



## CLAIMS TECHNICIAN II

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<b>Position Status:</b>	Non-Exempt
<b>Reports To:</b>	Claims Supervisor
<b>Effective Date:</b>	04/19/00
<b>Revised Date:</b>	04/17/25
<b>Job Level:</b>	S2

### POSITION SUMMARY

Under general supervision, this position:

1. Verifies, validates, processes, and adjudicates Level I and II claim types
2. Performs claims data entry
3. Performs other duties as assigned

### DISTINGUISHING CHARACTERISTICS

The Claims Technician II is the full working level in the Claims Technician series and is distinguished from the lower, entry and first working level Claims Technician I by the former's responsibility for verifying, processing, and adjudicating both Level I and II claim types. The Claims Technician II is distinguished from the higher, advanced working level Claims Technician III by the latter's responsibility for processing Level III claim types and training and acting as a resource to Claims Technicians I and II.

### RESPONSIBILITIES

1. Verifies, validates, processes, and adjudicates Level I and II claim types, with duties including but not limited to:
  - Processing Level I and II claim types
  - Applying correct procedural codes, modifiers, manual pricing, coordination of benefits, and billing limits, with appropriate payment status and override notation, as instructed and per established procedures
  - Applying standards and ensuring accuracy in pending and releasing claims from pend edits
  - Ensuring proper application of program policy related to claim entry and review
  - Applying payment rules per provider and health plan contracts
  - Researching claims history for duplicates and consideration of benefits and frequency limits
  - Processing corrected claims
  - Assisting with reverse and correct functions, pre-check run reports, system testing, and process workflow updates
  - Performing claims and authorization research, such as reviewing Referral Authorization Forms and Treatment Authorization Requests
  - Assisting with review of pre-check run reports
  - Learning to process high-level claim types, as assigned
  - May assist with training other Claims Technicians on special claims types
2. Performs claims data entry, with duties including but not limited to:
  - Entering claims data into header and detail screens within the Alliance operating system
  - Verifying the accuracy of the data entry performed by internal staff and providers
  - Identifying and correcting data entry mistakes, as needed

- Searching and manually selecting member and provider records based on information submitted on claim to verify accuracy of data entry
- Determining if the claim is clean/complete or not and making a determination to deny or reject claims based on Medi-Cal and Alliance guidelines
- Performing data entry of long-term care and other claims
- May perform any of the duties associated with the Claims Technician I classification, as assigned

3. Performs other duties as assigned

## EDUCATION AND EXPERIENCE

- High school diploma or equivalent and a minimum of two years of administrative experience, including one year of medical claims processing or medical billing experience; or an equivalent combination of education and experience may be qualifying

## KNOWLEDGE, SKILLS, AND ABILITIES

- Working knowledge of medical terminology and related procedure and diagnostic coding, such as Current Procedural Terminology (CPT), International Classification of Diseases (ICD), and Healthcare Common Procedure Coding System (HCPCS), including knowledge of how to access available resource tools
- Working knowledge of medical insurance Explanation of Benefits
- Working knowledge of and ability to operate general office equipment, such as computer, telephone, copier, scanner, and fax
- Working knowledge of proper grammar, spelling, punctuation, and formatting
- Working knowledge of the principles and practices of customer service
- Some knowledge of and proficiency with Windows-based PC systems, including Microsoft Word, Excel, and Outlook
- Ability to utilize a variety of computer systems, including Alliance systems and external web sites and databases
- Ability to keep current on claims processing practices and procedures
- Ability to read and understand medical insurance Explanation of Benefits
- Ability to understand and communicate the complex operations and processes of the Alliance, particularly those related to Claims
- Ability to demonstrate strong organizational skills and attention to detail
- Ability to interpret, apply, and explain processes, policies, and procedures
- Ability to document, summarize and resolve routine issues and recognize those issues requiring escalation to a higher-level staff member
- Ability to identify issues, conduct basic research, and interpret information and data
- Ability to perform basic mathematical calculations
- Ability to assist with training and cross-training other Claims Technicians
- Ability to produce accurate, precise, and quality work in a fast-paced work environment with competing demands
- Ability to meet departmental standards related to work unit per hour based on claim type and maintain audit errors at a rate of less than 3% quarterly
- Ability to work independently with minimal supervision and as a member of a team

## DESIRABLE QUALIFICATIONS

- Working knowledge of the Medi-Cal program and related regulations

## WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift, and carry objects of varying size weighing up to 10 pounds
- Ability to work effectively in a remote work environment
- Ability to travel to various locations in the course of work

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*This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.*