## Title: Claims Processor Job Description

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<th>Department:</th>
<th>Claims</th>
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<td>Reports to:</td>
<td>Claims Supervisor</td>
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<td>FLSA Status:</td>
<td>Non Exempt</td>
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### Summary

**Job purpose:**
Adjudication of Group Health Plan medical and dental claims utilizing employer and payer specific policies and procedures.

Provide telephonic support to employer contact for issues related to claims status, claims adjudication questions, PPO information, provider status, and any basic questions regarding health coverage as stated in the employer's Plan Document.

### Primary Duties and Responsibilities

**Key responsibilities and accountabilities:**
Responsible for reviewing the data in the claim processing system, and comparing with corresponding UB or HCFA.

Responsible for reviewing medical records when necessary to determine if service rendered was medically appropriate and criteria has been met.

Responsible for reviewing adjudication software system’s claim and line item edits for determination of whether to pay claim/line item(s).

Possess ability to work at a computer for extended periods.

#### Preferred Qualifications:
- A minimum of 3 years claims processing is required
- Knowledge of physician practice and hospital coding, billing and medical terminology, CPT, HCPCS, ICD-9
- Experience with UB/institutional (CMS-1450) and/or professional (CMS 1500) claims
- Strong knowledge of Medicare billing & payment and coverage guidelines and regulations
- Strong experience in the analysis and processing of claims, utilization review/quality assurance procedures, CMS payment methodologies (i.e., Medicare Physician Fee Schedule, Lab, DRGs, Outpatient Prospective Payment Systems, Ambulatory Surgical Center, ESRD, Ambulance, Anesthesia, etc.).
- Must be able to work with minimal supervision.
- Creative thinker with good skills a problem resolution specifically related to healthcare claim adjudication
- Will work closely with other departments

### Education and Certifications
- Requires High School degree or GED or equivalent experience.
| **Position Requirements** | **Experience:** Minimum of 3 years related work experience. Prefer prior experience with a Third Party Administrator and prior experience with the RIMS/QicLink Processing software.  

Knowledge of medical terminology, CPT-4, ICD-9, HCPCS and UB92 Codes, and standard of billing guidelines.  

- **Computer Skills:**  
  - Good knowledge of Microsoft Word  
  - Good knowledge of Microsoft Excel  
  - Good knowledge of Microsoft Outlook  

- **Other Abilities:**  
  - Intermediate mathematics aptitude  
  - Basic communication capabilities  
  - Basic organizational abilities  
  - Basic comprehension capabilities  |

| **Physical Requirements** | Standing, sitting, kneeling, stooping, lifting, bending, climbing, twisting upper body, walking, pushing, pulling, listening, talking, use of telephone, exposure to computer monitor screens and repetitive data entry. |

| **Key Working Relationships** | **Internal**  
- Internal departments  

- **External**  
  - Physicians/Providers  
  - Vendors, PPO’s UM Firms, etc.  
  - Members  
  - Employer/HR Contacts |

Please send resume and position title to Paulette Zroback at Paulette.Zroback@BAShealth.com.