



## **POSITION OPENING – CLAIMS ASSISTANT**

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Kansas Medical Mutual Insurance Company (KAMMCO) is hiring a full-time Claims Assistant. This position is key to the KAMMCO Claims department's administration of professional and general liability claims. The Claims Assistant will provide full-time administrative support for the Claims Department. KAMMCO's leadership and staff are committed to the organization's core values: Integrity, Advocacy, Collaboration, and Innovation. Those interested in joining the KAMMCO family should apply via email to [hr@kammco.com](mailto:hr@kammco.com). More information about KAMMCO is available at [www.kammco.com](http://www.kammco.com).

### **Minimum Skills Requirements:**

- High school diploma or GED required. Business, paralegal, or legal assistant education or experience preferred.
- Experience in the secretarial field, administrative support, or office management preferred.
- Proficient computer and typing skills (strong working knowledge Windows, Word, Excel, and Outlook, and ability to quickly and accurately draft correspondence and other documents).
- Excellent oral & written communication skills appropriate to a professional work environment, including proper grammar usage required.
- Strong accuracy and attention to detail required.
- Ability to maintain strict confidentiality and follow data security protocols required.
- Professionalism, excellent phone skills and ability to accurately relay detailed phone communications required. Prefer experience working with professionals.
- Good organizational skills and ability to work with little supervision required.
- Familiarity with general medical terminology and/or liability insurance claims terminology desirable.

### **Essential Functions:**

- Receives, assesses, and accurately responds to loss run/claims history inquiries from members, auditors, and agents by preparing loss run/claims history reports.
- Provides administrative support for the internal medical expert review process.
- Creates initial letters/excess letters/settlement check transmittal letters for Medical Liability Analysts (MLAs) using OnBase's document management workflow.
- Responds to Health Care Stabilization Fund letters received on new matters using OnBase document management system.
- Provides other letter/correspondence support for MLAs using OnBase, which may require physical mailing of documents using FedEx, UPS, or USPS Certified mail.



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- Handles required notification to Centers for Medicare and Medicaid Services (CMS).
- Processes legal vendor invoices on all open claims using Legal eXchange invoice management platform.
- Reviews invoices for selected attorney correspondence and matches to claim numbers.
- Distributes trial memos, trial updates, and other internal information updates as needed.
- Backs up the Claims Coordinator by opening files in Oasis database, pulling appropriate policy documents on claims, requesting correspondence from attorneys, and other claims management support as needed.
- As a member of a rotational incoming phone call intake group, is responsible for answering incoming phone calls, transferring calls, and taking telephone messages as needed in a manner that exhibits a high level of professionalism and customer service.
- Provides general professional administrative support for the operations of the claims department as needed.

### Work Location, Conditions, and Benefits:

- Professional office environment in **Topeka, Kansas**.
- Frequent contact with medical office staff, member insureds, attorneys and legal staff, and the general public.
- Claims Assistant may encounter conflict and interaction with member insureds, attorneys, and/or claimants who may be anxious, frustrated or upset.
- Multi-task position requiring ability to take initiative and strong attention to detail.
- Non-exempt, full-time, Monday – Friday position.
- Benefits include health, dental and vision insurance; health savings account; 401(K) plan; life insurance.