

State Office of Risk Management

Job Announcement

State Office of Risk Management

POSTING NUMBER: 21-0706

JOB TITLE: Claims Examiner I

MONTHLY SALARY: \$3,150.00

POSTING DATE: September 8, 2021

LOCATION: 300 West 15th Street, 6th Floor, Austin, TX 78701

WORKING TITLE: Medical Clean Bill Analyst

DURATION: Until Filled

GENERAL DESCRIPTION

The State Office of Risk Management (Office) is looking for a Medical Clean Bill Analyst who will review billing information for workers' compensation claims, report findings, and process medical bills from various medical providers. This person will provide necessary oversight by closely examining medical bills to ensure the effective and accurate processing of medical benefits received by injured state employees. This person must have a thoughtful attention to detail to ensure that benefits are provided appropriately, timely, and are cost-effectively. This individual must be capable of working under general supervision and be skilled in making appropriate recommendations to enhance internal and external compliance, efficiency, and effectiveness.

ESSENTIAL JOB FUNCTIONS

Analyze medical data (Claim, Payee, Provider, etc.) on medical billing forms to ensure accurate results within the medical billing process including associated internal and vendor platforms. Proactively identify system and/or bill review issues and provide feedback to your lead or supervisor.

Add or edit Provider and Claim information as appropriate.

Examines, investigates, analyzes, and reports on all aspects of the medical benefits provided to injured workers to ensure the medical benefits provided to injured workers are appropriate, timely, cost-effective, and in compliance with state statutes and regulations

Identifies performance and compliance issues; develops recommendations designed to enhance external and internal compliance, efficiency, and effectiveness; and provides advice on implementation

Provide customer service to internal and external customers in a professional and respectful manner

Addresses day to day inquiries related to medical bills

Meets daily, monthly, quarterly, and annual performance expectations and statutory deadlines related to payment and audit of medical benefits

Represents the interests of the agency in a professional, courteous, and respectful manner

Performs related work as assigned

Maintains relevant knowledge necessary to perform essential job functions

Attends work regularly in compliance with agency leave policy and agreed-upon work schedule

Ensures security and confidentiality of sensitive and/or protected information

Complies with all agency policies and procedures, including those pertaining to ethics and integrity

MINIMUM QUALIFICATIONS

Education: Graduation from high school or equivalent

Experience: Two plus years' professional experience with coding, documentation, medical provider billing, medical bill review, medical bill processing or medical bill audit.

Knowledge, skill, and ability to analyze, interpret, and apply workers' compensation statutes and regulations

Knowledge, skill, and ability to analyze, interpret, and apply coding systems such as CPT, ICD, HCPCS, and NDC numbers

Knowledge of medical terminology and guidelines for medical services, charges, and payments; ability to read and understand medical bills and records

Skill and ability to exercise sound judgment and effective decision making

Skill in effective oral and written communication {Writing sample required at the time of application and administered at time of interview}.

Skill in exercising sound judgment and effective decision making

Ability to obtain and maintain an adjuster's license in workers' compensation claims in Texas {License required within 1 Year of employment}

Ability to make prompt, intelligent decisions based upon detailed analysis of complex issues

Ability to establish priorities and manage multiple activities to meet deadlines and internal performance expectations

Ability to work independently, complete assignments with attention to detail and high degree of accuracy, and follow through on assignments with minimal guidance and direction

Ability to maintain accurate records, track assignments, and monitor the status of multiple activities

Demonstrated interpersonal skills including tact, diplomacy, and flexibility to work effectively with other staff and management as well as external customers

Ability to receive and respond positively to constructive feedback

Demonstrated ability to use computer applications, including word-processing, data entry/retrieval, and bill review systems

Ability to arrange for personal transportation for business-related travel

Ability to work more than 40 hours as needed and in compliance with the FLSA

Ability to lift and relocate 30 lbs.

Ability to travel (including overnight travel) up to 5%

PREFERRED QUALIFICATIONS

Education: Graduation from an accredited Medical Billing/Coding secondary education program or four-year college or university with major coursework in health care information management or a related field is generally preferred. Experience and education may be substituted for one another.

Certificate: Certified Coder (CPC; CPC-H; CPC-P; AAPC)

Certificate: Hold and maintain a Texas claims adjuster license

TO APPLY

All applications for employment with the State Office of Risk Management must be submitted electronically through www.WorkInTexas.com. A State of Texas application in WorkInTexas (WIT) must be completed to be considered **OR** Submit a State of Texas Application for Employment to: Attn: Linda Griffin, State Office of Risk Management, P.O. Box 13777, Austin, TX 78711-3777. Military Crosswalk information can be accessed at http://www.hr.sao.texas.gov/Compensation/MilitaryCrosswalk/MOSC_Insurance.pdf

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