

## **POSITION DESCRIPTION**

**POSITION TITLE:** Medi-Cal Claims Examiner II    **REVISED:** March 24, 2011  
**JOB STATUS:** Non-Exempt    **REVIEWED BY:** \_\_\_\_\_  
**REPORTS TO:** Claims Medi-Cal Supervisor    **APPROVED BY:** \_\_\_\_\_

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## **POSITION PURPOSE**

To accurately review, research and complete all Medi-Cal and Partnership Advantage Crossover pended electronic and Imagenet claims within established time frames, applying appropriate program policies and procedures. Medi-Cal claim types include: medical, facility (inpatient and outpatient), ancillary, long term care, supplies, DME, manual pricing, other coverage, electronic crossovers, CHDP, substance abuse, encounter and batch claims.

## **ESSENTIAL DUTIES AND RESPONSIBILITIES**

- Review, research and resolve claims for all Medi-Cal claim types within established production and quality standards.
- Batch claims examining includes completing claims from the Batch Error Report and Batch Pass Report.
- Follow established PHC policies and procedures, PHC Claims Operating Instruction Memorandums, State of California Medi-Cal provider manual guidelines, Title 22 regulations and CMS guidelines when resolving pended claims.
- Route claims to appropriate PHC departments and internal staff for additional review. Follow-up and complete claims once response to request has been received.
- Recognize and give feedback to management on procedure changes that would result in more efficient operations.
- Generate claims correspondence as needed.
- Record daily production statistics and related activities on appropriate reports. Turns all logs and reports in to Medi-Cal Claims Supervisor.

## **SECONDARY DUTIES AND RESPONSIBILITIES**

- Participates in special projects and assignments as required.

**POSITION TITLE:** Claims Examiner II (cont.)

**HIRING CRITERIA**

**Education and Experience** High School diploma or equivalent. Minimum one (1) year prior claims examining experience in an automated claims environment.

**Special Skills, Licenses and Certifications** Knowledge of CPT, HCPC procedure coding and ICD-9 diagnostic coding. Knowledge of medical terminology. Ability to access coding reference guides for accurate information. Typing speed 30 wpm and proficient use of 10-key calculator.

**Performance Based Competencies** Effective written and oral communication skills. Ability to effectively exercise good judgment within scope of authority and to handle sensitive issues with tact and diplomacy. Good organization skills. Ability to accurately complete tasks within established times.

**Work Environment And Physical Demands** Ability to use microcomputer keyboard. More than 95% of work time is spent at a video display terminal. When required, ability to move, carry or lift objects of varying sizes weighing up to 5 lbs.

**All Healthplan employees are expected to:**

- Provide the highest possible level of service to clients;
- Promote teamwork and cooperative effort among employees;
- Maintain safe practices; and
- Abide by the Healthplan's policies and procedures as they may from time to time be updated.

***IMPORTANT DISCLAIMER NOTICE***

*The job duties, elements, responsibilities, skills, functions, experience, education factors and the requirements and conditions listed in this job description are representative only and not exhaustive of the tasks that an employee may be required to perform. The Employer reserves the right to revise this job description at any time and to require employees to perform other tasks as circumstances or conditions of its business, competitive, or work environment change.*