

COST RECOVERY CLAIMS PROCESSING SUPERVISOR

DEFINITION

Supervises and participates in the claims processing of funds available to the District from State, County, federal, and private insurance companies.

TYPICAL DUTIES

Supervises claims processing activities by obtaining, monitoring, recording, and evaluating information related to claims for payment of health services that are reimbursable under Medi-Cal or other local, State, or federal programs.
Develops and administers office policies and procedures.
Analyzes reconciliation of billing reports of the District to determine the reasons for denial of District reimbursement claims.
Coordinates the work of the claims processing unit with other District offices in submitting, preparing, and reconciling reports.
Monitors, reviews and analyzes current and proposed laws and regulations under Medi-Cal and Medicaid and determines application to the District's existing claims processing procedures.
Assists in implementing programmatic and policy changes regarding student health services which are eligible for reimbursement and cost recovery from Medi-Cal and other programs.
Prepares or assists in compiling and writing a variety of reports and correspondence in statistical, graphic, or narrative form.
Identifies problems and makes recommendations for new procedures or new software systems for potential enhancements for increased efficiency and production.
Trains new staff on policies and procedures.
Performs related duties as assigned.

DISTINGUISHING CHARACTERISTICS AMONG RELATED CLASSES

The Cost Recovery Claims Processing Supervisor supervises the work of staff responsible for the claims processing of medical care provided to students of the District.

A Workers' Compensation Claims Processing Supervisor supervises and participates in the claims processing activities of the Workers' Compensation Section.

Workers' Compensation Claims Processing Specialist participates in the claims processing activities of the Worker's Compensation Section.

SUPERVISION

General supervision is received from an administrator. Supervision is exercised over lower-level clerical personnel.

CLASS QUALIFICATIONS

Knowledge of:

- Federal Medicaid program policies and regulations
- California State Plan for school claiming of Medi-Cal
- California State Plan for claiming of Medi-Cal Administrative Activity
- Data processing applications
- Electronic Medi-Cal and other computerized billing systems
- Claims submission and reconciliation
- Software applications such as Microsoft Word and Excel™

Ability to:

- Analyze, interpret, and apply laws, rules, and regulations pertaining to Medicaid reform policies
- Orally communicate clearly and effectively
- Write clear, comprehensive, and accurate reports and correspondence
- Work effectively with District personnel and the public
- Create, plan, and manage a work environment with high productivity
- Develop and implement office procedures and policies
- Operate a computer terminal

ENTRANCE QUALIFICATIONS

Education:

Graduation from a recognized college or university with a bachelor's degree, preferably in business or public administration, public health, or a related field. Additional qualifying experience may be substituted for the required education on a year-for-year basis.

Experience:

Five years of experience in medical billing, coding, and collections, preferably with supervisory experience.

Special:

A valid driver's license to legally operate a motor vehicle in the State of California and the use of a motor vehicle, or the ability to utilize an alternative method of transportation.

This class description is not a complete statement of essential functions, responsibilities or requirements. Requirements are representative of the minimum level of knowledge, skill and/or abilities. Management retains the discretion to add or to change typical duties of a position at any time.

New Class
12-10-03
GK

Updated
04-17-25
Transportation
Language Only