

**KERN COUNTY SUPERINTENDENT OF SCHOOLS
APPROVED OCTOBER 2003
RANGE: 43.5
TECHNICAL/SPECIALIST SERVICES SERIES
CLASSIFIED
CODE: 4**

CLAIMS EXAMINER I – STUDENT INSURANCE

DEFINITION

Under general supervision, to perform responsible and technical functions pertaining to the KCSOS Student Insurance programs;

to provide assistance, counsel and information to participating agencies regarding the student insurance coverage, rates, claim status, and excess coverage;

and to do other related work as required.

EXAMPLES OF DUTIES

Performs a variety of functions regarding the Student Insurance programs including program information dissemination, preliminary and comprehensive claim examination, processing and investigation;

provides assistance to participating school districts employers in the investigation and documentation pertaining to an SI, TF, KCCD illness or injury;

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

verifies existence of insurance coverage through the employer;

calculates and pays benefits on three (3) separate benefit structures and insurance programs;

calculates benefits when SI, TF, KCCD insurance programs are secondary payers;

calculates and pays benefits on all appropriate professional and hospital claims involved in the Interplan Cost Containment program;

maintenance of a SISC Tackle Football Player eligibility database;

tracks the premiums, and invoices applicable of school districts;

prepares correspondence, claim material and tracks claims for districts involved in Excess Insurance Program;

assists in the preparation month-end check reconciliation for Student Insurance and Tackle Football programs;

maintains data management system including reserves, claim and loss payments and recoveries;

assists medical service providers regarding service claims problems, issues, and concerns;

functions as a liaison to school districts, attorneys, and medical providers;

indexes student and non-student bodily injury claimants.

QUALIFICATIONS

Knowledge of:

Knowledge of procedures, methods and techniques pertaining to medical claims processing;

H.C.P.C.S. codes and ICDA-9 codes and usage thereof;

health benefit and medical claims processing or medical billing procedures;

English usage, spelling, grammar and punctuation;

modern office practices and procedures;

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

Ability to:

Ability to skillfully perform responsible tasks pertaining to a comprehensive Student Insurance and Tackle Football programs;

prepare fiscally related reports and summaries;

perform arithmetical calculations with speed and accuracy;

communicate effectively in oral and written form;

type at a net corrected speed of 30 words per minute;

understand and carry out oral and written directions;

establish and maintain cooperative working relationships.

Experience:

A minimum of one (1) year of medical claims processing or medical billing experience.

Education:

Equivalent to the completion of the 12th grade, supplemented by course work, training or experience in insurance matters, or closely related fields.

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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