

STATE OF OHIO (DAS)CLASSIFICATION
SPECIFICATION**CLASSIFICATION SERIES:**

Provider Relations Representative

SERIES NO.:

1673

MAJOR AGENCIES:

Ohio Department of Medicaid only

EFFECTIVE DATE:

01/11/2015

SERIES PURPOSE:

The purpose of the provider relations occupation is to review & respond to claims sent to the department from medical providers which were rejected for Medicaid payment or are unpaid.

At the lower level, incumbents review rejected/unpaid claims to determine problem, verify data & operate video display terminal to enter system override code to allow processing of claim.

At the middle level, incumbents act as lead worker over lower-level provider relations representatives.

At the higher level, incumbents manage overall assigned problem claim review & claim inquiry activities & supervise provider relations representatives.

JOB TITLE

Provider Relations Representative 1

JOB CODE

16731

PAY GRADE

28

EFFECTIVE

03/07/2004

CLASS CONCEPT

The full performance level class works under general supervision & requires considerable knowledge of federal & state Medicaid rules & regulations concerning recipient eligibility for medical services, Medicaid billing & medical claims processing in order to review & respond to claims received from medical providers which were rejected for Medicaid payment or are unpaid.

JOB TITLE

Provider Relations Representative 2

JOB CODE

16732

PAY GRADE

30

EFFECTIVE

01/11/2015

CLASS CONCEPT

The advanced level class works under direction & requires thorough knowledge of federal & state Medicaid rules & regulations concerning recipient eligibility for medical services, Medicaid billing & medical claims processing in order to act as lead worker (i.e., provide work direction & training) over lower-level provider relations representatives on daily basis, oversee medical claim review activity in absence of supervisor, coordinate activities with system edit changes, policy enhancements & prior authorization unit, monitor staff responses to medical providers, review override medical claim batches to ensure assignment of appropriate codes by staff & apply edit override codes to all types of medical claims processed by Medicaid Management Claims Processing System.

JOB TITLEProvider Relations
Representative Supervisor**JOB CODE**

16735

PAY GRADE

11

EFFECTIVE

02/28/2010

CLASS CONCEPT

The supervisory level class works under general direction & requires thorough knowledge of federal & state Medicaid rules & regulations concerning recipient eligibility for medical services, Medicaid billing & medical claims processing in order to manage overall problem claim review & claim inquiry activity for medical providers whose claims were rejected for Medicaid payment or are unpaid & supervise unit of provider relations representatives.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Provider Relations Representative 1	16731	09	03/07/2004	28

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Reviews claims & responds (e.g., operates video display terminal to check claim payment status, claim location & claim rejection codes; determines whether system override codes should be applied to clear for processing; verifies recipient eligibility & procedure code validity by reviewing claims processing procedures, billing instructions & claims processing system edits; contacts medical provider by telephone &/or correspondence to obtain additional claim information) to claims sent to department from medical providers (e.g., physicians, dentists, hospitals) which have been rejected for Medicaid payment or are unpaid (e.g., claims containing prior authorization for services; claims with aged service dates; conflicts in recipient eligibility for medical services to be paid by Medicaid).

Notifies medical provider of decision to process/deny claim by telephone contact &/or in writing; answers telephoned &/or written claim inquiries from medical providers; refers provider inquiries to other areas of department as appropriate.

Performs related clerical duties (e.g., prepares weekly telephone logs concerning provider inquiries; prepares problem claim review count).

MAJOR WORKER CHARACTERISTICS:

Knowledge of federal & state Medicaid rules & regulations concerning recipient eligibility for medical services & billing*; medical claims processing; public relations; public speaking/communication. Skill in operation of video display terminal; calculator. Ability to define problems, collect data, establish facts & draw valid conclusions to resolve rejected/unpaid medical provider claims; originate routine business correspondence reflecting standard procedures; gather, collate & classify information about data, people or things; answer routine telephone & written inquiries from medical providers.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

18 mos. trg. or 18 mos. exp. in medical or disability/workers' compensation insurance claims processing & in handling written, telephoned &/or in-person inquiries & complaints & problem resolution.

-Or 12 mos. trg. or 12 mos. exp. in preparing medical provider claims to be processed through Ohio's Title XIX Medicaid program or in approving/denying medical claims according to federal Title XIX Medicaid rules & regulations.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Not applicable.

JOB TITLE	JOB CODE	B. U.	EFFECTIVE	PAY GRADE
Provider Relations Representative 2	16732	09	01/11/2015	30

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Acts as lead worker (i.e., provides work direction & training) over lower-level provider relations representatives on daily basis, assigns problem claims to unit personnel for review, research & response, monitors staff responses to medical providers to ensure claims are processed promptly & accurately, trains new personnel on medical claim processing procedures & policy, examines & applies override codes to all types of medical claims & oversees medical claim review activity in absence of immediate supervisor.

Coordinates medical claim review activities with system edit changes, policy enhancements & prior authorization unit; authorizes requests for copies of provider warrants; conducts on-going review of medical handbooks & billing instructions; organizes informational meetings with Medicaid policy & unit staff; recommends training on claims review procedures; prepares unit work activity/production reports.

Responds to telephoned &/or written inquiries from medical claim providers & government officials regarding claims processing or appeals for denied claims; designs provider form letters to be used by unit staff in responding to claim inquiries; attends meetings.

MAJOR WORKER CHARACTERISTICS:

Knowledge of federal & state Medicaid rules & regulations concerning recipient eligibility for medical services & billing; medical claims processing; public relations; public speaking/communication; employee training & development*; supervisory principles/techniques*. Skill in operation of video display terminal; calculator. Ability to define problems, collect data, establish facts & draw valid conclusions to resolve rejected/unpaid medical provider claims; originate routine business correspondence reflecting standard procedures; gather, collate & classify information about data, people or things; answer routine telephone & written inquiries from medical providers & government officials.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

12 mos. exp. as Provider Relations Representative 1, 16731.

-Or 2 yrs. trg. or 2 yrs. exp. in preparing medical provider claims to be processed through Ohio's Title XIX Medicaid program & contact with Ohio Department of Medicaid in resolution of any problem claims or in federal Medicaid rules & regulations concerning billing, recipient eligibility for medical services & processing of medical claims from providers.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Not applicable.

<u>JOB TITLE</u>	<u>JOB CODE</u>	<u>B. U.</u>	<u>EFFECTIVE</u>	<u>PAY GRADE</u>
Provider Relations Representative Supervisor	16735	EX	02/28/2010	11

JOB DUTIES IN ORDER OF IMPORTANCE: (These duties are illustrative only. Incumbents may perform some or all of these duties or other job-related duties as assigned.)

Manages overall claim review & claim inquiry activity from medical providers concerning claims rejected for Medicaid payment or unpaid, develops & implements problem claim review procedures & standardized responses to problem claim inquiries, coordinates special review of complex claims (e.g., transplants; duplicate claim rejections), supervises provider relations representatives assigned to unit & conducts staff training in all phases of Medicaid claims processing operations, research of problem claims & claim edit override procedures.

Schedules & conducts staff meetings; participates in developing medical providers' understanding of Ohio Medicaid Program; investigates complaints from medical providers regarding decisions made by staff; ensures uniform review/resolution of claim processing problems; contacts district offices with information concerning changes to medical claims processing procedures & updates in Medicaid policy.

Prepares & maintains required records & reports; originates correspondence to medical providers regarding problem claim resolution.

MAJOR WORKER CHARACTERISTICS:

Knowledge of business or public administration; federal & state Medicaid rules & regulations concerning recipient eligibility for medical services & billing; medical claims processing; public relations; public speaking/communication; employee training & development; supervisory principles/techniques. Skill in operation of video display terminal; calculator. Ability to define problems, collect data, establish facts & draw valid conclusions to resolve rejected/unpaid medical provider claims; originate routine business correspondence forms reflecting standard procedures; gather, collate & classify information about data, people or things; answer routine & sensitive telephone & written inquiries from medical providers & government officials; establish friendly atmosphere as unit supervisor. Demonstrated competence in the following: acting with integrity, adapting for impact, building productive relationships, continuously improving quality, developing self, focusing on customers, valuing cultural diversity, developing staff & others, fostering team development, directing & measuring work, informing, making effective decisions, managing priorities, managing change, navigating organizational politics, cultivating vision & purpose, & thinking strategically.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:

Completion of undergraduate core program in business or public administration; 12 mos. trg. or 12 mos. exp. in federal Medicaid rules & regulations concerning billing, recipient eligibility for medical services & processing of medical claims from providers.

-Or 12 mos. exp. as Provider Relations Representative 2, 16732.

-Or equivalent of Minimum Class Qualifications For Employment noted above.

TRAINING AND DEVELOPMENT REQUIRED TO REMAIN IN THE CLASSIFICATION AFTER EMPLOYMENT:

Not applicable.

UNUSUAL WORKING CONDITIONS:

Not applicable.