

**MICHIGAN DEPARTMENT OF CIVIL SERVICE
JOB SPECIFICATION**

MEDICAL BENEFITS REVIEWER

JOB DESCRIPTION

Employees in this job perform and oversee a variety of tasks where the processing and resolution of medical benefits claims or determination of eligibility for insurance benefits is a substantial part of the work.

There are four classifications in this job.

Position Code Title – Medical Benefits Reviewer-E

Medical Benefits Reviewer 5

This is the entry level. The employee performs a range of medical benefits processing assignments while learning the methods, processes, and procedures of the work.

Medical Benefits Reviewer 6

This is the intermediate level. The employee performs a range of medical benefits processing assignments in a developing capacity.

Medical Benefits Reviewer E7

This is the experienced level. The employee performs a full range of medical benefits processing assignments and uses judgment in making decisions where alternatives are determined by established policies and procedures.

Position Code Title – Medical Benefits Reviewer-A

Medical Benefits Reviewer 8

This is the advanced level. The employee either functions as a lead worker overseeing the work of others or as a senior worker. Senior-level employees consistently perform complex assignments beyond those expected at the experienced level which have been approved by Civil Service.

NOTE: Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

Determines if requested medical services and/or supplies/equipment are covered under program guidelines.

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Proofreads data for completeness and accuracy, identifies errors and omissions, codes data to make corrections, and makes notations and corrections.

Contacts insurance carriers, health service providers, attorneys and others to locate information or documentation regarding medical claims.

Reviews medical records, histories, billing documentation, and other records to determine type and length of coverage, amount of payment or overpayment, and identification of patient's condition.

Requests documentation and verifies accuracy of information.

Assembles medical records and related documentation.

Makes preliminary determinations of recipient eligibility for health care programs.

Resolves any discrepancies and provides correct information to the party(ies).

Maintains files, logs, lists, manuals, and indexes of clients or provider enrollments, claims, payments, work area guidelines, authorized treatment procedures, corresponding fees, and other records.

Utilizes on-line systems to verify, update, and process information.

Calculates billings, payments, and adjustments of provider accounts; posts information to records.

Collects, sorts, batches, sequentially orders and/or routes applications, claims, forms, and other documents for processing.

Receives, screens, and routes requests for information on medical benefits coverage and billing practices; personally answers inquiries using knowledge of programs and instructions and guidelines.

Prepares necessary adjustment forms and initiates action to pay claims or recover amounts overpaid.

Types correspondence, forms, invoices, and other documents as required.

Compiles data for reports.

Operates standard office equipment.

Performs related work as assigned.

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Additional Job Duties

Medical Benefits Reviewer 8 (Senior Worker)

Regularly processes the most complex and difficult assignments in the work area as approved by Civil Service.

Resolves problems and answers questions for other workers.

Medical Benefits Reviewer 8 (Lead Worker)

Explains work instructions to others, adapting guidelines to the assignment as necessary.

Provides assistance and training to others in the work unit.

Establishes and revises work methods, forms, formats, and standards to improve operating efficiency.

Coordinates the work of the unit by determining priorities; scheduling, assigning and explaining work; and overseeing the completion of the work.

Assures that the work meets quality and production standards by reviewing the work for accuracy and monitoring output.

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities

NOTE: Some knowledge in the area listed is required at the entry level, developing knowledge is required at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of medical terminology used on claim applications and medical records.

Knowledge of practices and procedures of health service providers such as hospitals, clinics, laboratories, pharmacies, and doctors' offices.

Knowledge of Medicaid policies and procedures.

Knowledge of correct English usage, spelling, and punctuation.

Knowledge of general record keeping and filing systems.

Knowledge of general office practices.

Ability to interpret medical records and histories.

Ability to identify inaccuracies or discrepancies in factual data.

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Ability to determine program coverage eligibility.

Ability to collect, sort, batch, sequentially order and/or route applications, claims, forms, and other documents for processing.

Ability to select and compile data.

Ability to perform mathematical calculations.

Ability to use tact and diplomacy in releasing or requesting information.

Ability to follow, apply, interpret, and explain instructions and/or guidelines.

Ability to determine work priorities.

Ability to make decisions and take appropriate actions.

Ability to meet schedules and deadlines of the work area.

Ability to communicate effectively.

Ability to compose routine correspondence and reports.

Ability to type.

Ability to operate standard office equipment.

Additional Knowledge, Skills, and Abilities

Medical Benefits Reviewer 8 (Senior Worker)

Ability to perform the most complex and difficult assignments as approved by Civil Service.

Medical Benefits Reviewer 8 (Lead Worker)

Ability to explain instructions and guidelines and train others effectively.

Ability to organize and coordinate the work of the unit.

Ability to determine work priorities, assign work, and review work for quality and production standards.

Ability to establish and revise operational standards.

Ability to assist others in solving work problems.

Working Conditions

None.

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Physical Requirements

None.

Education

Educational level typically acquired through completion of high school.

Experience

Medical Benefits Reviewer 5

No specific type or amount is required.

Medical Benefits Reviewer 6

One year of administrative support experience.

Medical Benefits Reviewer E7

Two years of administrative support experience, including one year equivalent to a Medical Benefits Reviewer 6, involving the processing of medical benefits claims.

Medical Benefits Reviewer 8

Three years of administrative support experience, including two years equivalent to a Medical Benefits Reviewer 6 or one year equivalent to a Medical Benefits Reviewer E7, involving the processing of medical benefits claims.

Alternate Education and Experience

Possession of a certificate from a Medical Assistant program may be substituted for one year of experience processing medical claims.

Special Requirements, Licenses, and Certifications

Certain positions may require a criminal history background check.

NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

Job Code

MEDBENRVR

Job Code Description

Medical Benefits Reviewer

Position Title

Medical Benefits Reviewer-E

Medical Benefits Reviewer-A

Position Code

MEDBNRVE

MEDBNRVA

Pay Schedule

W41-002

W41-009