DESCRIPTION: Under limited supervision, supervises medical claims investigators and/or payment processing staff and support positions involved in investigating third party liability claims and processing Medicaid/Medicare claims and payments. Processes complex payments, provides information, and resolves problems pertinent to services provided to agency clients; monitors various reports to assure the timely and accurate processing of information. Performs related work as assigned.

EXAMPLES OF WORK: (A position may not be assigned all the duties listed, nor do these examples include all the duties that may be assigned.)

Plans, assigns, and directs the work activities of medical claims investigators and/or payment processing staff and support staff to facilitate the attainment of work goals, to ensure the consistent application of administrative and program policies, procedures, and standards, and to facilitate coordination of the responsible Office with other Unit programs and agency activities.

Reviews work performance and/or products of staff to determine and recommend personnel actions such as appointment, promotions, disciplinary actions, grievance, disposition status changes and separations to agency management staff, to identify employee training needs and to improve career advancement potential.

Trains staff in the policies and procedures of Medicaid/Medicare payment processing to maintain and/or improve the performance levels of employees through exposure to job knowledge and abilities necessary to perform the work in accordance with established performance standards.

Determines the extent/source of third party liability for medical claims payments and determines if third party payment was utilized to the fullest extent.

Confers with the Legal Division to identify and monitor situations where the legal subrogation process is appropriate. Attends hearings and court proceedings in order to protect the Division's right of subrogation.

Confers with medical providers, attorneys and agency staff to determine the accuracy, completeness and appropriateness of medical claims in questions and to ensure established policies/procedures are followed to recover payments for medical expenses when it is determined that Title XIX payment was made before other third party resources were exhausted.

Reviews computer error claim reports and information prepared by support staff to ensure that paperwork was properly completed and/or questions regarding claims or payments were properly addressed.

Monitors correspondence and refers it to other staff for reply or collect background information and writes appropriate responses to ensure proper disposition of inquiries.

Monitors the Office's progress toward meeting established goals and objectives by compiling, reviewing, and assessing reports and records to identify the cause and impact of delay or other problems.

Identifies claims billing practices of service providers and agency policies, procedures, and guidelines which appear to result in payment of unnecessary, inappropriate, or fraudulent claims to inform agency staff of the payment of such claims and to facilitate the development of policies and procedures which eliminate the payment of unnecessary, inappropriate, or fraudulent claims.

Answers telephone or written inquiries from social service providers, medical providers, county officials, other agency representatives, and recipients regarding provider services, discrepancies in grant payments.

Evaluates current/proposed policies, procedures and processes pertinent to administrative support and/or program operations to determine their utility and effectiveness. Recommends the development of new/revised procedures and responds to policy changes affecting Medicaid claims processing, which may involve third party payment or investigations.

Explains to providers and clients the Medicaid/Medicare payment process, completion of forms, eligibility requirements, and other aspects of the claims handling or client payment process which may be answered with specific reference to established policies and procedures.

Interprets administrative policies, procedures, and processes to division staff, State and local officials, and the public to answer their inquiries and to ensure proper application of these directives and processes.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED: (These are needed to perform the work assigned.)

Knowledge of: the principles and techniques of supervision; general claims/forms receipt and processing techniques; insurance/third party billing and claims reimbursement; insurance principles and policies; Medicaid and associated Medicare payment regulations; investigative methods; medically related terminology; the practices, procedures, and equipment used in office support operations; basic accounting principles.

Ability to: manage human resources; plan, assign, direct and evaluate the work of staff; code and index material, file and retrieve records/documents according to an established system; identify similarities and differences between two or more sets of data; communicate with service providers, agency staff, public officials, and the public; understand and apply instructions, compute solutions to arithmetic problems involving the use of addition, subtraction, multiplication and division of whole numbers and decimal figures; operate office equipment; process complex payments according to policies and procedures of the employing agency.

MINIMUM QUALIFICATIONS: (Applicants will be screened for possession of these qualifications. Applicants who need accommodation in the selection process should request this in advance.)

Post high school coursework/training in business administration, public administration, office management, accounting, management analysis, operations research, program evaluation or related field.

OR

Experience in medical claims processing, third party health insurance, state and federal Medicaid and/or Medicare regulations, or general office, administrative, or technical support work including responsibility for: staff or equipment needs; collecting and interpreting statistical, financial, program, or administrative data, interpreting laws, rules, regulations and processes; reviewing and evaluating administrative records and reports; or supervising office support or technical staff.

SPECIAL NOTE:

State agencies are responsible to evaluate each of their positions to determine their individual overtime eligibility status as required by the Fair Labor Standards Act (FLSA).