### SERIES PURPOSE:
The purpose of the technical medical specialist occupation is to research & develop medical policies regarding rehabilitation & reimbursement & provide assistance to medical providers & service office staff regarding treatment billing & reimbursement issues.

At the lower levels, incumbents develop medical policies regarding treatment, billing & reimbursement.

At the higher level, incumbents supervise lower-level technical medical specialists & oversee development & implementation of medical policy.

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<tr>
<th>CLASS TITLE</th>
<th>CLASS NUMBER</th>
<th>PAY RANGE</th>
<th>EFFECTIVE</th>
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<tbody>
<tr>
<td>Technical Medical Specialist</td>
<td>63352</td>
<td>14</td>
<td>11/25/2007</td>
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**CLASS CONCEPT:**
The advanced level class works under direction & requires thorough knowledge of medical treatment, health care coverage & reimbursement techniques in order to develop & implement medical policies related to rehabilitation/treatment of injured workers & billing & reimbursement for services & if assigned, supervise staff.

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<tr>
<td>Technical Medical Manager</td>
<td>63355</td>
<td>46</td>
<td>03/07/2004</td>
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**CLASS CONCEPT:**
The supervisory level class works under general direction & requires thorough knowledge of medical treatment, health care coverage & reimbursement techniques in order to supervise unit of technical medical specialists, review & approve medical policies & oversee their implementation.
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.)
Develops, drafts & implements medical policies & procedures (e.g., length of stay; standard medical treatment for diagnosed injury; coding requirements; payment schedule; percent of reimbursement for provider types) for medical treatment & services of injured workers by physicians & other medical & rehabilitation providers; researches, analyzes & prepares complex reports of best practices policies & procedures from benchmarks of other workers compensation payers & managed care organizations throughout country; drafts, develops & implements BWC best practice policy & procedures for medical treatment/services via e-mail, telephone, letter, or internet, responds to most complex medical questions from internal & external customers (e.g., injured workers, providers, employers, managed care organizations, attorneys) regarding medical procedures, coding requirements, CPT (i.e., current procedural terminology), icd-9 (i.e., international classification of diseases), & medical management computer systems functions & medical requirements for specific MCO medical & rehabilitation management of injured workers, coordinates policy development with BWC technical claims specialists to insure consistency & feasibility of BWC medical & rehabilitation reimbursement policy, monitors & facilitates policy implementation &/or changes with field industrial rehabilitation nurses, MCO medical directors, MCO medical providers, self insuring employers, injured workers, attorneys, state & local agencies & state medical associations, updates BWC computer systems to reflect changes to medical policy & procedures, provides medical expertise to BWC law department for review of rule changes/additions for medical rules prior to submission to joint committee on agency review, reviews legislative changes related to BWC & if assigned, supervises staff.

Makes determinations to include or exclude CPT & other medical payment criteria on health care procedure coding system codes (HCPCS) for BWC insurance & reimbursement coverage; makes determination of allowable codes for specific provider types (e.g., anesthesia services; surgery; radiology; specific medical devices; laboratory services; reviews; claims to insure billing procedure codes are correct, duration of treatment is correct & other criteria for appropriate medical treatments are correct; develops RFP (i.e., request for proposals) regarding fee schedule analysis & recommendations (i.e., provide medical expertise with regard to content, answers questions from prospective vendors, determines vendors selection committee, participates in evaluation & final selection of vendor); assists with system testing & implementation of medical payments utilizing proposed fee schedule methodology; reviews monitors & assess medical payment data to determine compliance & appropriateness of payments; compiles & interprets quarterly reports; communicates medical policy to all customers via internet, professional association newsletters; presents proposed changes in medical policy & procedures to health care quality assurance advisory committee; researches, analyses, recommends & maintains fee schedule for medical payment systems; identifies training needs of internal & external customers relative to medical policy; develops & presents training sessions to all customers.

Trains & communicates with state associations, MCOs & provider community; prepares & deliver speeches &/or attends meetings with medical groups & associations (e.g., ambulance association; Ohio Hospital Association; Ohio Dental Association; Ohio Association of Medical Equipment Suppliers, nursing home association; orthotic & prosthetic associations) regarding medical & reimbursement policies & procedures; responds to most complex medical questions from external & internal customers; attends departmental meetings, maintains policy files & correspondence; conducts portions of & presents providers seminars).

MAJOR WORKER CHARACTERISTICS:
Knowledge of medical/rehabilitation services; health care coverage & reimbursement techniques; health care administration; cost containment measures; statistical analysis; workers' compensation medical policies & insurance industry standards*; supervisory principles/techniques*.  Skill in operation of personal computer*.  Ability to understand somewhat abstract field of study (i.e., health care); write & edit technical manuals & instructions; create complex reports using computer software; gather, collate & classify information about data, people or things.

(*)Developed after employment.

MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:
Completion of graduate core program in health care administration; 12 mos. exp. in medical policy development for medical provider or insurance company.

-Or completion of undergraduate program core coursework in pre-medicine, allied medical field, nursing or related field of study; 12 mos. practical exp. in health care field; 12 mos. exp. in writing medical policies & procedures for medical provider or insurance company.
- Or certified medical coder in current procedural terminology (CPT) hospital coding, or icd-9 coding; 12 mos. exp in writing medical policies & procedures for medical provider or insurance company; 12 mos. practical exp in health care field.

- 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:**
May require travel.
Technical Medical Manager

**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.)

Supervises unit of technical medical specialists, reviews work of specialists & evaluates & monitors BWC medical programs, ensures compliance with established UCR's & identifies current cost projections against standardized rates, approves all new or revised medical policy developed by staff & verifies that BWC established policy & procedure conform to state & federal law & insurance industry standards.

Develops management reports to measure & provide information regarding success of BWC medical programs; evaluates proposals to modify or create new programs for feasibility; monitors vendor services for compliance with contract terms & BWC policy & procedure.

Attends, conducts & represents director of medical services at meetings & conferences with state, federal, community agencies, medical providers, contract vendors & other constituent groups & assumes active role in BWC policy & procedure making; acts in capacity of director of medical services in his/her absence; prepares & delivers speeches to staff members, providers, vendors, state employees, federal employees on BWC policies, procedures & programs.

**MAJOR WORKER CHARACTERISTICS:**
Knowledge of medical/rehabilitation services; health care coverage & reimbursement techniques; health care administration; cost containment measures; statistical analysis; workers' compensation medical policies & insurance industry standards*; supervisory principles/techniques*. Skill in operation of personal computer*. Ability to understand somewhat abstract field of study (i.e., health care); create complex reports using computer software; gather, collate & classify information about data, people or things.

(*)Developed after employment.

**MINIMUM CLASS QUALIFICATIONS FOR EMPLOYMENT:**
Completion of graduate core program in health care administration; 36 mos. exp. in medical policy development for medical provider or insurance company.

- Or completion of undergraduate program core coursework in pre-medicine, allied medical field, nursing or related field of study; 36 mos. exp. in writing health care policy for medical provider or insurance company; 12 mos. practical exp. in health care field.

- Or 24 mos. exp. as Technical Medical Specialist, 63352 or comparable position for private insurance company.

- 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:**
May require travel.