

JOB DESCRIPTION

Position Title: Claims Processor II
Department: Claims
FLSA: Non Exempt
Reports to: Claims Department Supervisor

Description

Responsible for the processing of all medical, hospital, vision, chiropractor and ancillary claims, which includes coordination of benefit and third-party liability claims in accordance with department policies and procedures.

Skills / Knowledge Requirements

- Type 45 WPM
- 10 Key by Touch
- Computer literate in Word and Excel and other Microsoft applications.
- Good organization skills and able to handle multi tasks.
- Good analytical skills
- Self-starter and quick learner.
- Knowledge of ICD-9, ICD-10, CPT, HCPCS, FORM 1500, and UB04 forms, Medical and Revenue Coding, and Medical Terminology a plus.
- Minimum of (2) year work experience or equivalent (combination of education and work)

Duties

- Process Medical claims
- Process Hospital and Ancillary Claims
- Process Vision and Chiropractic Claims
- Send referrals to Managed Care Dept.
- Send claims to contract negotiator for individual negotiations
- Correct and submit error tickets
- Process Claim Adjustments
- Assist Customer Service Department with customer inquiries
- Assist Department Lead and/or Supervisor with other departmental or Health and Welfare duties.
- Be able to maintain error rate and production quotas

Other Duties

- As needed by the department supervisor

Physical Demands

- Lifting and carrying file boxes within the office

Working Conditions

- Indoors, air-conditioned office.

Work Shift

- Monday to Friday, 8:00 AM – 4:00PM or 8:30 AM – 4:30 PM, 1 hour unpaid lunch
- The duties assigned will (may) involve situations that will (may) require over time.