

Code: 1106

Title: MEDICAL CLAIMS EXAMINER II

SUMMARY: Supervises Medical Claims Examiners and participates in the processing of medical claims payable for Pima County members/clients and provides research and technical expertise to complex or problem claims.

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

Supervises and participates in the activities involved in reviewing, verifying, and processing medical claims documentation for accuracy, coding and adherence to policies and procedures and rules and regulations; Evaluates employee performance, makes recommendations on hiring, termination and related personnel activities, and initiates progressive discipline process as necessary; Researches, verifies, and processes resubmitted and/or problem claims according to and within the guidelines of the contract/agreement and in compliance with applicable Federal and State statutes and regulations and County and department (i.e., HCFA, AHCCCS, PHS, DIH) policies; Researches, verifies and makes adjustments to claims and/or authorizes or denies claims in accordance with and within the guidelines of the contract/agreement, and in compliance with applicable Federal and State statutes and regulations and County and department policies and procedures; Trains, assigns work to, and reviews work performance of claims staff; Responds to inquiries made by medical providers, outside agencies, staff and provides information and resolves problems which require explanation of County, Departmental, or program rules and policies or refers questions to appropriate staff; Conducts pre- and post-payment review of claims for accuracy and adherence to policies and procedures; Participates in the evaluation of new contractual guidelines by conducting testing to ensure that claims may be processed accurately and in a timely manner, in accordance to and within the guidelines of the new contract/agreement, and in compliance with applicable Federal and State statutes and regulations and County and department policies and procedures; Participates in the development of new unit operating procedures and/or reviews and makes recommendations or changes to existing unit policies and procedures; Compiles statistical and operational data, to include trends, and prepares periodic, narrative, and special reports regarding claims activity; Processes payments for medical claims and resolves any discrepancies 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, DIH) 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 (e.g., HCFA 1500s, Dental, and UB-92s) into a database system and adjudicates claims.

KNOWLEDGE & SKILLS:

Knowledge of:

- AHCCCS rules and regulations as applied to processing medical claims;
- CPT-4, NDC, HCPC, ICD-9 and Revenue coding and medical terminology;
- UB-92, HCFA 1500, and Dental claims and other medical claims;
- principles of troubleshooting, researching, prioritizing, verifying accuracy and applying source materials;

- effective communication, orally and in writing;
- the principles and practices of employee supervision, training and evaluation;
- basic accounting principles and practices;
- automated system hardware, data entry operations, and system procedures;
- applications of automated information systems.

Skill in:

- interpreting codes and medical terminology;
- use of alphabetic and numeric data entry equipment and computer systems applicable to area of assignment;
- ensuring accuracy, completeness and application of data source materials;
- principles and application of arithmetic calculations;
- training and monitoring of staff in data input and verification procedures;
- planning, assigning, and reviewing the work of staff;
- evaluation, analysis and decision-making;
- Operating 10-key calculator by touch;
- communicating effectively, orally and in writing;
- writing technical information for training purposes.

MINIMUM QUALIFICATIONS:

EITHER:

(1) Three years of experience processing medical claims and one year of lead or supervisory experience.

OR:

(2) Two years of experience with Pima County as a Medical Claims Examiner I and one year of lead or supervisory experience in a medical claims processing setting (which may be concurrent with required general experience.)

OR:

(3) Three years of experience with Pima County as a Medical Business Office Support Specialist, which included the billing or processing of medical claims and one year of lead or supervisory experience in a medical claims processing setting (which may be concurrent with required general experience.).

OTHER REQUIREMENTS:

Special Notice Items: Some positions may require satisfactory completion of a background investigation by law enforcement agencies, due to need for access to law enforcement, corrections, detention and courts facilities or associated confidential or sensitive information, documents, communications systems and like materials.

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.