Job Class Profile: Medical Claims Assessor IIIA

Pay Level: CG-29 Point Band: 622-675

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	4	4	4	3	2	
Points	187	67	13	14	120	87	83	64	21	656

JOB SUMMARY

The Medical Claims Assessor IIIA performs highly complex, specialized medical and dental assessments of billings for 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

- Makes final monetary assessing decisions referred by lower level Assessor positions on high value complex claims. Complex claims involve multiple physicians, specialist assistants, multiple procedural fee codes and fees, as well as possible abuse of fee codes.
- Researches and assesses complex out-of-province claims referred and makes recommendation.
- Provides direction and guidance to positions at the Assessor I & II levels. Resolves queries, provides instruction on action to be taken in the handling of difficult or questionable on-line billings, counter calls or telephone inquiries, identifies errors and overrules decisions made by previous assessment of claims.
- Coordinates and assigns duties to lower level Assessors such as opted-out claims, out-of-province/country claims, system generated turn-around-documents/reports, claim adjustments and physician claim status inquiries.
- Reviews completed work by staff for out-of-province, opted-out and on-line medical and dental rejects. Advises of any errors/necessary adjustments that have been identified.
- Assesses all medical and dental claims that have been submitted by physicians for Independent Consideration as these claims always require a manual assessment due to the complex nature.
- Determines any complex claims requiring further assessment by the Assistant Medical Director prior to the weekly video conference.
- Assesses turn-around-documents that have been submitted by physicians/dentists for further review.
- Liaises with the Manager of Medical Affairs regarding issues relating to the Medical Payment Schedule, mainframe system and assessment rules.
- Video conference weekly with the Assistant Medical Director for further assessment of complex claims.

SKILL

Knowledge

General and Specific Knowledge:

— Considerable knowledge of medical terminology, anatomy and physiology.

— Extensive 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: 3-4 years of related job experience.

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Competencies:

— Research, analytical and assessment skills.

Interpersonal Skills

— A range of interpersonal skills are used and include: listening to physicians/billing staff inquiries, general public inquiries, questions from assessment staff in order to provide answers and or direction; asking appropriate questions to obtain required information; communicating complex information and direction to staff resulting from video conferencing; instructing, teaching and training other assessors and physicians on an on-going basis; gaining the cooperation of others to complete work assignments; at times dealing with upset or angry people regarding claim assessments.

— The most significant contacts include: providing advice and guidance to employees: responding to inquiries from clients/patients/general public; and the video conferencing with the Assistant Medical Director and Manager to discuss complex claims.

EFFORT

Physical Effort

— The demands of the position generally do not result in considerable fatigue requiring periods of rest.

— Occasionally would do some light lifting of supplies and materials weighing less than 10lbs.

— The majority of time is spent sitting at a computer performing fine finger/precision work while performing duties but there is freedom to move about.

— Standing, walking, bending or kneeling is occasionally required when retrieving files.

Concentration

— **Visual** concentration is constantly required when assessing system assigned rejected claims. When not on the computer, there is a requirement to read operative reports/records of service.

— Regular **auditory** demands are required when answering inquiries by telephone or in person as

well as obtaining necessary information.

— **Repetition requiring alertness** is sometimes required when assessing a run of claims with recurring fee codes/fees and attached comments.

— The continuous production has regular **deadlines** for the submission of claims for payment and the position would have **lack of control** over incoming calls, inquiries or claims to be assessed.

— **Exact results and precision** is required when assessing claims for final payments to physicians. Calculations of high dollar value are often required.

Complexity

— Work involves a series of tasks and activities that are different but allow for the use of similar skills and knowledge. There are some unrelated tasks as well.

— A typical challenge is the assessment of complex medical claims submitted by a physician for payment. These issues are referred by assessment staff because of the complexities involved and finding a solution is required prior to final payment to the physician. A review of a complex claim can involve multiple surgical procedures and/or multiple specialty physicians. Claims may involve the assessment of procedures for which there are no negotiated procedural fee codes. This type of challenge is a normal course of business. These assessments require extensive knowledge and experience in medical interpretation and application.

— Final assessments are guided by various resources such as the MCP Payment Schedule Preamble, fee schedules of other provincial health care plans, researching surgical procedures, scrutinizing operative reports/procedures/patient history, assessing fees based on statistical history and previously related assessments as well as weekly video conferences with the Assistant Medical Director.

RESPONSIBILITY

Accountability and Decision-Making

— Work tasks and activities are somewhat prescribed and controlled. There are quality control and checks/balances within the organization.

— Without formal approval financial decisions can be made on high dollar value complex claims for final payment by physicians. Payment decisions are made based on physician services rendered. The Medical Care Plan (MCP) payment schedule and preamble will be used as a basis for assessment.

— Discretion is exercised within predetermined limits (i.e. specialist assistant cases must be billed on an independent consideration basis for approval as per the preamble). Discretion is used when determining approval based on operative report, necessity of second surgeon and the nature of the patient's condition. Approval may be given in some cases based on medical necessity.

— A high degree of independent judgement is sometimes used in order to determine final payment.

Impact

— Work generally impacts the immediate work area when an assessment decision is made on a referred claim. These decisions are communicated to the assessment staff for appropriate action.

— When assessments are completed in a timely manner, it results in less claim status checks for the processing department. — Job tasks/activities directly impact physicians' pay and assessment decisions for out of province claims directly affect reimbursement to patients/public. — There are quality control and checks/balances within the organization. Decisions are based on the payment schedule preamble with independent interpretation.
Development and Leadership of Others
— Does not have the full time responsibility for direct supervision. — Provides advice, guidance and direction to lower level Assessor positions. — Provides feedback to staff to keep them informed of the status on all referred matters. — May provide input into staff performance assessments to the Manager of Assessing. — Co-ordinates, assigns and reviews work of lower level Assessors.

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. — Works in an open office environment where occasionally there is exposure to distracting noise, lack of privacy and glare from computers.