

HEALTH CLAIMS PROCESSOR

GENERAL STATEMENT OF DUTIES: Evaluates, processes and pays health insurance invoices and claims; does related duties as required.

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, an incumbent of this class performs duties relating to the claims adjudication process from receipt of claim form, verification of eligibility, verification of coordination of benefits with insurance carriers and final check processing for the health benefits plan. In addition, incumbent may determine acceptable reimbursement limits. Technical advice and assistance will be given by a higher-level school district official or third party administrator.

EXAMPLES OF WORK: (Illustrative Only)

Verifies eligibility of active and retired employees;

Maintains all enrollment data, both initial and annual re-enrollments for employees and dependents;

Coordinates benefits with other medical insurance plans and Medicare;

Reviews enrollment/separation records to assure coordination with COBRA compliance;

Analyzes and interprets new or revised requirements or programs to determine impact upon existing procedures;

Maintains or assists in maintaining a comprehensive data base which includes enrollment data, claim submission and payment;

May determine allowable reimbursement limits based on plan specifications;

May evaluate completeness of claim submissions;

Prepares correspondence related to health claims processing;

Uses computer applications such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Knowledge of medical and insurance industry terminology; working knowledge of third party and medical provider billing and payment procedures; working knowledge of Medicare eligibility; working knowledge of COBRA regulations and administration; ability to learn the health insurance programs offered

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES (Continued)

of COBRA regulations and administration; ability to learn the health insurance programs offered by the school district including benefit limits, eligibility criteria, administrative and procedural requirements; ability to use computer applications such as spreadsheets, word processing, calendar, e-mail and database software; ability to work with computer data base and word processor; ability to establish and maintain effective working relationships; sound judgment; integrity; physical condition commensurate with the duties of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: Either: (a) graduation from high school or possession of a high school equivalency diploma and two (2) years of work experience, including or supplemented by six (6) months of experience in either the processing of employee health insurance claims or general employee benefits administration; or (b) two years of post high school study including or supplemented by the six (6) months experience as described in (a); or (c) a satisfactory equivalent combination of the foregoing training and experience.

SPECIAL REQUIREMENT FOR APPOINTMENT IN SCHOOL DISTRICTS:

In accordance with the Safe Schools Against Violence in Education (SAVE) legislation, Chapter 180 of the Laws of 2000, and by the Regulations of the Commissioner of Education, candidates for appointment in school districts must obtain clearance for employment from the State Education Department prior to employment based upon a fingerprint and criminal history background check.