

## POSITION DESCRIPTION

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

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## POSITION PURPOSE

To accurately review, research and complete all Partnership*Advantage* pended electronic and Imagenet claims with claim types: Medical, Ancillary, DME, and Batch claims within established time frames and applying all appropriate program policies and procedures. In addition, support the PA Crossover claims examining functions as needed.

## ESSENTIAL DUTIES AND RESPONSIBILITIES

- Review, research and resolve pended claims for Partnership*Advantage* claim types: Medical, Ancillary, DME and Batch claims within the established production and quality standards. Batch claims examining includes completing claims from the Batch Error Report and Batch Pass Report.
- Generate correspondence to contracted, and non contracted providers requesting information. Follow-up on correspondence requests timely and complete claims based on response.
- Route claims to appropriate PHC departments and internal staff for additional review. Follow up and complete claims once response to request has been received.
- Understand and apply all Partnership*Advantage* Policies and Procedures, Claims Operating Instruction Memorandums and CMS policies and guidelines when reviewing and completing Partnership*Advantage* claims. Complete claims accurately within the established quality standards.
- Review, research and resolve, pended claims for PA Crossover claim types: Medical, Ancillary, and DME within the established production and quality standards.
- Record daily production statistics and related activities on appropriate reports; turns all logs and reports into the Partnership*Advantage* Claims Supervisor.

**POSITION TITLE:** Medicare Claims Examiner I (cont.)

**SECONDARY DUTIES AND RESPONSIBILITIES**

- Review, research, enter and complete Healthy Kids and Healthy Families electronic and paper claims.
- Participates in special projects and assignments and required.

**HIRING CRITERIA**

<b>Education and Experience</b>	High School diploma or equivalent. Prefer prior claims examining experience in an automated claim environment; or Equivalent combination of education and experience.
<b>Special Skills, Licenses and Certifications</b>	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.
<b>Performance Based Competencies</b>	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.
<b>Work Environment And Physical Demands</b>	Ability to use microcomputer keyboard. More than 80% 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.*