

CLASSIFICATION SPECIFICATION

FLSA:	NEXP	Job Code:	ACV32113
Job Class Code:	440	Salary Schedule:	AREG
EEO Category:	05	Grade:	13
Workers Comp Code:	9410		

Job Code Established:	07/25/88	Effective Date:	
Job Code Revised:	05/08/90	Effective Date:	09/28/92

JOB CODE SERIES: Medical Claims Series

JOB CODE TITLE: CLAIMS SPECIALIST I

HRIS TITLE: CLMS SPCT I

CHARACTERISTICS OF THE CLASS: Works under the general supervision of the Claims Supervisor. Needs supervisory approval on content of written correspondence to providers and members. Refers claims that do not adjudicate as expected. Has the authority to approve or deny medical claims in accordance with AHCCCS rules and regulations; to ensure proper claims adjudication; to correct claim discrepancies; to refer record changes to appropriate area. Works under stringent qualitative and quantitative productivity standards. Reviews, codes and enters claim information and/or corrections into computer; compares and corrects claim activity reports; evaluates, denies and/or pays medical claims; prepares statistical and narrative claim reports. Work product consists of resolved claims; entry of adjudicated claims information, and corrections into computer; completed statistical and narrative reports regarding claims activity. Responsible for review, analysis, correction and adjudication of medical claims; for entry of claims information and corrections; and timely completion of claims reports.

EXAMPLES OF DUTIES: Researches, analyzes, and corrects claims. Researches problem claims to resolve them. Prepares statistical and narrative reports of claims activities. Corrects discrepancies on claims and process corrected claim. Manually estimates prices of claims when claim is not priced. Verifies claims with member enrollment. Tracks claims by using various reports. Enters, edits, or manipulates records according to standard format on CRT. Adjusts claims when other insurance payments are not reported at time of claim submission. Answers telephone calls regarding questions on routine claims. Confers with supervisor regarding problem claims. Completes special reports. Performs related work as required.

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

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: AHCCCS rules and regulations as applied to processing medical claims; medical terminology used on medical claims; basic math; medical claim fee and pricing schedules; diagnostic and procedural coding used on medical claims; division data information system.

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

Ability to: review, edit and verify medical claims; communicate verbally and in writing; perform basic math computations; compare medical codes for accuracy; identify problem claims; resolve AHCCCS claim edits; keying information into computer; the operation of ten-key calculator.