

Job Description

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| Company: | One Card Management Services (Pty) Ltd |
| Title: | Claims Administrator |
| Reports to: | Claims Team Leader |
| Based at: | Woodmead |
| Occupation Category: | Administration |
| Cost centre: | Onecard Management Services |
| Incentivised: | Yes |

Job purpose: Provides support to clients relating to claims and claim queries. Project a professional company image through customer/provider interaction.

Key Result Areas:

- **Claim Processing**
 - Timeous and accurate capturing of claims
 - Scanning and filing of paper claims
 - Inform customers/providers regarding unclear/ incomplete invoices via appropriate methods (email and in writing/ telephonically)
 - Answer phones and resolve claim queries within determined SLA.
 - Transfer customer calls to appropriate staff, where necessary.
 - Identify, research, and resolve customer/provider issues using the computer system.
 - Follow-up on customer/provider enquires not immediately resolved, within determined SLA's.
 - Complete call logs and reports.
 - Follow and adhere to claim processes ,procedures and protocol
 - Recognize, document and alert the supervisor of trends with processing of claims.
 - Recommend process improvements.
 - Focus on first call resolution as far as possible.
 - Other duties as assigned from time to time.

Operational Effectiveness:

- Be punctual.
- Complete accurate and timely administration.
- Submit to the Manager all relevant reports, paperwork and update on all claims activity as directed, in a timeous manner.

South Africa

Tel: 010 001 0141 **Web:** www.oneplan.co.za | www.onepet.co.za
Address: 54 Maxwell Drive, Woodmead North Office Park, Woodmead 2021

Oneplan and Onepet are administered by Onecard Management Services (PTY) Ltd, an authorised financial services provider 43628.
Oneplan is not a Medical Aid Scheme but a short-term insurance product underwritten by Zurich Insurance Company South Africa Limited.



- Any additional responsibilities as required from time to time
- Comply with company policy and procedures at all times

Competencies required: Knowledge, Skills & Attributes

Knowledge

- Grade 12 with English & Maths or Science.
- Literacy- read and write English and at least 2 official languages.
- Pc Literacy - word, excel, email and internet.
- Minimum 3 years working experience in hospital/medical aid or insurance. claims processing would be advantageous.
- Pass technical competency test.
- Meets FAIS Fit & Proper requirements as per requirements.

Skills

- Confident communicator - written, verbal and internal.
- The ability to resolve problems and disputes with clients and arrive at decisions which allow the business to move forward.
- Display an understanding and knowledge of the product and industry and target audience.
- Actively participate in team meetings and use your market knowledge to assist the clients effectively.
- Ability to work in team orientated environment.
- Computer literate.

Attributes

- Ability to work independently and self-managed.
- Initiative and Pro-activeness.
- Integrity, responsibility and accountability.
- Ability to meet deadlines within time constraints.
- Ability to be effective in a pressurised environment.

Succession plan - Subject matter expert i.e. Claims Assessor or Team leader

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| CLAIMS CONSULTANT SERVICE LEVEL AGREEMENT | | |
|---|---|---------------------------|
| TASK | DESCRIPTION | STANDARD |
| Claim Capturing | Capture minimum of 50 claims per day or as allocated | Same day |
| Claim Capturing feedback | Unclear or incomplete feedback to client/provider | Same day |
| Outstanding Hospital Claims | Contact provider/ insured for previous months | 15 th of month |
| Paper claims | Scan, print, handover to clinical risk for approval | Same day |
| Claims Queries | All queries related to claims or the claims process-finalised | 48 hrs |
| Cases | Cases to be opened and closed according to time standards | Same Day |
| Emails | Email inbox to be up to date at all times 48 hr max backlog Email inbox process minimum 50 tasks – claims. cases, emails | Same day 50 per day |
| Answering of Calls | Timeous answering of all calls within specified time frames | 3 rings |
| Call logging | Log all calls to CRM cases on receipt | Immediate |
| Calls -Inbound | Call activity minimum standard to be adhered to | 4 hrs |
| Eyerys | Minimum of 65% Calls Transferred / 80% satisfaction | Immediate |
| Calls-Outbound | Call activity minimum standard to be adhered to | 1 hr |
| Monthly SOP assessments | Standard Operating Procedure assessments | 80% pass rate |
| Daily stats | To be completed each day before leaving | 12pm and 3pm |

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