

Claims Examiner (ACM)

www.active-care.ca



CSG is a leading strategic oversight company responsible for an exciting and divergent group of companies. We are involved in a variety of industries including property casualty insurance, global medical assistance, claims and adjudication, software application development and service, as well as sports and real estate development.



Active Care Management (ACM) has been providing worldwide medical case management, medical assistance, claims processing, and cost containment services to the insurance industry, and third-party administrators, for almost two decades. ACM is a global leader in the administration of group insurance, expatriate and travel insurance programs. ACM's head office is located in Windsor, Ontario, and our regional office is located in Laval, QC.

The Role

- Review, examine and process claims as required.
- Acknowledge receipt of claim forms with claimant.
- Verify policy information to evaluate payment eligibility.
- Investigate, evaluate and settle claims.
- Pay and process claims within designated authority level.
- Enter claim payments, reserves and new claims on computer system.
- Resolve claims issues and maintain claim files.
- Contact or correspond with claimant, doctors and brokers to obtain any additional information required to ascertain completeness and validity of claim.
- Verify and follow up on all documentation needed for recovery.
- Send and process claims for re-pricing to re-pricing network.
- Prepare outstanding claims letters for pending claims requirements.
- Prepare letters detailing non-covered benefits or partial payments.
- Adjust reserves so they reflect actual/estimated claim payment.
- Scan, upload and note documents in client's file.
- Handle incoming call inquiries from claimants/providers regarding claim status.
- Handle first level of disputes or complaints from clients/providers and escalate to supervisor when necessary.
- If applicable, translate clinical notes for team members.
- Present cases and participate in discussions on non-routine/complex claims.
- Provide clear, concise file documentation throughout the life of the claim.
- Perform related duties as assigned.

Skills and Requirements

- Strong communication skills both verbally and written.
- Ability to handle sensitive and confidential information.
- Ability to work independently and as part of a team.
- Empathy towards customer needs and ability to deal with sensitive and stressful situations.
- Ability to assess situations and respond appropriately and make independent decisions.
- Excellent organizational skills
- Solid decision making skills
- Ability to adapt to on-going change and work volumes in a fast-paced, customer focused environment.
- Ability to acquire product and business knowledge and share that knowledge with all levels of staff.
- Initiative and accountability for work.
- Proficiency with computers including knowledge of email, data entry and customer database system.
- Knowledge of medical terminology.
- Benefits or claims examination experience an asset.
- Background in legal, insurance or Worker's Compensation an asset.
- Bilingualism in French is an asset.
- Experience working in a travel agency including knowledge of trip sales and trip cancellations is an asset.

To apply, email your cover letter and resume in either Microsoft Word or PDF format to hr@cyphersystems.com. Please quote the job title in the subject line.

Note: Only applicants selected for an interview will be contacted.

If you require assistance or accommodation during our recruitment process, please notify Human Resources so that we can review and consider how we may be able to assist you based on your individual needs.