

Job Title: Office Coordinator	Department: Claims	Effective Date: April, 2023
Reports to: Claims Supervisor	Direct Reports: none	FLSA: Non-exempt
Working Conditions: Normal, no adverse or hazardous conditions.		

Primary Purpose:

To act as the phone system operator, manage all incoming and outgoing mail processes and provide office administrative support.

Principal Duties and Responsibilities (* = essential functions):

- To foster a fair and positive work environment for all employees*
- To answer and route all incoming calls routed to the Operator.*
- To execute all mail processes and procedures for the office, including but not limited to receiving and distributing all incoming mail as well as preparing all outgoing mail for the entire office.* (this includes all claims letters, Cozeva letters from nurses, EOB's, New Member Letters etc.)
- To download and print all referrals on a daily basis and get them mailed out
- To provide administrative support to office staff, including but not limited to, copying, filing and printing.*
- To monitor public spaces for restocking and cleanliness including but not limited to restocking the conference room refrigerator, wiping down conference room and break room furniture, cleaning out employee breakroom refrigerator and restocking toilet paper and paper towels.
- To compile monthly office supply and toner orders for approval at month end. Distribute or prepare supplies for storage when order arrives. Ensure the supply cupboard is maintained in a neat and orderly manner.
- To coordinate office machine repair/maintenance for copier, mailing and document folding machines as needed.
- Assist in overflow of OCR batching and scanning, claims customer service calls and audit prep for multiple departments.
- Collate and mail weekly claims checks along with monthly CAP checks
- Be able to maintain excel reports that are submitted to leadership and compliance
- To perform other duties as assigned.

Job Specifications (KSAs):

- Requires ability to perform a variety of complex tasks requiring exercise of independent judgement.
- Requires proven ability to work well in a team situation, implementation, or any other role assigned.
- Requires exceptional interpersonal skills, including the ability to promote a positive work environment.
- Requires the ability to communicate clearly and effectively to peers, superiors, subordinates, physicians and others when representing the company.
- Requires the ability to read and interpret documents such as enrollment reports, procedure manuals, short correspondence and memoranda as is generally obtained through 1-3 years relevant experience



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- Requires knowledge and experience of healthcare claims, HMO operations and utilization management process as is generally obtained through 3-5 years of experience in either healthcare or managed care.

Position Performance Criteria:

1. Competently performs position requirements with minimal supervision and direction, including taking initiative and assuming responsibility for follow through.
2. Ability to work well in a team situation or any other assigned role.
3. Contributes to a fair and positive work environment by treating peers, superiors, clients and vendors with professionalism and respect.

Salary Range - \$18 - \$24