

HEALTH INSURANCE ANALYST

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for implementing, managing, and verification of programs related to the Broome County Self Insurance health plan, overseeing and working closely with our third party administrators. General supervision is received from the Manager of Risk and Insurance who allows the incumbent latitude for independent action to carry out the details of the plan. Does related work as required.

TYPICAL WORK ACTIVITIES:

Oversees the work of the third party administrators;
Provides information, responds to participant requests, appeals, and inquiries, and maintains associated records;
Assists with consulting firms by gathering and/or preparing information, reports, and responses;
Assists Manager of Risk and Insurance with requests-for-proposals, and contracts;
Analyzes benefit plans and suggests revisions and/or amendments;
Consults with County Attorney to ensure that plan actions are legally correct and defensible;
Reviews invoices and processes payments;
Maintains compliance with laws and regulations;
Ensures that requirements, including annual reports, waivers and notices are met in a timely manner;
Analyzes quotes to determine the best options available for coverage;
Assists in the preparation of the annual operating budget and insures the maintenance of necessary financial audit/controls.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of plans for health insurance and various dental and vision insurance plans;
Thorough knowledge of State and Local rules, regulations, agreements and procedures that effect the assigned benefit programs;
Good knowledge of basic medical and insurance industry terminology;
Knowledge of third party and medical provider billing and payment procedures;
Knowledge of Medicare procedures and benefits;

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Ability to evaluate and analyze potential program problem areas and to formulate and recommend workable solutions;

Ability to prepare detailed coherent written reports and procedures;

Ability to gather and organize pertinent data and to draw appropriate conclusions;

Ability to establish and maintain effective working relationships;

Ability to deal effectively with employees and members of the various plans;

Ability to effectively use computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments;

Ability to analyze and organize complex data and prepare records and reports;

Ability to understand and interpret complex oral instructions and/or written directions;

Ability to develop effective working relationships and deal diplomatically with the public, subordinates, and other work contacts;

Ability to perform close, detail work involving considerable visual effort and concentration;

Ability to communicate effectively, both orally and in writing;

Integrity and good judgment in solving complex account-keeping problems.

MINIMUM QUALIFICATIONS:

- A) Graduation from a regionally accredited or New York State registered college or university with a Bachelors degree and three years of experience in insurance involving health benefits programs, insurance claims, or claims adjustment, which included account and claim reconciliation; OR
- B) Graduation from a regionally accredited or New York State registered college of university with an Associate degree and five years' experience in insurance involving health benefits programs, insurance claims, or claims adjustment, which included account and claim reconciliation; OR
- C) An equivalent combination of training and experience as defined by the limits of A) and B) above.