August 17, 2018

MEDICAL INSURANCE SPECIALIST
DEPARTMENT: Claims Services – Springfield
FLSA: Non-Exempt
UNION: SEIU 73 Professional
JOB POSTING: #19-038 Exam Request title: Medical Insurance Specialist

TO APPLY: https://jobs.uic.edu/

MINIMAL ACCEPTABLE QUALIFICATIONS

A. Experience within a health insurance/medical billing environment or in other positions of comparable responsibility within the health insurance area

B. College credit for course work in insurance/benefits administration, human resource management, health information management, finance, accounting or closely related fields such as business administration and/or business management

- 30 semester hours equals (6) months
- 60 semester hours equals (1) year (12 months)
- 90 semester hours equals (2) years (24 months)
- 120 semester hours or higher equals (3) years (36 months)

Note: the following medical billing certifications satisfy (6) months of the above requirement: CPC, RHIT, CCS, RHIA, NHA

A. FUNCTION:
Reviews, analyzes and enters medical claims, interprets third party payment information, coordinates benefit coverage information in order to determine DSCC financial liability.
Employees at this level are senior representatives under limited supervision who provide technical assistance and guidance to DSCC staff, providers and families on complex issues independent of manager oversight to facilitate medical claims processing.

B. ORGANIZATIONAL RELATIONSHIPS:
Reports directly to the Claims Manager who reports to the Associate Director of Finance

C. WORK ACTIVITIES:

- Reviews and edits paper & electronic claims for accuracy. Reviews case specific information to enter the prior approval for claim adjudication.

- Resolves complex collections, provider and customer complaints independent of manager oversight.

- Trains new and lower level staff on unit policies and procedures, including processing of claims. Trains providers to use the Provider Portal application and provides instructions on procedures and policies for claims adjudication. Reports to the manager any training issues.
• Serves as the primary point of contact for providers, DSCC staff and families in various situations.

• Conducts quality assurance audits on lower level staff for entry and insurance investigation based on departmental guidelines.

• Determines the policy provision for complex nursing and medical claims. Communicates findings with DSCC staff and providers.

• Reviews provider claims and insurance explanation of benefits for quality assurance. Initiates, receives and documents telephone calls to facilitate claims payment process.

• Attends Division and University related meetings and serves as a departmental liaison in the absence of the manager.

• Identifies needs/problems with computer software programs and agency claims processing practices, makes recommendations for change or enhancement to manager.

• Conducts file audits to obtain reimbursement of DSCC expenditures due to benefit coverage changes, claims processed incorrectly by insurance carriers and discrepancies of insurance benefit coverage.

• Determines appropriate adjustments needed when explanation of benefit’s, refund checks or claims are resubmitted by providers or families.

• Prepares reports or written correspondence for the manager as requested.

• Communicates with other Division staff to resolve any obstacles in order to process claim for payment determination.

• Assists manager on revisions to the Home Care and Core Department Manual.

• May supervise lower level staff as assigned in the absence of the department manager.

• Other duties as assigned.

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