MEDICAL CLAIMS SERVICE SPECIALIST

SCOPE OF WORK:

Work involves processing a variety of medical claims submitted by enrolled in-state and out-of-state providers.

DUTIES PERFORMED AT ALL LEVELS:

- Research relevant information from multiple sources to adjudicate claims.
- Review and adjudicate initial claims and adjustments submitted for payment; make determination to pay, deny, or suspend for additional information according to federal and state laws, guidelines, policies, and procedures.
- Respond to questions from providers and recipients about the status of claims.
- Review, enter, approve, track, and maintain reports utilized in the adjudication of claims; update payment rate changes.
- Refer claims for further review if necessary.
- Maintain a variety of files and data.

NOTE: The duties listed are not intended to be all-inclusive. Duties assigned any individual employee are at the discretion of the appointing authority.

MEDICAL CLAIMS SERVICE SPECIALIST I 0205

GRADE E

LEVEL DEFINITION:

Positions at this level process claims and/or reports independently under general supervision.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- None

MINIMUM QUALIFICATIONS:

High school diploma or GED and two years of claims processing work experience or three years of related administrative support work experience.

MEDICAL CLAIMS SERVICE SPECIALIST II 0206

GRADE F

LEVEL DEFINITION:

Positions at this level serve as lead workers.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- Update processing manuals; identify processing issues and develop action plans to improve claims processing outcomes.
- Conduct quality assurance reviews on random cases for each staff member.
- Respond to questions from staff members.
- Manage difficult or complicated cases; respond to escalated provider issues and disagreements; refer escalated cases to supervisor for resolution.
- Assist with supervision of staff within the unit: monitor and track hours, overtime, and leave requests; check timesheets and submit to supervisor; review performance data from reports; provide input to staff evaluations; assist with developing and reviewing training plans.
- Collaborate with other lead workers to meet business needs.
- Respond to claims policy questions; recommend policy changes based on information from providers and other stakeholders.

MINIMUM QUALIFICATIONS:

High school diploma or GED and five years of medical claims processing work experience.

Eff. Date: February 2013 – replaces Medical Claims Processing Specialist series (0201-0203)