, where knowledge of medical terminology, interpreting medical records, industry coding (e.g., CPT, CDT, ICD-9, RVS), and claims payment or benefit interpretation was demonstrated.
- Demonstration of strong initiative, organizational and decision-making skills, and the ability to work independently in a production-based environment with minimal supervision.
- Strong keyboarding skills and knowledge of Windows and Microsoft Office (Outlook, Word, Excel, Explorer).
- Experience with the Genelco claims adjudication software preferred.

SCHEDULE

While training, this position is scheduled Monday – Friday, between the hours of 7 a.m. and 5 p.m. Once training is complete, individual team member schedules are flexible Sunday – Saturday, 6 a.m. – 12 midnight (certain restrictions apply).

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Due to high volume business need, this department has vacation blackout periods during the last full week of June (through the end of the month) and for the entire month of December.

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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