



HRA/FSA CLAIMS PROCESSING ASSOCIATE

Company Background

MidAmerica is one of the nation's leading providers and administrators of retirement and other tax-advantaged benefit plans for government and education employers throughout the US. The company provides innovative employee benefit programs for over a million educators and other public sector employees and 2,200 plan sponsors across the country, and has assets under management exceeding \$1 billion. Originally formed in 1995, MidAmerica's core business has been providing Social Security Alternative and Special Pay programs (tax-advantaged vacation and sick pay plans for governmental employers). This core business has grown dramatically and has expanded to include other defined contribution plans, Health Reimbursement Arrangements (HRA's), FSA administration, Trust (for public employer-sponsored healthcare plans that keep healthcare liability off the books), independent Third Party Administration Services (TPA), 403(b) and 457(b) administration and common remitting services, and most recently, ACA Compliance Reviews. To date the company sells and distributes its products and services through a distribution network of insurance brokers that primarily sell into the public sector.

The Opportunity

For a motivated Claims Processor with relevant experience, this opportunity offers several attractive features including the opportunity to:

1. Work with a *committed, knowledgeable, and experienced* team and passionate employees
2. Do this in *highly attractive Lakeland, Florida*, in the company's operations office
3. Use *varied skills to support* the daily operations of the company and develop a long-term career progressing through increasingly responsible roles
4. Earn a *competitive compensation* package and benefits

The Ideal Candidate

The ideal candidate should have excellent verbal and written communication skills, be highly organized and able to prioritize tasks. Most importantly, we seek an individual with a strong desire to accurately and efficiently support our clients and to continuously look for process improvements in order to further the operational goals of the team. Equally important, this individual will be agile with a strong sense of collaboration and team work with the ability to anticipate, understand, and respond to the needs of internal and external clients to meet or exceed their expectations.

Primary Responsibilities

MidAmerica's Health and Welfare Claims Processor serves as a point of contact for the participants and school districts, handling a variety of tasks for both internal & external employees and partners, such as written communications, client contact management, and incoming claims processing. The primary duties and responsibilities of the Health and Welfare Claims Processor include but are not limited to the following:

Responsibilities:

- Review plan documents and determine eligibility based on plan design and regulations
- Communicate product knowledge accurately and effectively with partners, clients, participants and team members
- Strong understanding of our plan guidelines in order to answer or escalate internal questions



- Interpret plan documents and understand/apply IRS and HIPPA guidelines in order to answer or escalate internal questions
- Responsible for updating the department's record keeping system
- Required Minimum Distribution processing and knowledge of IRS requirements
- Process HRA and FSA
- Review and manage the authorization list process where applicable
- Process denial/NIGO letters
- Meet administrative service level agreements (SLA's) within 3 business days
- Review and manage the authorization list process where applicable
- Ensure data is accurate for participants and school districts
- Continuously evaluate and identify opportunities to drive process improvements that positively impact the business
- Deliver exceptional on-demand client support for clients and partners which results in fanatical support of MidAmerica
- Ability to provide extremely professional and articulately written and verbal communication
- Must routinely meet daily, weekly, and monthly deadlines
- Maintain a pleasant, patient, and friendly attitude

Performance Measures

Performance will be measured by a number of quantitative and qualitative criteria. The primary outcomes and measurement of success for the Health and Welfare Claims Processor include but are not limited to the following:

- After completing initial training & onboarding develop a professional personal brand for communications with internal staff as well as external partners
- Deliver exceptional on-demand client support by providing error-free claims processing
- Provide information and assistance to other departments to ensure accurate plan processing
- Be sensitive to the timely response required by clients, both internal and external and respond to all queries within 24 hours
- Ability to use technical tools to drive efficiency and accuracy
- Meet all other activity and outcomes goals

The incumbent will support the company's vision, mission, and values and help drive a PeopleFirst culture; doing what's best for the business, its employees, and its investors, protecting the company's reputation and being open, honest, and fair in all dealings and scenarios.

Skills and Qualifications

Specific Qualifications and career profiles that are essential to the position are as follows:

1. Ability to communicate effectively with peers and upper management and liaise frequently with customer service and the accounting departments to ensure timely and accurate processing
2. Strong analytical, planning, communication, and evaluation skills (verbal and written)
3. Must be detail-oriented
4. Proven capabilities with Microsoft Office Suites, specifically Outlook, Word, and Excel and the willingness to learn new systems as required
5. Regular attendance is required
6. High School Diploma



Specific competencies and attributes that are important to the position include:

1. Working knowledge of IRS retirement regulations
2. Health Reimbursement/Flexible Spending Account experience (medical billing, EOB's, 213 eligible medical expenses, FSA debit cards, Dependent care eligibility)
3. Solid understanding of plan guidelines
4. Associate's Degree preferred

Location

The position is based at the company's corporate office in Downtown Tampa, Florida.

CONTACT

Interested? Contact Brittany Foster (Brittany.foster@midamerica.biz) to apply.