Job Class Profile: Medical Claims Assessor II

Pay Level: CG-27 Point Band: 534-577

Factor	Knowledge	Interpersonal Skills	Physical Effort	Concentration	Complexity	Accountability & Decision Making	Impact	Development and Leadership	Environmental Working Conditions	Total Points
Rating	4	4	2	3	3	3	4	1	2	
Points	187	67	13	14	90	65	83	21	21	561

JOB SUMMARY

The Medical Claims Assessor II assesses medical, dental and alternate billing services rendered by providers to residents for treatments performed from within and outside the province as well for non-residents who receive such services within the province.

Key and Periodic Activities

- Assesses Fee-For-Service, Out-of-Province medical and dental claims which have been rejected on computerized assessment rules.
- Assesses the Alternate Billing Arrangements for claims assessment due to higher monetary value.
- Assesses beneficiary claims for medical and dental services received while outside the province or country.
- Provides assistance to beneficiaries/physicians on inquiries they may have pertaining to coverage, billing, payment information through the on-line computer and telephone systems, e-mail, as well as, providing written correspondence to providers regarding billing issues for promptness of payment.
- Assesses documentation received from physicians/beneficiaries that require further assessment for claims submitted. This would include the reading of operative reports and/or record of services and referring to the senior assessor if necessary.
- Assesses claims submitted by beneficiaries for medical and dental services provided by opted-out providers.
- Provides detailed tutorials and billing staff concerning claim submission procedures and related assessment rules and policies through personal, video and telephone contact.
- Provides assistance to physicians/beneficiaries who require additional assistance for completion of forms.
- Provides assistance to lower level Assessors in preparing out-of-province and opted-out claims.
- Provides information to the Medical Affairs & Training Division to assist in problem solving on rules, reason codes and alternate billing issues.
- Provides guidance to students who require on-the-job training, as well as training new assessment staff when required.

SKILL

Knowledge

General and Specific Knowledge:

— Knowledge of the assessing, processing and payment systems as well as familiarity with assessment rules, user guides, payment schedules and MCP policies.

— Knowledge of microcomputer operations and application programs.

Formal Education and/or Certification(s):

— Minimum: 2 Year Specialized Post Secondary Diploma in Office, Business or Information Technology supplemented by completion of course work in medical, dental terminology, anatomy and physiology.

Years of Experience:

— Minimum: 2-3 years of related job experience.

Competencies:

— Organizational and analytical skills.

Interpersonal Skills

— Work requires both oral and written communication skills to maintains contact with beneficiaries, hospital services divisions and health authorities to discuss and gather information which is highly confidential and sensitive regarding claim assessments, and to deal with physicians or beneficiaries who may have had a claim assessed incorrectly or do not agree with the assessment that has taken place.

— The most significant contacts include: Physicians regarding claims submitted for payment or inquiries they may have regarding payment issues on Fee-For-Service, Alternate Billing, Out-of-Province, and MCP policies regarding submissions of claims; Beneficiaries to provide assistance regarding the reimbursement of claims through the Out-Of-Province, Out-Of-Country claims that have been submitted for payment and for in-province opted-out provide reimbursement; and Provincial Health Authorities/Out of Country Heath Authorities/Insurance Companies/Department of Health regarding assessment of claims from beneficiaries who have had in-hospital services in conjunction with provider services.

EFFORT

Physical Effort

— The demands of the job do not generally result in fatigue, requiring periods of rest.

— Constantly is required to lift objects less than 10 lbs.

— Assessing a high volume of claims requires sitting for long periods of time but there is freedom to move about. This work also requires repetitive use of the keyboard.

— Occasionally required to carry manuals throughout the office for tutorials.

Concentration

— **Visua**l concentration and **eye/hand coordination** are required while processing claims whether through paper or computer generated reports.

— A high degree of **auditory** concentration is required during telephone contact with provider,

beneficiaries, billing clerks and other departmental individuals.

— **Repetition requiring alertness** is required in processing of claims.

— Assessing claims for payment is **time sensitive** while the nature of work is such that there are a high volume of telephone calls or counter inquiries.

— There are typically periods within the year where the volume is higher (i.e. vacation time, staff shortages, etc.). These events can result in a **lack of control over the work pace**.

Complexity

— Work involves a series of tasks and activities that are different but allow the use of similar skills and knowledge.

— Work tasks are generally repetitive/well defined but some may be different but related.

— Typical challenges include periods of higher than normal volume of claims and processing claims where language translation is required.

— Available references include Medical Care Plan (MCP) Policy Manual, MCP Payment Schedule, User Guides for Physicians, Dental Payment Schedules, Surgical Dental Payment Schedule and Medical Payment Schedules for all Health Authorities throughout Canada.

RESPONSIBILITY

Accountability and Decision-Making

— Work tasks are highly monitored and controlled.

— Can makes final decisions for claim assessment based on information received from providers without formal approval.

— The more complex assessments are referred to the more senior staff for final decision and approval.

— Decisions are typically made in accordance with guidelines and schedules, however there is a level of discretion and judgement exercised within those limits.

Impact

— Work tasks and activities are felt both internally and external to the organization.

— The processing of claims directly impacts the pay or reduction of payments to providers.

— Internally, incomplete or incorrect assessments results in the need to conduct further assessments impacting on internal resources.

— The controls in place and the structured nature of the assessment process minimizes the impact of errors.

Development and Leadership of Others

— Does not have full time responsibility for the direct supervision of staff and does not function in a team leader or project leader role.

— Is expected to provide advice and some guidance to new employees and to advise/educate physicians and their billing staff regarding the claims process.

WORKING CONDITIONS

Environmental Working Conditions

- Special precautions and safety equipment is not required.
- There is a limited likelihood of illness or injury if normal precautions are followed.
- Working in an office environment there is occasional exposure to glare from computer screens, unusual or distracting noise, dirt, dust, limited ventilation and possibly working in confining work space and a lack of privacy.