



Job Title: Claims Intake Specialist
Department: Claims
Reports to: Provider Relations Manager

Position Summary:

The Claims Intake Specialist will function in a fast-paced and high-volume environment, providing administrative support to the Claims Department through intake of claims, filing, copying, data entry, responding to requests and directing work to its proper destination within the organization. The Claims Intake Specialist will perform other clerical and administrative duties to ensure smooth workflow and productivity.

Essential Functions:

- Perform data entry of new First Reports of Injury information received by phone or other method.
- Provide limited claim instructions or information to customers; direct complex inquiries to appropriate Claims Adjusters for response.
- Contact insured or other involved persons to obtain missing claim information.
- Sort, scan, classify, code and perform data entry of incoming documents and information for integration into software systems.
- Prepare and scan documents into the imaging system. Provide quality assurance for all documents scanned.
- Support the claims adjusting staff with billing issues, problems and disputes. Coordinate response to these providers from our bill review vendor.
- Maintain records, reports, and/or files.
- Copy and organize large volume files for transmission to legal counsel or others as appropriate.
- Obtain W9 documents for new or changed provider address book contact according to established procedures.
- Sort incoming mail and packages. Deliver to appropriate Adjusters.
- Serve as back-up for claims administration duties within the Provider Relations Department.



- Other related duties as assigned by supervisor.

Job Qualifications

Education:

High School diploma or GED equivalent.

Experience:

1-3 years directly related experience.

Required Skills/Abilities:

- Excellent customer service skills with ability to communicate professionally with stakeholders.
- Strong attention to detail and focus on accuracy.
- Positive attitude and willingly collaborates in a team environment.
- Ability to organize and prioritize work.
- Intermediate computer skills and ability to learn new computer applications.
- Ability to meet deadlines and respond well to direction.
- Bilingual in English and Spanish Preferred. Fluency in oral and written communication.

Specialized Knowledge, Licenses, etc.:

Demonstrated proficiency in:

- MS Office (Word, Excel, Outlook, PowerPoint)
- General knowledge of payer specific or medical specialty billing, as well as knowledge of ICD-9, ICD-10 and CPT coding helpful.

Values and Mission:

Adheres to New Mexico Mutual's values and mission by demonstrating Service Excellence, Trust, Ownership, One Team and Boldness in thought and action.

Positive Attitude:



Develops and maintains positive working relationships with team members, customers, co-workers and management by demonstrating effective communication and collaborative skills.

Working Conditions:

- **NEW MEXICO MUTUAL** maintains general office conditions with light physical demands.
- Employees of **NEW MEXICO MUTUAL** adhere to all safety rules and regulations including building security.
- Employees participate in ensuring safe and efficient operating conditions that safeguard employees and facilities.
- **NEW MEXICO MUTUAL** maintains a drug free environment, drug testing prior to employment as well as upon a work-related accident.
- Exposure to VDT screens.