

CLASSIFICATION SPECIFICATION

FLSA:	NEXP	Job Code:	ACV32112
Job Class Code:	440	Salary Schedule:	AREG
EEO Category:	05	Grade:	11
Workers Comp Code:	9410		

Job Code Established:	07/25/88	Effective Date:	
Job Code Revised:	05/08/90	Effective Date:	

JOB CODE SERIES: Claims Series

JOB CODE TITLE: CLAIMS SPECIALIST TRAINEE

HRIS TITLE: CLMS SPCT TRNE

WORK DESCRIPTION:

Reviews, edits, verifies routine medical claims for coding and rule compliance; enters claims and corrections into computer; learns to evaluate, deny and/or pay medical claims; assists in the preparation of statistical and narrative claim reports.

WORK ACTIVITIES:

Reviews and corrects routine claims for correct medical codes and provider verification to ensure compliance with policies and procedures.
Edits and/or records routine correction of medical coding.
Identifies and refers incorrect claims to appropriate area for resolving.
Learns to research and correct claims.
Learns to correct routine discrepancies on claims and process corrected claims.
Enters, edits or manipulates records according to standard format on crt.
Checks eligibility or enrollment changes.
Responds in writing to providers or members using form letters.
Confers with supervisor regarding problem clients.
May answer incoming calls regarding questions on routine claims.
Completes special projects assigned.
Performs related work as required.

WORK CONDITIONS: May require long hours of viewing CRT screen.

SUPERVISION: Works under immediate supervision. Training in the area of assignment will provide knowledge and skills required for advancement.

WORK RESULTS/PRODUCTS: Accurate prescreened medical claims; entry of adjudicated claims information and corrections into computer; completed statistical and narrative reports regarding claims activity.

RESPONSIBILITY: For accurate reviewing and editing of claims in compliance with claims processing procedures. Learning to review, correct and adjudicate medical claims; for entry of claims information and corrections; and timely completion of claims reports.

AUTHORITY: To return, accept, revise and/or refer claims in accordance with claims processing rules and AHCCCS policies and procedures. To approve or deny routine medical claims.

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of: AHCCCS rules and regulations as applied to screening/processing medical claims; medical coding used on claims; Medicare reimbursement procedures; basic medical terminology; basic claims processing techniques; diagnostic and procedural coding used on claims; division data information system.

Skill in: operating keyboard; operating ten-key calculator.

Ability to: communicate verbally and in writing; perform basic mathematical calculations; assist with resolving AHCCCS claim edits; review, edit and verify medical claims.