

**KERN COUNTY SUPERINTENDENT OF SCHOOLS**  
**APPROVED JUNE 1990**  
**TECHNICAL/SPECIALIST SERVICES SERIES**  
**RANGE: 43.5**  
**CLASSIFIED**  
**CODE: 4**

### **CLAIMS EXAMINER/PROCESSOR I**

#### **DEFINITION**

Under general supervision, to perform responsible clerical and preliminary claim or reimbursement examination functions in either the workers' compensation, student insurance or IRC Section 125 departments;

to assist in establishing and maintaining a data management, storage and retrieval system pertaining to a comprehensive self-insured insurance program;

to do other related work as required.

#### **EXAMPLES OF DUTIES**

Performs a variety of functions regarding the insurance program, including program information dissemination, preliminary claim examination or reimbursement, processing and investigation;

may assist participating school districts in the investigation and document preparation pertaining to an insurance or IRC Section 125 claim;

reviews report forms and other documents for accuracy and completeness;

inputs data into an automated data management, storage and retrieval system, and extracts output reports;

assists in the preparation of statistical reports concerning claim status;

assists in maintaining an appropriate inventory of claims or reimbursement informational material, claim or reimbursement forms and other related forms and documents;

supplies participating agencies with forms and reporting documents as needed;

assists in the preparation of documents and other materials for use in the claims settlement processes;

assists providers regarding the servicing of claims or reimbursement problems, issues and concerns;

verifies insurance and reimbursement coverage for various health service agencies benefit certification programs or qualified expenses previously paid with after tax earnings;

assists in the development and compilation of statistical data and reports required in the administration of the insurance program;

may prepare routine correspondence and memoranda for editing and review pertaining to various benefits related problems, issues and concerns.

#### **QUALIFICATIONS**

##### ***Knowledge of:***

Procedures, methods, and terminology pertaining to a self-insured program;

legal mandates, policies, and regulations regarding a self-insured program;

benefit reimbursement and claims processing procedures;

English usage, spelling, grammar and punctuation;

modern office practices and procedures;

standard business machines and automated data management, storage and retrieval systems and equipment.

Ability to:

Skillfully perform technical clerical and preliminary claims examination or reimbursement functions;

assist in the preparation of clear and concise management reports and summaries;

perform arithmetical calculations with speed and accuracy;

type at a net corrected speed of 45 words per minute;

communicate effectively in oral and written form;

understand and carry out oral and written directions;

establish and maintain cooperative working relationships.

Experience:

One year of responsible clerical experience preferably in an insurance or IRC Section 125 operation.

Education:

Equivalent to the completion of the twelfth grade, supplemented by training or course work in business record management, and general office practices.

Some positions may require proof of privately owned automobile insurance and possess a valid California Motor Vehicle operator's license.

**Fingerprint clearance by both the Federal Bureau of Investigation and the California Department of Justice is a condition of appointment after all other required job conditions have been met.**

This position has a probationary period of six months or 130 days, whichever is longer.

ST:rw

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Formerly ClaimsEX1