

MEDICAL CLAIMS TECHNICIAN 1

KIND OF WORK

Entry-level para-professional work in the medical claims reimbursement process.

NATURE AND PURPOSE

An employee in this class provides difficult clerical and eligibility verification services in the medical assistance process. Work includes review, investigation, verification and payment for services rendered by medical providers to eligible recipients. The employee is required to communicate with providers, recipients, and county social service agencies to explain the rules, regulations, and processing or reimbursement payments.

Duties and responsibilities are executed with minimal supervision as strong procedural control prescribes the actions taken and ultimate eligibility decisions made. Exceptional situations are remanded to a higher level technician for action.

EXAMPLES OF WORK (A position may not include all the work examples given, nor does the list include all that may be assigned.)

Verifies claimant eligibility based on state and federal rules and regulations.

Investigates issues on rejected payments.

Monitors and corrects repetitive errors in the billing process.

Communicates with claimants, providers and local welfare agencies to explain statute, rules and coding procedures relevant to the medical assistance billing process.

Codes, verifies, and monitors information submitted for inclusion into a computer data base.

Completes the invoicing process for providers from other states.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED

Knowledge of:

Working knowledge of federal and state medical assistance program reimbursement regulations.

Working knowledge of manual and computer filing techniques.

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Working knowledge of medical terminology and billing procedures.

Working knowledge of business English, spelling and mathematics.

Ability to:

Apply and translate verbal or narrative descriptions of medical diagnosis into program code.

Apply medical assistance rules and regulations so as to render eligibility verifications.

Communicate effectively with claimants, providers and welfare organizations.

Examine and resolve problems in a structured reimbursement system.

Est.: 7/74 T.C.: 8/81

Ckd.: 11/92 Former Title(s): Medical Claims Technician I

Rev.: 12/76, 6/78