

MEDICAL INSURANCE SPECIALIST SERIES

Medical Insurance Specialist I	4581(3291)
Medical Insurance Specialist II	4582(3291)
Medical Insurance Specialist III	4583(3291)
Medical Insurance Specialist IV	4584(3291)

Promotional Line : 270
Occupational Area: 04
Work Area Code : 445
Effective Date: 1-15-80

Series Narrative:

This series is designed for employees who examine and analyze itemized hospital bills, and take the appropriate action to correct or edit these bills. The procedures followed include the preparation of billing forms for presentation to third party payers or the preparation of vouchers for the direct payment of bills. The third party payers include Blue Cross, Public Aid, Medicare, state, federal and local agencies and other commercial insurance carriers. In addition, Specialists may investigate and identify potential sources of payment for indigent patients. Medical Insurance Specialists may supervise lower level Specialists and related support staff assigned to the billing process.

Medical Insurance Specialists typically:

- review itemized charges, bills or personal data forms for accuracy and/or completeness, and make the necessary corrections.
- complete insurance claim forms based on the data that is provided on itemized bills, claim worksheets or hospital admissions records, which requires the identification and interpretation of the information to be coded and recorded on the claim forms.
- correct or edit insurance claim forms based on verbal or written communication with third party payers.
- review payment records and post or adjust records as required.
- make inquiries of and respond to a variety of questions from physicians, patients, insurance companies, government representatives and related interested parties.

DESCRIPTION OF LEVELS OF WORK

Level I: Medical Insurance Specialist: I 4581(3291)

Employees at this level function under the direct supervision of a Medical Insurance Specialist III or IV or other supervisory personnel. Medical Insurance Specialist I's function in a training capacity and are assigned the non-complex types of third party payers and self-pay accounts.

A Medical Insurance Specialist I typically:

1. identifies and takes the necessary action to complete various types of non-complex third party payer or invoice vouchers as required by the insurance carriers
2. posts and adjusts the financial account files for each person utilizing the services of the institution
3. for supervisor's review, codes procedure(s) performed according to standard codes, which may require the interpretation and selection of the codes provided by the insurance carrier
4. for supervisor's review, reviews and analyzes itemized bills or non-complex claim forms for consistency, i.e., services rendered by the physician or hospital are compatible with the diagnosis or treatment, and investigates discrepancies in order to determine the appropriate course of action required to accurately complete the billing procedure

5. reviews, identifies and analyzes sources of potential reimbursement for indigent patients
6. responds to a variety of questions from physicians, patients, hospitals, insurance companies, government agencies and related interested parties concerning the status of medical bills
7. corresponds with insurance companies, government agencies and persons utilizing the services of the facility as required to identify, collect and analyze the information to properly complete the more simple claim forms for reimbursement from the various agencies
8. performs related duties as assigned

Level II: Medical Insurance Specialist II 4582(3291)

Employees at this level function under the general supervision of a Medical Insurance Specialist III or IV or other supervisory personnel. Medical Insurance Specialist II's independently submit or take the necessary action to complete the various types of routine insurance claim forms and/or are responsible for taking the necessary action to complete one type of the more complex claim forms, such as the coordination of benefits between two or more third party payers. Employees at this level may train lower level staff members.

A Medical Insurance Specialist II typically:

1. identifies, analyzes and takes the necessary action to complete all types of the non-complex or one type of the more complex third party payer forms or invoice vouchers required by insurance companies and government agencies
2. posts and adjusts the financial files for persons utilizing the services of the facility
3. interprets standard, established codes provided by the various agencies or insurance companies, codes procedures according to these interpretations
4. reviews and analyzes itemized bills or claim forms for consistency, i.e., insures services rendered by physician or hospital are compatible with the diagnosis or treatment, and investigates discrepancies in order to determine the appropriate course of action required to accurately complete the billing process
5. trains lower level Medical Insurance Specialists and related support staff
6. reviews, identifies and analyzes sources of potential reimbursement on multiple insuring coverage accounts for indigent patients
7. responds to a variety of questions from physicians, hospitals, government agencies, insurance companies and related interested parties concerning the status of insurance claims
8. corresponds with insurance companies, government agencies and persons utilizing the services of the facility as required to identify and collect the information required to complete the claim forms for the reimbursement from the various agencies
9. performs related duties as assigned

Level III: Medical Insurance Specialist III 4583(3291)

Under general supervision, employees at this level either supervise Medical Insurance Specialist I and II's and related clerical employees when coding procedures are required and/or independently takes the necessary action to complete all types of complex insurance claim forms requiring coding and serves as the resource specialist within the unit for lower level Specialists and related clerical staff. Employees at this level work closely with other

supervisors to determine the day-to-day priorities and procedures, and to maintain a high level of integrity within the unit.

A Medical Insurance Specialist III typically:

1. takes the necessary action to complete all types of complex insurance claim forms, in addition to assisting with the lower level work
2. responds to a variety of questions of lower level Specialists and related clerical support concerning the proper action to be taken to properly complete insurance claim forms
3. assists in the interviewing, hiring, training, evaluating, rewarding and disciplining of lower level staff members
4. reviews and analyzes the insurance processing procedures in order to identify potential problems areas and develop a more streamlined processing procedure, which will increase the efficiency of the unit and maintain a high level of integrity within the unit
5. composes activity reports for the manager, considering the total volume of the unit
6. assists in the preparation of the billing unit's budget
7. acts as liaison with patients, physicians, hospitals, insurance companies, government agencies and related interested parties regarding the sensitive disposition of problem claim reimbursements
8. performs related duties as assigned

Level IV: Medical Insurance Specialist IV 4584(3291)

Under administrative direction, Medical Insurance Specialist IV's plan, implement and revise the policies, methods and procedures of an operation responsible for the preparation of bills for persons utilizing the services of the facility.

A Medical Insurance Specialist IV typically:

1. selects, trains, and supervises subordinate staff members; evaluates the work performance of subordinates and takes the appropriate disciplinary action as required
2. develops, implements, interprets, revises and enforces facility policies and procedures concerning the billing for facility services
3. determines procedures to be followed in atypical circumstances
4. is responsible for the compliance of operations with all required accounting and auditing procedures, either through personal performance or the supervision of assigned subordinates
5. advises and consults campus personnel or related individuals on the billing process
6. determines adequacy of billing procedures
7. devises, revises or is responsible for the maintenance of records or record systems
8. prepares reports as required
9. corresponds with or makes personal calls regarding the sensitive disposition of problem claim reimbursements

10. conducts unit staff meetings

11. performs related duties as assigned

MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO ALL LEVELS:

TO BE DETERMINED BY PLACEMENT OFFICER

1. Six months experience within an insurance environment

OTHER MINIMUM ACCEPTABLE QUALIFICATIONS

1. Ability to add, subtract, multiply and divide whole numbers, decimals and percentages

2. Knowledge of English grammar and sentence structure, and the ability to use this knowledge in composing correspondence or carrying on conversations

3. Ability to read and comprehend complex instructions

4. Ability to perform statistical typing

5. Ability to comprehend working relationships with patients, physicians and staff

ADDITIONAL MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO:

Level I: Medical Insurance Specialist I 4581(3291)

TO BE DETERMINED BY PLACEMENT OFFICER

None

OTHER MINIMUM ACCEPTABLE QUALIFICATIONS

None

Level II. Medical Insurance Specialist II 4582(3291)

TO BE DETERMINED BY PLACEMENT OFFICER

1. One year of experience in processing medical insurance claims comparable to experience gained at the first level of this series

OTHER MINIMUM ACCEPTABLE QUALIFICATIONS

1. Familiarity with medical terminology

Level III: Medical Insurance Specialist III 4583(3291)

TO BE DETERMINED BY PLACEMENT OFFICER

1. Two years of experience comparable to that gained at the second level of this series

OTHER MINIMUM ACCEPTABLE QUALIFICATIONS

1. Familiarity with medical terminology
2. Ability to code difficult medical procedures
3. Ability to identify and react to sensitive issues

Level IV: Medical Insurance Specialist IV 4584(3291)

TO BE DETERMINED BY PLACEMENT OFFICER

1. (A) Five years of experience in processing medical insurance claims, including at least two years comparable to that gained at the third level of this series, one year of which was in a supervisory capacity

OR

(B) Thirty-six semester hours of college credit for course work in finance, accounting, business administration and/or business management and two years of billing experience, one of which was in a supervisory capacity

OR

(C) Any combination of education and experience as defined above which totals five years, provided that it includes two years of billing experience, one of which was in a supervisory capacity. (College course work must be evaluated on the basis of one semester hour of credit being equivalent to one month in computing combinations of education and experience as provided above.)

OTHER MINIMUM ACCEPTABLE QUALIFICATIONS

1. Familiarity with medical terminology
2. Supervisory ability
3. Managerial ability
4. Ability to identify and react to sensitive issues
5. Ability to communicate effectively with others

Medical Insurance Specialist I (NEW)
Medical Insurance Specialist II (NEW)
Medical Insurance Specialist III (NEW)
Medical Insurance Specialist IV (NEW)

ÿ