

Code: 1108

Title: MEDICAL CLAIMS MANAGER

SUMMARY: Manages, organizes, monitors and participates in administrative and operational activities associated with the Medical Claims Division within Pima County's managed care Health Maintenance Organization (HMO). Supervises staff and performs related community relations activities in compliance with state and federal guidelines and contract requirements.

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

Manages, organizes and administers the activities involving the medical claims (AHCCCS & ALTCS Medicaid) payment system in the Medical Claims Division within the Pima County's managed care HMO and coordinates with other departmental sections/divisions (Information Technology, Utilization Management, etc.);

Manages the Medical Claims Division activities and evaluates effectiveness and success as it relates to state and federal regulations and contract requirements;

Develops and establishes the Medical Claims Division short and long-range goals and objectives;

Manages, trains and evaluates staff, determines work assignments and priorities, conducts personnel selection and reviews work of staff to ensure accuracy of documents and adherence to policy;

Develops and implements departmental policies and procedures pertaining to claims processing, encounter processing and remediation, training and payment procedures ensuring compliance with state and federal rules and regulations;

Ensures the medical claims processing and payment system is updated to capture legislative, coding and benefit changes as communicated by legislative bodies, AHCCCS or the Center for Medicare and Medicaid Services (CMS);

Manages quality assurance and troubleshooting activities of the medical claims processing and payment system;

Develops and implements training and informational materials to promote accurate understanding of the division's activities, services, and requirements by external providers and other internal departments or sections;

Establishes and maintains liaison relationships in coordination with other County departments and other outside agencies, organizations and groups;

Represents the department at various meetings, conferences, or on committees and either gathers or provides information relative to work section responsibilities for internal or external customers in compliance with contract requirements;

Reviews contracts and monitors contractor performance and ensures that adequate and appropriate billing and payment provisions are adhered to and provides training as needed or required to meet the standards outlined in the contract;

Implements timely and effective communication to medical providers regarding billing standards and AHCCCS billing policy changes;

Develops the Medical Claims Division's budget;

Ensures accurate and timely preparation and submission of monthly, quarterly and ad hoc, routine and special program status reports for federal and state agencies as required by the AHCCCS contract;

Develops division related studies, analyzes data and prepares written reports, recommendations, activity reports and statistical materials for senior management review;

Creates and maintains specialized databases containing unit specific information to record activity or generate reports;

Participates in the preparation of documents related to the Operational and Financial Review (OFR) as conducted by AHCCCS, the annual audit of financial statements as conducted by the Office of the Auditor General (OAG) and the preparation of the contract bid documents when a Request for Proposals (RFP) is issued by AHCCCS.

KNOWLEDGE & SKILLS:

Knowledge of:

- . principles and practices of business administration;
- . managing system interfaces and edit requirements;
- . AHCCCS rules and regulations as applied to the processing and payment of medical claims;
- . medical terminology (i.e., CPT-4, IDC-9, NDC, HCPC) and revenue coding;
- . principles and practices of effective supervision;
- . data and statistical analysis techniques and application to planning studies and projects;
- . laws, regulations, statutes, policies, and procedures (county/state/federal) pertaining to medical claims;
- . applications of automated information systems;
- . principles and techniques of effective communication, both written and oral;
- . budgeting and fiscal accountability.

Skill in:

- . planning and coordinating administrative services and unit activities;
- . reviewing, evaluating, and interpreting contractual agreements and monitoring compliance;
- . establishing and maintaining effective working relationships with governmental agencies, community, and special interest groups;
- . supervising, training, and evaluating personnel;
- . identifying needs and developing and implementing processes to meet those needs;
- . interpreting and applying statutes, regulations, policies, and procedures;
- . data analysis and report preparation;
- . communicating effectively;
- . use of automated information systems to maintain or produce data.

MINIMUM QUALIFICATIONS:

EITHER:

(1) Six years of experience coordinating, monitoring, administering, auditing and processing and/or supervising the processing or billing of medical claims, which included at least two years of managerial or supervisory experience. (A Bachelor's degree from an accredited college or university with a major in public or business administration, management, finance or accounting may substitute for 4 years of the required general experience. A Master's degree from an accredited college or university with a major in public or business administration, management, finance or accounting may substitute for one year of the required supervisory/managerial experience.)

OR:

(2) Four years of experience with Pima County as a Medical Claims Examiner I or II or Medical Business Office Support Specialist (or combination of experience in two or more of the cited classifications) and two years of lead or supervisory experience in a medical claims processing setting.

OTHER REQUIREMENTS:

Licenses and Certificates: Some positions may require a valid Arizona Class D Driver's License at the time of appointment or prior to completion of probation.

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