



Position: Health Reinsurance Senior Claims Analyst

Company Description

Sequoia Reinsurance Services is an entrepreneurial health reinsurance underwriting and risk management organization with a spirit of responsiveness and creativity to support our customers through quality reinsurance solutions, both from a financial and service perspective. We offer health reinsurance solutions to health plans, HMOs, insurance companies, at-risk healthcare providers, self-insured employers and captive insurance programs. Sequoia will be different from the competition by providing tailored risk solutions, best-in-class client engagement, comprehensive clinical and cost management programs and superior claim services.

Job brief

We are hiring a healthcare claims professional to evaluate and adjudicate reinsurance claims on excess risk and stop loss contracts.

This position will be located in our Minnesota office and will coordinate closely with team members in California, Kansas and Minnesota.

To succeed in this role, you should be analytical, resourceful and self-motivated. You should also be an excellent communicator who is willing to speak up and offer ideas and suggestions. You should possess a willing spirit and be ready to jump in and independently advance projects and key priorities.

This position provides the opportunity to join a growing team, interact directly with clients and collaborate in development of our proprietary claim adjudication software.

Responsibilities

Promote, build and maintain relationships with our clients and brokers.

Receive and interpret claim submissions in a variety of formats. Perform initial evaluation to ensure submissions are complete.

Review and fully adjudicate claims according to our reinsurance agreements. Validate claims for reimbursement, including application of detailed industry repricing methodologies.

Provide key reporting metrics to our clients. Respond to inquiries and resolve appeals and pending claims. Collaborate in the development and enhancement of Sequoia's proprietary claim adjudication software and systems. Work closely with developers to maximize efficiency and ensure all claim department needs are met.

Provide training and internal auditing of claims staff.



Experience/Skills

5+ years' experience preferably working with managed care excess and stop loss claims

Proficiency with claim industry pricing methodology including Medicare DRG, RBRVS, transplant contracts and PPO networks

Strong Microsoft Office skills, particularly Outlook, Excel and Word

Strong written and oral communication skills

Skillful at managing multiple priorities and handling interruptions

Work independently and as part of a team

Can-do attitude is key; be eager to jump in and roll up your sleeves

Benefits Offered:

Health/Dental Insurance

Healthcare spending or reimbursement arrangements such as HSA, HRA & FSAs

Life Insurance

Vision Insurance

Disability Insurance

401K with Company Match

Flexible Work Schedule

Paid Time Off and Holidays

Sequoia is an equal opportunity employer and value diversity. All employment is decided on the basis of qualifications, merit and business need. This document is intended to describe the general nature and level of work being performed and is not to be construed as an exhaustive list of all responsibilities, duties, and skills required for the job. Successful candidates will be required to complete a background check.