



Position Title: Member Advocate – Claims Analyst

Reports To: Director Member Services

Status: Non-Exempt

Location: On-site, Helena MT

Position Summary:

Hi, we are Mountain Health Co-Op, the anti-insurance health insurance company. We serve members in Idaho, Montana, and Wyoming, and get this; our members are also the owners of this company because we are a co-op. We are proud to be a nonprofit that invests profits back into our membership through enhanced benefits and offerings. Yes, we make coverage cool.

The Member Advocate-Claims Analyst at Mountain Health Co-Op plays a key role in enhancing the member experience by addressing and resolving complex service issues, including benefit inquiries, ID card problems, enrollment concerns, and claims discrepancies. This position requires in-depth analysis of claims processing, interpreting benefit configurations, and ensuring timely resolution through collaboration across functional teams. The ideal candidate will support member retention by managing customer service processes, implementing root-cause solutions for escalated complaints, and assisting members with navigating our digital platforms. Additionally, this role involves developing training materials, creating policies, and conducting quality reviews of materials to maintain accuracy and professionalism. With a focus on innovation and problem-solving, the Member Advocate-Claims Analyst will be a proactive member of the team, ensuring seamless and effective service delivery to all Co-Op members.

Duties and Responsibilities:

- Identify and implement opportunities to improve member experience
- Thoroughly research and resolve escalated member service issues, including benefit inquiries, ID card issues, enrollment issues, and claims issues.
- Analyze customer inquiries and determine correct steps for resolution, interpret benefit information, and claims processing
- Analyze claims processing. Interpret claims edits, benefit configuration, procedure, and diagnostic codes, strategize and navigate correction and resolution.
- Support member retention through management of delegated entities responsible for customer service
- Support navigation of escalated complaints, identify root cause, and implement solutions
- Answering member service calls, emails and responding to walk-ins
- Processes walk-in member payments in the enrollment and billing system promptly when needed.
- Assists members with accessing and navigating the Member Portal.
- Conducts quality reviews of public-facing materials to ensure accuracy and professionalism.
- Develop training materials and deploy training for MHC staff
- Create policies and procedures
- Prepare and review member materials used to communicate policy information
- Test member information for accuracy and timeliness
- Participate in team setting with multiple functional areas to assure seamless customer service



- Other duties as assigned

Knowledge, skills and abilities:

- Certified Professional Coder (CPC) or Certified Professional Coder Apprentice (CPC-A)
- Three years of health plan experience in customer service or claims role
- Two years of experience with computer applications, expert level experience in Word and Excel preferred
- Broad understanding of healthcare systems, such as claims, benefits, networks, utilization management, and appeals
- Innovative problem solving starting with root cause analysis
- Ability to work independently without direct supervision
- Outstanding oral and written communication skills, with the ability to communicate ideas to multiple functional teams and executive managers
- Strong analytical and report writing skills
- Demonstrated adaptability and flexibility to new ideas, methodologies, and creative alternatives
- Strong organizational/project management skills
- Ability to juggle multiple projects
- Ability to collaborate with various teams, internally and externally
- Computer application proficiency

*****Applicants must be authorized to work for ANY employer in the U.S. We are unable to sponsor or take over sponsorship of an employment visa at this time.***

Travel

This position requires minimal travel within the Co-Op region of operations.

Physical Demands:

While performing the duties of this job, the employee is regularly required to sit for extended periods of time and may be required to stand, walk, and stoop. The employee may occasionally lift and/or move up to 20 pounds of office supplies. Expressing or exchanging ideas by means of the spoken word requires the ability to receive detailed information through oral communication. Will be required to work for extended periods of time using a computer, keyboard, and mouse.

Mountain Health Co-Op is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race color, religion, sex, sexual orientation, gender identity, national origin, or protected veteran status and will not be discriminated against on the basis of disability.