Position Description

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

Date: January 2025
Reports to: Claims Risk Manager
Position Classification: Hourly, Non-Exempt

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

- Coordinates and supports all claim activities involving the CCV including; monitoring claim batches and claims selected for review to ensure timely payment, obtaining additional information needed for reviews, reviewing CCV recommendations, preparation of Vendor Recommendation Forms for acceptance, reprocessing claims to release payment, and processing CCV fees for payment
- Review and release claims in excess of the claims examiner's authorization limit
- Review and adjudicate broaching specific claims, repriced transplant clams, life insurance claims, short-term disability claims including group email notifications as necessary
- Prepare and distribute the weekly high priority provider pending claims report; monitor handling of these claims to ensure timeliness
- Follow all renewal procedures to ensure timely payment of stop loss claims
- Manually refer potential third party liability claims to subrogation vendor as needed
- Correspond with utilization review vendors and update applicable systems with related data, including the data base for covered persons in case management
- Provide case management status reports and information to applicable MedBen employees and clients.
- Correspond with pharmacy benefit managers regarding pre-authorization requests for prescription drugs, issues approval letters and update eligibility notes
- Submit prior-authorization requests to the appropriate medical review firm and return decisions to the claims examiner for response
- Monitor OVER2000 workbasket to ensure claims are not released without a discount or applicable reduction
- Performs general clerical duties, including filing, maintaining records and general correspondence
- Other duties as assigned

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
- Professional and effective verbal, written, and interpersonal communication skills
- Detail-oriented with ability to work independently with minimal supervision
- Highly organized with the ability to handle a wide range of responsibilities and competing deadlines

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 annual 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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