

Code: 1105

Title: MEDICAL CLAIMS EXAMINER I

SUMMARY: Processes medical claims documentation by verifying and entering claims information into a computerized system payable to medical providers for services rendered to Pima Health System members.

DUTIES/RESPONSIBILITIES: (Work assignments may vary depending on the department's needs and will be communicated to the applicant or incumbent by the supervisor.)

Processes payments for medical claims and resolves any discrepancies, within the scope of authority, with department and/or outside agency in compliance with applicable Federal and State statutes and regulations and County and department (i.e., HCFA, AHCCCS, PHS) policies; Reviews, verifies, logs and stamps medical claim documentation submitted by a department and/or outside agency for accuracy, validity, coding and adherence to rules, policies and procedures and regulations;

Interprets and enters information from a variety of source documents (i.e., HCFA 1500s, Dental, and UB 92s) into a database system and adjudicates claims;

Evaluates, adjusts, denies and/or pays medical claims in compliance with applicable Federal and State statutes and regulations and County and department (i.e., HCFA, AHCCCS, PHS) policies;

Verifies the accuracy and completeness of data entry made by other staff and identifies errors and discrepancies and reports to supervisor;

Verifies claims historical data and processes adjustments in compliance with applicable Federal and State statutes and regulations and County and department (i.e., HCFA, AHCCCS, PHS) policies;

Balances processed medical claims with appropriate reports and printouts;

Reviews contract information relative to medical claims processing to determine whether claims can be processed according to and within the guidelines of the contract/agreement;

Assists in the development of new unit operating procedures and/or reviews and makes suggestions for changes to existing unit policies and procedures;

Assists in the preparation of correspondence in response to queries concerning medical claims;

Assures that authorization number matches medical claim.

KNOWLEDGE & SKILLS:

Knowledge of:

- CPT-4, NDC, HCPC, ICD-9 and Revenue coding and medical terminology;
- medical billing involving diagnostic and procedural coding (UB-92, HCFA 1500, and Dental form);
- AHCCCS rules and regulations as applied to processing medical claims;
- principles and techniques of data entry in alphabetic and numeric data entry systems;
- principles of troubleshooting, researching, prioritizing, verifying accuracy and applying source materials;
- effective communication and techniques for area of assignment;
- basic accounting principles and practices.

Skill in:

- interpreting codes and medical terminology;
- use of alphabetic and numeric data entry equipment and systems applicable to area of assignment;
- organizing, examining, revising, verifying and entering claim information;
- principles and application of arithmetic calculations;
- operating 10-key calculator by touch;
- communicating effectively, orally and in writing.

MINIMUM QUALIFICATIONS: EITHER:

(1) Two years of experience in the processing or billing of medical claims in the healthcare industry which included the use of computerized systems.

OR:

(2) One year of experience as a Medical Business Office Support Specialist with Pima County.

OR:

(3) Two years of experience as a Data Entry Specialist with Pima County in a medical setting working with medical coding (CPT - 4, NDC, HCPC, ICD-9) and revenue coding and medical terminology.

OTHER REQUIREMENTS:

Physical/Sensory Requirements: Physical and sensory abilities will be determined by position.

This class specification is intended to indicate the basic nature of positions allocated to the class and examples of typical duties that may be assigned. It does not imply that all positions within the class perform all of the duties listed, nor does it necessarily list all possible duties that may be assigned.