

NC Insurance Guaranty Association

Claims Operations Specialist

Position Summary:

This non-management position provides operational support that is vital to the Association's ability to fulfill its primary statutory objective, handling covered insurance claims.

This associate provides claims support to a staff of professional licensed insurance adjusters and the NCIGA management team. With minimal supervision, this associate is responsible for performing critical processes that allow for timely and accurate issuance of claim related payments including medical bills, indemnity payments and invoices. This associate will also be responsible for completing financial transactions, updating and managing important business information and a variety of other duties and projects.

Duties & Responsibilities

Medical Bill Administration

- **Monitors Medical bills to ensure payment within statutory guidelines.**
 - Runs and analyzes reports to determine the status of outstanding medical bills that have been submitted to the review provider.
 - Follows up on outstanding bills to ensure timely adjudication.
 - Promptly researches and responds to inquiries from the Bill Review provider regarding missing information needed to process outstanding bills.
 - Runs and analyzes reports to determine potential overpayments/duplicate payments and follows up on reimbursements as needed.
 - Reviews medical bills for proper payee, billing and coding.

Claims Operational Services

- Properly documents claim files including notes and attaching correspondence.
- Processes incoming mail/electronic correspondence.
- Requests medical records or other documentation to support the claim handling process.
- Prints and/or prepares claim documents for external legal and/or medical review.
- Enters new claims into the claims system.
- Transitions closed files to liquidators.
- Processes out-going mail, including overnight packages as needed.
- Triage and responds to customer calls regarding claim status, payment questions and other NCIGA related matters.

The Organizations are equal opportunity employers dedicated to a policy of compliance with all federal, state and local laws regarding nondiscrimination in employment. Applicants are considered for all positions without regard to race, ancestry, color, age, national origin, ethnicity, religious creed or belief, physical or mental disability, marital or familial status, legally protected medical condition, genetic information, military or veteran status, sex (including pregnancy, or related medical condition), gender (including gender identity and expression), sexual orientation, citizenship/alienage status, protected activity (such as opposition to or reporting of prohibited discrimination or harassment), arrest or conviction record, or any other status or protected characteristic protected by law. In addition, this Organization does not discriminate on the basis of physical or mental disability where the essential functions of the job, as reasonably accommodated, do not require such distinction.

Claim Payments and Expense Processing

- **Ensures the proper handling of financial transactions including but not limited to:**
 - Processes and issues claim payments including vendor invoices, attorney expenses, medical provider bills and medical processing fees.
 - Processes and documents returned checks, voided checks and credits.
 - Ensures timeliness and accuracy of all check processing.
 - Pursues reimbursements from outside entities when necessary.
 - Provides documentation to payees to support payments including explanation of benefits, reports etc.

Data and Information Management

- Obtains IRS Form W9 from vendors and tracks receipt of such requests.
- Enters new vendors into the claim system address book including the completion of the appropriate 1099 fields.
- Creates and/or maintains operational and positional process documentation.

POSITION SPECIFIC COMPETENCIES:

Analytical Thinking

- Ability to identify abnormalities in processes, identify root causes and recommend corrective action.
- Ability read, understand and apply applicable statutory provisions to job duties.
- Ability to identify and recommend process improvements.

Collaboration

- Strong interpersonal skills.
- Ability to work collaboratively with others, establishing and maintaining positive business relationships.

Communication Skills

- Ability to effectively communicate both orally and in writing.
- Ability to exercise independent judgment and discretion as necessary in providing assistance and information to Association members and the general public.

Computer Skills

- Strong computer and data entry skills.
- Proficiency in Adobe Professional and the Microsoft Office Suite, specifically Word and Excel.
- Ability to easily learn new software, tools.

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Dependability

- Ability to work independently and exercise sound judgment, manages confidential information appropriately, meets deliverables and deadlines.

Detail Oriented

- Ability to accurately enter data.
- Ability to complete tasks attentively and thoroughly with attention to detail while ensuring overall data quality.

Initiative

- Self-motivated, self-starter.

Managing Multiple Priorities

- Proven ability to successfully manage multiple assignments and tasks, set priorities and adapt to changing conditions and work while meeting deliverable timelines.

Organization Skills

- Ability to handle multiple projects at the same time while meeting deliverable deadlines.
- Ability to prioritize competing projects.

Time Management

- Effectively tracks, prioritizes and executes tasks and responds to requests in a timely manner.

Primary Job Requirements:

Education

Associate's degree or 3 years equivalent experience required.

Bachelor's degree preferred.

Experience

- Property and Casualty insurance claims related field preferred.

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