

**KERN COUNTY SUPERINTENDENT OF SCHOOLS
REVISED/APPROVED JULY 2020
RANGE: 52.5
CLASSIFIED - OVERTIME EXEMPT
CODE: 6**

CONTRACT REVIEW ANALYST – WORKERS’ COMPENSATION

DEFINITION

Under the general supervision of the Coordinator of Worker’s Compensation, to perform responsible and technical functions pertaining to Workers’ Compensation;

to provide assistance, counsel and information regarding bill review in the administration of the Workers’ Compensation program;

and to do other related work as directed.

EXAMPLES OF DUTIES

Exercise discretion and independent judgment in the analysis, research and processing for payment of all workers’ compensation related bills while: (a) applying codes and rates contained in the California Medical Fee Schedule; (b) applying any Foundation, PPO, contract discounts that can be taken; (c) recognizing and assigning correct CPT codes for each procedure; and (d) cross referencing HCPS codes in order to pay, deny according to California Medical Fee Schedule.

Generate an “Explanation of Benefits” (EOB) that contains a detailed description of why each procedure was paid at a certain level. EOB mailed out with payment.

Oversee the review and payment of over 17 million dollars worth of Workers’ Compensation benefits;

act as a hearing representative to resolve disputed liens on selected claims;

utilizing appropriate software, create and distribute loss history reports to member school districts on a monthly basis;

communicate and interact with software technical support as needed to complete the State mandated Annual Report and Report of Inventory, to be given to the Claims Manager for final approval and submission to the State:

complete 1099’s for submission to the state on an annual basis;

transfer payments from file to file and enter or change ID numbers for selected vendors, on an as needed basis;

work with Foundation for Medical Care to seek and update contracts with medical providers and to create, establish, and maintain our Medical Provider Network;

print and process an average of 100 checks daily;

audit printed checks daily to agree with pre and post run reports, daily registers compiled for end of month audit;

sort, distribute and mail out checks daily. Timeliness crucial to avoid penalties;

compute cumulative check totals periodically each month providing Finance Department an aid in forecasting, monitor changing situations in Workers’ Compensation and advise Finance of any possible changes;

reconcile daily registers monthly to match month end reports. Must be completed and delivered to Finance by noon of second working day each month;

file and catalog Interplan contract copies and total monthly;

create, maintain and update monthly Excel spreadsheets containing various percentage payments/discounts;

compute and process total discounts along with amount to be paid to Interplan monthly and deliver to Finance;

contact person regarding vendor or provider inquiries;

advise in aiding providers' ability to bill correctly;

analyze, research and review any liens or past payment disputes, some going back years;

office authority on any such issues that go before the Workers' Compensation Appeals Board, and provide expert testimony in backing office/examiner position;

authority in training other employees in the bill review system;

monitor entire staff attendance, keeping Claims Manager apprised of daily absences;

provide input to Claims Manager regarding performance evaluations of selected clerical staff.

QUALIFICATIONS

Knowledge of:

Current and complete knowledge of California Medical Fee Schedule crucial in maintaining an authoritative position in disputes or conflicts regarding coding or procedures;

Workers' Compensation Insurance practices and procedures;

modern insurance office methods and equipment (including computers);

Microsoft Excel;

medical terminology;

contract interpretation;

effective oral and written communication skills.

Ability to:

Ability to apply past fee schedule policies and rates;

stay abreast of any policy changes regarding current fee schedule;

learn, interpret and apply the California Medical Fee Schedule;

operate and utilize bill review software;

efficiently and accurately operate 10-key calculator;

communicate effectively with providers both verbally and in written format;

work in unison with claims examiner staff;

oversee and train employees.

Experience:

Minimum of two (2) years bill review experience;

supervisory and training experience;

PC operation in windows format.

Education:

High School diploma or equivalent;

coursework or training in computer usage.

Conditions of employment:

Some positions may require proof of privately owned automobile insurance and possession of a valid California Motor Vehicle operator's license which must be maintained for the duration of the assignment.

Fingerprint clearance by both the Federal Bureau of Investigation and the California Department of Justice is a condition of appointment after all other required job conditions have been met.

Must present verification of completion of Child Abuse Mandated Reporter training or obtain verification within six (6) weeks of hire and annually thereafter, as required by the California Child Abuse and Neglect Reporting Act.

This position is overtime exempt and has a probationary period of six months.

RT: rn

7/20/2020

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