

JOB DESCRIPTION

JOB TITLE	Claims Reviewer
POSITION HELD BY	Open
REPORTS TO	Claims Supervisor
HOURS PER WEEK	40 hours per week
PRIMARY RESPONSIBILITIES	To provide tasks needed to ensure accurate and timely processing of provider claims and monitoring functions as they relate to issues of child enrollments, license capacity, split shifts, parent verifications and resolving provider and center problems. To provide customer service to providers and centers in all claims areas.

TASKS - MONITORING:

Tasks	Hrs / Wk
Review Menus	3.5
Primary responsibility for the collection, organization, entry, and verification of the annual child enrollments and updates. Reviews problem enrollments and makes adjustments in claims as necessary.	22.5
Serves as a support person to Field Representatives and answers their questions while preparing for, doing, or reviewing monitoring visits	4
Assists Claims Adjuster III with monitoring of split shift claims and variances to insure claiming within license capacity.	2
Assists Claims Assistant with processing and follow up on Child Enrollment Master Lists	1
TOTAL	33

TASKS - NON MONITORING:

Tasks	Hrs / Wk
Processing Claims adjustments	2
Back up for Claims Specialist III for split shift addendums and variances	1
Phone Support and Training	2
Back up Claims Assistant with Mail Pick Up	1
Data entry of meals that do not meet CACFP requirements (disallows)	1
TOTAL	7

Monitoring Related FTE: 33 of 40 hours = .825 FTE

The following pages describe this position in more detail. As with any position at the company, there may be additional roles and responsibilities not described in this job description. Other duties may be assigned by management without the necessity to modify this job description.

Minnesota is employment at will. Nothing in this job description is to imply a contract for employment. Either party may terminate the employment relationship for any reason or no reason. Providers Choice is an Equal Opportunity Employer.

EDUCATION, EXPERIENCE, CREDENTIALS, LICENSES

- A minimum of six months previous business/office environment experience with responsibilities relating to claims processing and/or customer service.
- High school diploma or equivalent, 2 year business degree or higher is desired
- Experience working on a computer system and data entry skills are required.
- Basic Mathematics: Adding, subtracting, multiplying, dividing.
- Knowledge of child care industry, desirable not required

SKILLS

- Attitude: Positive attitude in the face of challenges and adversity
- Compliance: Ability to take direction for others
- Independence: Once trained, the ability to work independently with little direction from others
- Telephone skills: a pleasant and friendly voice and manner when speaking on the phone.
- Instructing: Teaching others how to do something.
- Diversity: Can communicate effectively with people of varying socio-economic backgrounds.
- Service Orientation: Actively looking for ways to help people.
- Sensitivity: Able to relate to providers and centers in a positive and sensitive manner.

WORK CONTEXT

BODY POSITIONING & DEMANDS

- Requires sitting for longer periods of time
- Bending to access or put away files
- Occasional lifting (boxes) of up to 40 pounds

COMMUNICATION

- Requires face-to-face discussions with individuals or teams
- Requires use of electronic mail
- Requires telephone conversations

ENVIRONMENT & SCHEDULE

- Relatively quiet working conditions
- Normally Monday – Friday with occasional work on weekends when required