

Job Class Profile: Medical Claims Assessor IA**Pay Level: CG-24 Point Band: 422-455**

Factor	Knowledge	Interpersonal Skills	Physical Effort	Concentration	Complexity	Accountability & Decision Making	Impact	Development and Leadership	Environmental Working Conditions	Total Points
Rating	3	3	2	3	2	2	3	1	2	
Points	140	50	13	14	60	43	62	21	21	424

JOB SUMMARY

The Medical Claims Assessor IA processes claims for services rendered by physicians and dentists to beneficiaries and non-beneficiaries of the Medical Care Plan (MCP) and for those services provided outside the province.

Key and Periodic Activities

- Enters and sorts information relating to Medical Claims, Dental Claims, Out-of-Province Claims, Opted Out and Alternate Billing arrangements.
- Processes rejected claims for medical and dental services provided to MCP beneficiaries and non-beneficiaries.
- Corresponds with patients/physicians, insurance companies, hospital services to verify information, informs them of claims submissions relating to insured and uninsured services, patient eligibility and claim status.
- Encodes and transmits data to meet deadlines for physicians/dentists pay.
- Processes Out-of-Province claims from beneficiaries and providers.
- Responds to enquiries from patients, providers and insurance companies regarding claim status.
- Corrects Turn Around Documents.
- Checks payment schedules and takes necessary corrective action.
- Provides microfilming and/or scanning services.

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

- Knowledge of assessing and processing claims and MCP payment schedules.
- Knowledge of assessment/processing rules, user guides and MCP Policies.

Formal Education and/or Certification(s):

- Minimum: Graduation from a recognized college or university with a 2 Year Post Secondary Diploma in Office Administration, Business or Information Technology.

Years of Experience:

- Minimum: 1-2 years of related job experience.

Competencies:

- Operate a variety of office equipment.
- Use various computer applications.

Interpersonal Skills

- A range of interpersonal skills are used and include asking questions and listening to gain information, dealing with people on the phone, communicating with other members of the team to achieve results, and occasionally providing advice.
- Communications occur with employees within the immediate work area, employees within the Department and other Departments, and others outside the Department.
- The most significant contacts include: co-workers within my immediate work area to process claims; employees within the Department to resolve billing issues; the immediate supervisor for direction when needed; and the general public/patients to obtain information and answer queries in order to prepare claims for assessment.

EFFORT**Physical Effort**

- The demands of the job do not regularly results in considerable fatigue, requiring periods of rest.
- Occasionally is required to lift or move objects up to 25 lbs. such as large volumes of documents, banker boxes, files, etc.
- Work requires sitting, standing and walking on a regular basis with freedom to move about.
- Constantly utilizes a computer in keying information and occasionally uses gross motor skills to lift or move objects.

Concentration

- Constantly requires **visual** concentration in processing claims for prolonged periods including data entry where **eye/hand coordination, accuracy and precision** are priority.
- Claims related activities require **higher than normal levels of attentiveness and carefulness**.
- The nature of work is such that there are **time pressures** and **deadline** demands to assess and process claims.
- **Interruptions** may occur through the inquiry and information gathering processes.

Complexity

- The tasks regularly performed are repetitive/well defined, however some may be different but related.
- Typical challenges include billing issues, daily deadlines and reconciling batch totals.
- There are a number of guidelines (i.e. pay schedules, manuals, rules, etc.) which exist to assist in the process and co-workers and supervisors are available for direction.

RESPONSIBILITY**Accountability and Decision-Making**

- Work tasks are highly monitored and controlled.

- Without formal approval there is authority to bypass rejected claims for payment or cancel a claim.
- Formal approval is required for late claims, non-original documentation, or to process claims when the claimant is unable to sign.
- Can exercise some discretion in prioritizing work.
- Uses independent judgement in resolving issues and considers solutions prior to presenting them to the supervisor.

Impact

- Work generally impacts the immediate work area, the Department and health care providers. The processing of claims directly impacts provider pay and when an error occurs during batch processing, it requires the necessary reconciliation.
- Work activities impact the accuracy of the information maintained and processed.
- Errors can delay the claiming process and payment, however errors can be identified by other sections of the Department and resolved.

Development and Leadership of Others

- Does not have full time responsibility for the supervision of others and does not play a team leader or project leader role.
- There is an expectation that providing on-the-job advice, direction, and orientation to new employees will be provided.

WORKING CONDITIONS

Environmental Working Conditions

- Does not require any special precautions or safety equipment.
- There is a limited likelihood of minor cuts, bruises, abrasions, minor illnesses, fractures, partial or total disability if normal precautions are followed.
- Working in an office environment there is exposure to glare from computer screens and occasionally exposed to unusual or distracting noise, dirt, dust and limited ventilation.