

ORANGE COUNTY CLASS SPECIFICATION

TITLE: FEE NEGOTIATOR **GRADE:** 8
TITLE ABBREVIATION: FEE NEGOTIATOR **TITLE NO.:** 6405
JURIS. CL: C **SALARY CODE:** 01 **EEO CODE:** AS **FLSA CODE:** NE
DEPARTMENT: MENTAL HEALTH **DIVISION:** ADMINISTRATION
SUPERVISOR'S TITLE: OUT-PATIENT CLINIC DIRECTOR

DISTINGUISHING FEATURES OF THE CLASS: The work involves responsibility for the complete processing of insurance claims for the Mental Health Department utilizing the department's computerized billing system. The work is carried out in accordance with well-established procedures, policies and guidelines and involves interviewing and reviewing financial background data to determine payment for services rendered. The work further involves coordinating claim processing with social services agencies, insurance companies and employers. Work is performed under general supervision of the Out-Patient Clinic Director with leeway allowed for exercise of independent judgment in carrying out the details of the work. Does related work as required.

TYPICAL WORK ACTIVITIES:

1. Interviews clients for determining financial status and makes initial evaluation of available resources;
2. Determines the appropriate client fees based on criteria such as income, household expenses, family composition, etc;
3. Investigates the availability and proper utilization of third party insurance;
4. Utilizes a computerized billing system to process Medicaid, third party insurance and individual billings, in connection with payment for mental health services delivered;
5. Reviews and studies documents in files to verify information provided by clients and answers questions from within the department or legitimately interested parties outside the department;
6. Maintains ledgers and files of claims submitted to insurance companies;
7. Prepares follow-up correspondence in relation to pending insurance claims;

8. Prepares statistical and control reports as required;
9. May perform office reception work, screening clients, verifying appointments, answering telephone inquiries, etc.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES, AND PERSONAL

CHARACTERISTICS: Good knowledge of the methods and procedures used in evaluating financial claims; good knowledge of health insurance forms and procedures; working knowledge of computerized billing software; working knowledge of medical office terminology; ability to gather and analyze facts and to make determinations as to the financial resources available for payment; skill in the use of computers; ability to establish and maintain successful working relationships with others; ability to interview clients effectively; ability to understand and follow oral and written instructions; good judgment; tact; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Either

- (A) Completion of a minimum of 60 credits in a regionally accredited college or university or one accredited by the New York State Board of Regents to grant degrees; OR
- (B) Graduation from high school or possession of a high school equivalency diploma and two (2) years experience in examining, investigating or evaluating claims for insurance, financial eligibility or a program operating under established criteria; OR
- (C) An equivalent combination of training and experience as defined by the limits of (A) and (B).

06/02/06