

Working Title <b>In-Province Claims Adjudicator</b>	Name
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Position Number	Reports to Position No., Class & Level	Division, Branch/Unit <b>Pharmaceutical &amp; Supplementary Benefits/Health Insurance Programs/ In-Province Claims</b>	Ministry <b>Alberta Health</b>
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Present Class <b>AS VI</b>	Requested Class
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Dept ID	Program Code	Project Code (if applicable)
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**PURPOSE:** Give a brief summary of the job, covering the main responsibilities, the framework within which the job has to operate and the main contribution to the organization (see Non-Management Job Description Writing Guide [Pages 7-8](#)).

The mandate of the Health Insurance Programs Branch (HIP) is to administer the Alberta Health Care Insurance Plan (AHCIP) in compliance with Alberta and Canadian legislation and policy. This includes the registration of eligible Albertans, Alberta practitioners and facilities; payment of claims to Alberta practitioners and residents; and special out of province/country programs for Albertans seeking access to medically required health services not available in Alberta and /or Canada.

Reporting to the In-Province (IP) Team Lead, the IP Claims Adjudicator is responsible for assessing complex medical claims by reviewing operative reports and any other relevant information. These exceptions require decisions where limited precedents exist. Adjudicators interpret the appropriate assessment of the claim, the Governing Rules, and provide appropriate information regarding the payment, refusal, or adjustment of the claim. Adjudicators must correctly assess any claims that are sent for manual review or explain to practitioners/registrants the reason any of their claims may have refused or applied at zero for one or more of 770,000 edits in the claims system.

The Claims Adjudicator acts as direct resource of information to over 10,000 practitioners and all Alberta registrants for insurable or non-insured medical benefits and claims information. They respond to correspondence and incoming phone calls from practitioners and the general public concerning coverage under the AHCIP, claims submission/assessment, and system inconsistencies affecting claims submissions. Empathetic customer service skills, as well as strong communication, problem solving and investigative skills are paramount to the success of this position.

- RESPONSIBILITIES AND ACTIVITIES:** The purpose of the job can be broken down in different responsibilities and end results. Each end result shows what the job is accountable for, within what framework and what the added value is. Normally a job has 4-8 core end results. For each end result, approximately 3-6 activities should be described (see Writing Guide [Pages 9-10](#)).
- Adjudicates all medical and allied (podiatric, optometric, oral maxillofacial surgery, dental, denturists) health claims whether paid, applied or refused.
    - Complete claim processing within specified time frames and defined production benchmarks as established by the In-Province Team Lead in accordance with departmental standards.
    - Interpret the appropriate assessment of a claim and amount to be paid. Interpret Governing Rules, identify procedure codes, price lists as applicable to the appropriate 7 Schedules of Benefits, and provide accurate information regarding payment, refusal, or adjustment.
    - Accesses various internal systems, reviews rules, eligibility, rates, previous correspondence, Internet research, and other related information.
    - Adjudicates Medical Reciprocal claims as per the existing assessment processes and policies within the unit. Incumbent must be knowledgeable about the medical reciprocal billing agreement.
    - Creates manual payments for practitioners.

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2. Communicates with stakeholders, providing information and advice.
  - Researches and responds to an average of 2,000 letters and e-mails annually from physicians and billing staff on various insured/uninsured services, benefits payable, and interpretation of the Acts and Regulations of how to claim for various medical services.
  - Incumbent handles all incoming phone inquiries from practitioners and the general public concerning benefits and claims. This averages 150 calls per day; therefore, responses/decisions must be complete, accurate, and timely; provided with diplomacy and tact.
  - Inquiries and/or complaints are handled in a tactful, professional manner. Claims Adjudicator must be able to work well in stressful situations.
  - Investigates problematic claims and issues to determine appropriate course of action and resolution. All research and background information is provided to support asking for a system request (SR) to be elevated.
  - Consults /liaises with the Department's Medical Consultant. Gathers information from medical physicians/allied professionals and billing clerks.
  - Provides interpretation and explanation of governing rules/assessment policies to other internal stakeholders within the Ministry and Alberta Health Services (AHS).
3. Identifies overpayment to practitioners.
  - Negotiates with practitioners for the recovery of overpayment.
  - Method of recovery agreed upon by both parties (practitioner/s and AH) by either attachment or maintenance on online claims (service events).
  - Provides information to the team lead who reports to Monitoring and Investigation Branch for investigation and further follow up concerning possible fraudulent billing practises.
4. Improve Program Policies, Procedures and Operating Systems.
  - Identify problems or weaknesses in unit policies and suggest effective solutions to support changing business rules and functions.
  - Identify and suggest solutions to streamline procedures and meet business needs within the work unit.
  - Identify inconsistencies/issues and provide recommendations/feedback or make applicable changes to enhance the design and operation of the mainframe system and other workplace tools, including the Schedule of Medical Benefits (SOMB) and the other schedules.
  - Provide assistance with special tasks/projects that are assigned.
5. Actively participates in development of self and others.
  - Participates in cross training initiatives to maximize knowledge of claims management and to ensure adequate coverage for business area.
  - Trains and coaches new staff on the adjudication of In-Province Claims and Medical Reciprocal Claims which can include delivering training on the mainframe system, SOMB navigation, medical terminology/anatomy, the review and interpretation of operative reports and the telephone roster.
  - Performs quality control on assessed claims for new staff and communicates progress to Team Lead.
  - Mentors new staff as complexity of claims being handled increases.
  - Identifies knowledge gaps for team discussion and calibration.

**SCOPE:** List specific information that illustrates the challenges, problem solving and creativity requirements and decision making capacity of the position. Also identify the internal or external areas the job impacts (see Writing Guide [Pages 11-12](#)).

Primary overall responsibilities for this position are:

- Adjudication of medical and allied health claims that have rejected from one or more than 770,000 system edit/rule conditions.
- Answers a broad scope of complex verbal and email inquiries from practitioners, billing staff, and the general public.

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- Decision-making necessitates assessors making 90% of decisions independently.
- Accountability for decision making when assessing complex surgical procedures.
- Explanation of Ministry's position regarding policies of insured/uninsured medical services.

This position has extensive telephone and email contact with practitioners, billing staff, and the general public for the purpose of answering questions that are highly complex and technical in nature. The telephone calls refer to benefit coverage that requires staff to make sound interpretation and accurate judgement for immediate response to callers.

The continual change and increased level of technical complexity of modern medicine requires the Claims Adjudicator to have the knowledge and experience to be able to obtain and analyze the research material and comprehend the technical aspects. Adjudicator must be able to ask the right questions of the appropriate resources to acquire answers to support accurate decision-making where limited precedents. The consequences of errors can be significant; the potential impact to Alberta Health can include possible precedent setting, negative public relations, financial loss, and/or litigation.

The incumbent must clearly understand the business goals and objectives of the Claims Management Unit and how they align with both the Branch's and Division's goals and deliverables.

**KNOWLEDGE, SKILLS & ABILITIES:** Include information on required diplomas and degrees along with identifying the most important knowledge factors, including knowledge about practical procedures, administrative, technical or professional techniques, technical, scientific or program related processes, etc. Detail specific training if there is an occupational certification/registration requirement for the position. Specify the type of experience required for the position (see Writing Guide [Pages 12-14](#)).

**Education:**

- Requires XII education with some post-secondary education, specifically in technical medical terminology, claims adjudication or social sciences. Intermediate computer skills are also required.

**Knowledge:**

- Comprehensive knowledge of medical and dental terminology, anatomy and various medical techniques (non-surgical and surgical).
- Extensive and thorough knowledge of the Schedules of Medical Benefits and Allied Health Benefits, and the governing rules and regulations.
- Sound knowledge of Alberta Health legislation, regulations, policies, and procedures; and an understanding of how these impact IP claims adjudication.
- Sound understanding of the Statement of Account/Statement of Assessment process and their impact on the department and the practitioner.
- Strong working knowledge of Ministry programs including Claims Assessment (CLASS), Stakeholder, Eligibility and Premiums system (EAP), Automated Micrographic Image Information System (AMIIS), and Self Service Document Image Retrieval System (SSDIR).
- Strong working knowledge of MS Office (Word, Excel, Outlook and SharePoint).

**Skills and Abilities:**

- Excellent written and oral communication skills.
- Excellent customer service skills, both internally and externally
- Strong research and analytical skills.
- Ability to extract and interpret information from numerous resources both printed and electronic.
- Strong decision and judgement skills.
- Solid interpersonal skills required to provide/obtain information from potentially hostile individuals.
- Proven ability to work independently as well as contribute effectively in a team environment.
- Strong self-management, organization, and prioritization skills.
- Ability to work in a high-pressure environment with stringent guidelines.

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- Detail oriented and able to maintain a high level of ownership and accuracy on all work activities.
- Possesses the ability to mentor staff should the need arise.

**CONTACTS:** Identify the main contacts the position communicates with and the purpose of the communication (See Writing Guide [Pages 14-15](#)).

The incumbent interacts with the following individuals or organizations:

- Internal and external branch and divisional stakeholders.
- A wide spectrum of practitioners, which includes physicians, nurse practitioners, midwives, oral and maxillofacial surgeons, dentists, denturists, optometrists, podiatrists, and other recognized disciplines.
- Billing Clerks and EMR vendors.
- Alberta Medical Association.
- General public.
- Workers Compensation Board (WCB) (e.g., Adjudicators, case managers).
- Alberta Blue Cross (ABC).
- Aids to Daily Living (AADL).
- Seniors Ministry.
- Widows Pensions.
- Canada Health and Welfare (Federal Interim Health Program for refugees).
- Royal Canadian Mounted Police.
- Various regional offices of Social Services (case workers).
- Alberta Health Services (AHS).
- College of Physician and Surgeons.
- Other Provincial Health Care Associations.
- Private Insurance Carriers (Secondary Insurance).

**SUPERVISION EXERCISED:** List position numbers, class titles, and working titles of positions directly supervised (see Writing Guide [Page 15](#))

**CHANGES SINCE LAST CLASSIFICATION REVIEW:** Identify significant changes, that have impacted the responsibilities assigned to your position since the last review (see Writing Guide [Pages 15-16](#)).

**ORGANIZATION CHART:** An organization chart that includes supervisor, peers and staff **MUST** be attached (see Writing Guide [Page 17](#)).

*This information is being collected under the authority of Section 10 of the Public Service Act and will be used to allocate positions within a classification plan and to manage the Alberta government human resources program. If you have any questions about the collection of this information, contact the Job Evaluation Unit, 6<sup>th</sup> Floor, Peace Hills Trust Tower, 10011 - 109 Street, Edmonton, Alberta, T5J 3S8, phone 780/408-8400 or contact your Ministry Human Resource Office.*