CLASSIFICATION SPECIFICATION

FLSA:	**NEXP**	**Job Code:**	**ACV32114**
Job Class Code:	**440**	**Salary Schedule:**	**AREG**
EEO Category:	**05**	**Grade:**	**15**
Workers Comp Code:	**9410**		
Job Code Established:		**Effective Date:**	
Job Code Revised:	**05/08/90**	**Effective Date:**	**09/28/92**

JOB CODE SERIES: Medical Claims Series

JOB CODE TITLE: CLAIMS SPECIALIST II

HRIS TITLE: CLMS SPCT II

CHARACTERISTICS OF THE CLASS: Works under general supervision, exercising discretion and independent judgment in the application of program rules and regulations; needs supervisory approval on content of training material and written correspondence. Has the authority to provide clarification of AHCCCS claims processing policies and procedures; to analyze monthly reports and develop training material from problem areas found; to correct, approve or deny complex medical claims; to identify and recommend procedural changes. Examines, evaluates, denies and/or pays claims for medical service; develops technical training to AHCCCS staff and service providers. Monitors and evaluates providers' claims work systems. May act as lead worker. Work product consists of providers and AHCCCS personnel trained in technical claims processing procedures. Resolved claims; completed quality control reports. Responsible for accurate and timely claims resolution; for quality of completed work product in a timely manner; for identifying procedural problems and alternatives; for technical claims training.

EXAMPLES OF DUTIES: Trains providers' staff in technical claims processing procedures. Analyzes quality control reports to determine areas of improvement needed. Develops training materials to help resolve claim problems. Represents AHCCCS in plans appeal hearings. Validates, reviews and analyzes claims and statistical data. Adjudicates complex claims. Provides AHCCCS claims policy clarification to providers. Develops and presents training on policies and procedures to providers. Monitors and evaluates providers' staff regarding specific claims problems. Enters, edits, or manipulates records according to standard format on CRT. Authorizes payment of claim upon completion of medical review. Prepares statistical and narrative reports regarding claims activity. Maintains quality control over claims processed. Attends staff meetings. Authorizes debit amount after quality control review. Develops and revises claim forms. Provides claims assistance over the phone to providers. Performs related work as required.

WORK CONDITIONS: May require statewide travel; may require long hours of viewing CRT screen; work under stringent qualitative and quantitative productivity standards.

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; group and individual training techniques; division data information systems; technical and business writing.

Skill in: operating keyboard; operating 10-key calculator.

Ability to: communicate verbally and in writing; perform math computations; compare medical codes for accuracy; identify and resolve problem claims; review, edit and verify medical claims.