



## Cayuga County Department of Human Resources and Civil Service Commission

### JOB SPECIFICATION

Civil Service Title:	<b>HEALTHCARE PLAN ADMINISTRATOR, PT</b>
Jurisdictional Class:	Competitive
Civil Division:	Cayuga-Onondaga BOCES
Adoption: CSM	8/14/96
Revised: CSM	9/11/02

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#### **DISTINGUISHING FEATURES OF THE CLASS:**

This position exists in a BOCES and involves responsibility for administration of the self-funded cooperative health insurance plan to active employees and retirees of member school districts. The incumbent serves as liaison between Plan contractors and provision of services to member schools in development and analyzing of health care services. Work is performed under the general supervision of the Assistant Superintendent. Does related work as required.

#### **TYPICAL WORK ACTIVITIES: (Illustrative Only)**

Provides guidance and advice to member school districts regarding the terms and options of health benefits and general information concerning health insurance plan;

Provides information on insurance benefits and attempts to resolve any insurance problems as requested by participants;

Reviews the provisions and effectiveness of health insurance plans and programs and makes recommendations for improving services, reducing costs, and developing policies and procedures;

Monitors health insurance plans by reviewing monthly reports, contacting carriers to verify coverage, etc.;

Acts as liaison between the Plan and various health insurance carriers to exchange information and to resolve problems;

Participates in various negotiations with providers to encourage adoption of preventive health programs (e.g. dental, drug, wellness);

Develops newsletters and fliers in order to notify and advise employees, retirees, and dependents about any changes in health insurance plan;

Compiles and analyzes health department and health services statistics and demographic, socio-economic, and financial data to assess need for new or improved health programs;

Confers and maintains liaison with local officials, health committees, health providers, and civic leaders on the status and operations of health service to member school districts;

Assists in the preparation of audits of the Plan;

Acts as liaison with administrators of local hospitals and drug providers on behalf of employees, retirees, and their dependents in order to ensure cooperation with the health plan;

Reviews and analyzes existing insurance policies, rates, and risks to determine adequate coverage, premium savings, and increased deductions;

Prepares agendas for meetings concerning cooperative Healthcare Plan;

Reviews the progress of various health insurance projects and makes oral and written reports on findings;

Reviews new or revised insurance legislation and advises member districts relative to modification of coverage and risk potential;

Develops long-range planning and initiates refinements for the operation of the Healthcare Plan;

Coordinates budget activities including the establishment of premium rates and negotiation of consultant contracts;

Monitors the healthcare field from a medical, insurance, and business view and reports findings and recommendations to the Healthcare Board;

Serves as liaison between contractors employed by the Plan;

Coordinates relationships between the Healthcare Plan and federal, state, and local entities;

Conducts periodic meetings of the Insurance Committee.

**FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES, PERSONAL CHARACTERISTICS:**

Good knowledge of practices, procedures, and terms used in insurance claims administration;  
Good knowledge of the principles and practices of insurance, including the various types of liability coverage;  
Good knowledge of laws, rules, and regulations related to health insurance plan administration;  
Good knowledge of the principles, methods, and terminology used in public health care insurance planning;  
Ability to read, comprehend, and explain the language of complex insurance coverage and policies;  
Working knowledge of the principles and practices of office management, including knowledge of personnel methods and procedures, organization, reporting, and communication;  
Working knowledge of insurance risk management;  
Working knowledge of private insurance carrier claim procedures;  
Ability to understand and interpret insurance policies and terms;  
Ability to collect and analyze insurance risk data and recommend coverage modification for cost effectiveness;  
Ability to communicate orally or in writing in a clear concise manner;  
Ability to establish and maintain cooperative working relationships with others.

**MINIMUM QUALIFICATIONS:**

EITHER:

- (A) Graduation from a regionally accredited or New York State registered 4-year college or university with a Bachelor's Degree in Business Administration, Business Management, Health Administration, Healthcare Management, Insurance Management, or related field AND 3 years of experience in insurance claims management, or insurance plan administration; OR
- (B) Graduation from a regionally accredited or New York State registered 4-year college or university with a Bachelor's Degree AND 4 years of experience as outlined in (A) above; OR
- (C) An equivalent combination of experience and training as defined by the limits of (A) and (B) above.