

INSURANCE CLAIMS ANALYST

DEFINITION: Under general supervision, performs work of moderate difficulty with responsibility to examine, verify, and evaluate insurance claims eligibility; approves payment of insurance claims; performs related work as assigned.

ESSENTIAL FUNCTIONS: This list is ILLUSTRATIVE ONLY and is not a comprehensive listing of all functions and tasks performed by incumbents of this class.

TASKS:

Receives and reviews claims and determines severity of injury, damages and/or loss; verifies accuracy and completeness; communicates benefit information and filing requirements to employees, employers and legal representatives; conducts inspections for serious injuries, property damage, and loss; photographs damages; interviews insured, claimant and witnesses; confers with technical or professional specialists to obtain information to clarify facts.

Analyzes data obtained, utilizing knowledge of administrative policies, regulatory codes, legislative directives, precedents or other guidelines; prepares summary of investigation and recommends approval; determines eligibility for participation, compliance with program requirements, and liability for damages or financial losses incurred based on findings; completes narrative of findings and enters into database; creates and maintains files until closed out; calculates settlements; assists with referral for specialists/vocational rehabilitation if appropriate.

Assists in the development of bid documents, scope of work, contracts, and resolutions; attends pre-bid conferences and assists with selection of contractor for repairs or replacement of property; processes claims and pays out benefits; ensures third party liability claims are filed with appropriate liens for reimbursement; prepares required reports; conducts orientations for new employees on workers' compensation benefits and risk management; attends meetings.

KNOWLEDGE, SKILLS AND OTHER CHARACTERISTICS:

Knowledge of applicable laws, rules, regulations, policies and procedures related to workers' compensation.

Knowledge of insurance liability claim practices and procedures.

Knowledge of accident and safety investigation practices and procedures.

Knowledge of record keeping and file maintenance.

Knowledge of computer hardware, software and peripherals.

Knowledge of medical terminology.

Knowledge of contract mediation and negotiation methods and practices.

Skill in verbal and written communication.

Skill in utilizing customer service techniques when responding to inquiries and complaints.

Skill in establishing and maintaining effective working relationships.

PHYSICAL REQUIREMENTS AND WORK ENVIRONMENT: Work requires extensive traveling to work- sites throughout Navajo Nation to investigate claims.

MINIMUM QUALIFICATIONS:

- An Associate's degree in Business, Medical Terminology or related field; and three (3) years of responsible insurance underwriting, adjusting, or investigating medical billing experience; or an equivalent combination of education and experience.

THE NAVAJO NATION

Class Code: 1470
Human Resources Series
Insurance Claims Handling
Group Overtime Code: Exempt
Pay Grade: 64

INSURANCE CLAIMS ANALYST

Special Requirements:

- A favorable background investigation.
- Must possess a valid state driver's license.

PREFERRED QUALIFICATIONS:

- A Bachelor's degree in Business, Public Health Administration, Nursing or closely related field.

Depending upon the needs of the Nation, some incumbents of the class may be required to demonstrate fluency in both the Navajo/English languages as a condition of employment.