

**Title:** Health Benefits Coordinator  
**PG:** 54  
**Status:** Civil Service  
**Position Reports to:** Director of Risk Management  
**Department:** Risk Management

**Class Code:** 2084  
**Date:** 09/08

**GENERAL DESCRIPTION OF CLASS:**

This is professional work in the coordination of insurance matters made under the City's various insurance programs for employees. An employee in this classification works with employees and retirees concerning their insurance benefits and supervises plan enrollment, changes, adjustments, seminars, screenings and verifications. Coordinates with third party administrators, actuaries, and medical review agencies. Employee has wide latitude for independent action in the performance of assigned duties and is expected to carry all functions through to completion with a minimum of supervision. Responsible for updating Risk Manager as to the financial status of City Health Plan.

**ESSENTIAL FUNCTIONS:**

1. Functions as liaison between the City's health care insurance programs, physicians, and medical facilities.
2. Supervises a quality assurance program.
3. Functions as HIPAA Privacy Officer.
4. Provides insurance benefit counseling to employees and retirees.
5. Files death claims and disability waivers under the group life insurance program and salary continuance program.
6. Coordinates member communication activities.
7. Recommends changes in the insurance program as necessary.
8. Coordinates the bidding and renewal of Group Long Term Disability, Life, Health, Vision and Dental insurances.

**ADDITIONAL RESPONSIBILITIES:**

1. Performs related work as required.

**KNOWLEDGE, SKILLS & ABILITIES:**

1. Thorough knowledge of insurance coverage and claims administration of self-insured programs.
2. Knowledge of the Health Insurance Portability and Accountability Act (HIPAA).
3. Ability to formulate and execute insurance plans and perform health insurance audits.
4. Ability to communicate effectively both orally and in writing.
5. Ability to analyze and solve complex problems.
6. Ability to establish and maintain effective working relationships with co-workers, other City employees and the general public.
7. Ability to prepare and analyze Requests for Proposals for related benefits and third party administrators.

**WORKING ENVIRONMENT/CONDITIONS:**

Requires sedentary work that involves walking or standing some of the time, exerting up to 10 pounds of force on a recurring basis, routine keyboard operations.  
The job risks exposure to no significant environmental hazards.  
The job requires normal visual acuity, and field of vision, hearing, speaking, color perception, sense of smell, depth perception, and texture perception.

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**QUALIFICATIONS (EDUCATION, TRAINING, AND EXPERIENCE):**

1. Graduation from an accredited four (4) year college or university with major course work in insurance, public administration, business administration, or a related field.
2. Five (5) years of quality assurance and utilization management experience with a health care provider.
3. An equivalent combination of education and experience that is determined to be directly related to the foregoing specific requirements may be substituted.
4. Completion of City University level one (1) or completion within twelve (12) months.

**SPECIAL REQUIREMENTS:**

1. Must possess a valid state of Florida driver's license.
2. Must maintain a valid home telephone number.
3. May be required to work overtime, or alternate hours, as necessary for the efficient operation of the department. Position may be designated as Mission Critical by Department Director.