

## CLASSIFICATION SPECIFICATION

<b>FLSA:</b>	<b>NEXP</b>	<b>Job Code:</b>	<b>ACV32116</b>
<b>Job Class Code:</b>	<b>440</b>	<b>Salary Schedule:</b>	<b>AREG</b>
<b>EEO Category:</b>	<b>05</b>	<b>Grade:</b>	<b>17</b>
<b>Workers Comp Code:</b>	<b>9410</b>		

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

**JOB CODE SERIES:** Medical Claims Series

**JOB CODE TITLE:** CLAIMS SPECIALIST SUPERVISOR

**HRIS TITLE:** CLMS SPCT SPV

**WORK DESCRIPTION:** Supervises a unit engaged in medical claims processing; performs ongoing evaluation and development of staff; acts as public representative to community; develops and presents educational materials to providers.

**WORK ACTIVITIES:** Devises a schedule of work or itinerary, agenda or time table for subordinates on a daily or weekly basis, within a work unit.

Reads, examines and reviews reports prepared by subordinate workers; makes corrections, adjustments, raises questions, routes back to writer or approves.

Resolves problems and questions presented by subordinate workers regarding work methods and processes.

Trains new workers (on-the-job) to perform tasks that will become part of everyday work routine.

Gathers/analyzes data from manuals, statutes, rule books, codes, and regulations in order to make determinations and decisions.

Explains agency policies, procedures, and practices to applicants, clients, representatives of other agencies, or the public.

Writes reports summarizing data based on statistical compilation, interpretation, analysis, and presentation.

Confers with data processing to help design automated processes.

Plans for better use of material and personnel resources in a work unit; examines materials, confers with superiors and staff; analyzes, evaluates, and makes determinations.

Instructs staff members in proper use of a complex system of methods, procedures, rules, and regulations utilized by the work system.

Reads and interprets State, Federal, and local codes, laws and regulations in order to prepare reports or utilize in work activities.

Confers with other staff members, specialists, consultants, and members of the treatment or training team, discusses, plans and determines courses of action or claims determination.

Confers with complainants or concerned persons and advises them regarding their complaints.

Compiles information for and writes periodic reports on activities of a work unit.

Confers with superior, presents and resolves difficult problems or questions, discusses plans and actions to be taken, makes decisions.

Performs related work as required.

**WORK CONDITIONS:** Statewide travel may be involved.

**SUPERVISION:** Works under limited supervision of Claims Assistant Manager and exercises independent judgment within well defined program parameters.

**WORK RESULTS/PRODUCTS:** Schedule of work assignments and priorities for subordinates; training program for providers' staff including a training manual; claims processing manuals.

**RESPONSIBILITY:** For timely and accurate completion of all projects assigned to the work unit; for scheduling and prioritizing assignments within the work unit; for auditing and monitoring work products of staff; and training AHCCCS and providers' staff on claims processing policies and procedures for claims payment.

**AUTHORITY:** To schedule, prioritize, assign, train, and review the work of staff; approve leave requests; participate in hiring, performance evaluations and disciplinary actions; provide technical assistance to staff; provide training and guidance to AHCCCS providers' staff; effectively recommend claims processing policy and procedural changes.

### **KNOWLEDGE, SKILLS AND ABILITIES**

**Knowledge of:** State and Federal laws, rules, regulations applying to claims management; AHCCCS policies and procedures established for the work system regarding claims processing; medical terminology and coding used on medical claims; group and individual training techniques; division data information system; supervisory concepts, principles and practices; technical and business writing.

**Ability to:** apply work management and leadership principles and practices; communicate verbally and in writing; establish and maintain work relationships with AHCCCS members (clients), providers' staff and employees; review, edit and verify medical claims.