

Job Class Profile: Claims Processor III**Pay Level: CG-28 Point Band: 578-621**

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	3	3	4	2	2	
Points	187	67	13	14	90	65	83	43	21	583

JOB SUMMARY

The primary purpose of the Claims Processor III is processing claims for medical and dental services to Medical Care Plan (MCP) beneficiaries and non-beneficiaries rendered by Physicians and Dentists registered with Medical Care Plan.

Key and Periodic Activities

- Assesses, recovers and reinstates claims for medical and dental services rendered to MCP beneficiaries by physicians and dentists registered with the Medical Care Plan.
- Assesses claim items rejected by the processing system.
- Reviews, reinstates or further processes additional information provided from physicians and dentists relating to rejected claims.
- Provides information to physicians/dentists and beneficiaries in respect to assessment rules.
- Identifies services which have been paid for by MCP which are the responsibility of a Third Party Insurer.
- Assists other Claims Processors with the processing of claims.
- Recovers claims paid by MCP which are identified to be the responsibility of the Workers Health Safety and Compensation Commission.
- Provides orientation as requested to new employees in technical, procedural and medical aspects of claims processing.

SKILL**Knowledge****General and Specific Knowledge:**

- Medical & dental terminology
- MCP billing process
- Rules and regulations of the Physicians Manual and Payment Schedule

Formal Education and/or Certification(s):

- Minimum: Completion of a 2 Year post secondary Diploma in Office Administration or Business supplemented by the completion of Medical and Dental Terminology courses.

Years of Experience:

- Minimum: 3-4 years experience in medical/dental claims processing

Competencies:

- The ability to operate a computer to process claims.
- The ability to compose and prepare correspondence/memos
- The ability to assess and analyze submitted claims

Interpersonal Skills

- Uses a variety of interpersonal skills such as listening to information, asking questions to get information, providing information, gaining co-operation of others to complete work and providing advice and guidance to others.
- Interactions occur with employees/supervisors/managers/student/trainees within the immediate work area and within department; with physicians/dentists typically to discuss the processing of claims and rejected claims; as well as responding to questions on plan coverage.
- Communications also occur with co-workers to discuss claims; physicians/dentists/support staff regarding rejected claims; and the general public regarding dental coverage for children and out-of-province coverage; as well as other Municipal, Provincial or Federal Government representatives and internal/external subject matter experts.

EFFORT**Physical Effort**

- Work demands do not result in considerable fatigue, requiring periods of rest.
- Occasionally required to lift and move files weighing less than 10 lbs.
- Constant sitting is required while performing precise computer tasks and activities related to processing claims.
- Occasionally required to bend, kneel & stretch to retrieve files.
- Regularly required to stand and walk in the office environment.

Concentration

- **Visual** concentration is constantly required to enter and retrieve information related to claims.
- **Auditory** concentration is regularly required to obtain and communicate information related to claims as well as to receive instruction from the supervisor.
- Constantly impacted by **time pressures and interruptions**. There are regular submission deadlines and cut-off dates for payments.
- **Exact results and precision** is required as need for accuracy is very important when assessing, processing and adjusting claims.

Complexity

- Performs a series of tasks that are usually well-defined and related to processing medical and dental claims requiring similar knowledge and skills.
- There are numerous guidelines and references to assist in the processing of claims.
- Clarification on claim items is often required from the originator or others to resolve claim issues. For example, if a claim appears to be billed incorrectly or inappropriately.

RESPONSIBILITY

Accountability and Decision-Making
<ul style="list-style-type: none"> — Work tasks and activities are prescribed and controlled. — Independently processes claims, provides information to the general public regarding coverage and makes the necessary contacts to obtain the information. — Certain provider/fee rules and other exceptions require approval prior to payment. — May exercise discretion in determining if the submitted information is suffice to process a claim and also to determine if unusual billing should be referred to the supervisor for further action.
Impact
<ul style="list-style-type: none"> — Work results are directly felt within the immediate work area, within the department/group, outside the organization and by the general public. — Mistakes or errors could delay the claims process and directly impact physician/dentist pay. Care needs to be taken when notifying the general public about what is covered under the dental program, as errors would impact how the organization is perceived. — Payment errors are usually adjusted, recovered or reinstated and the physician/dentist informed verbally or in writing.
Development and Leadership of Others
<ul style="list-style-type: none"> — Not responsible for the supervision of staff. — Provides on-the-job advice/guidance/training, feedback, orientation and acts as a technical mentor to other Claims Assessors.

WORKING CONDITIONS

Environmental Working Conditions
<ul style="list-style-type: none"> — Typically no adverse environmental conditions, however, there is exposure to glare from computer screen and regular background noises tend to be distracting.