

**CLAIMS PROCESSING & UTILIZATION REVIEW OFFICER****NATURE OF WORK IN THIS CLASS:**

This is responsible professional work involved in the planning, developing and implementing the utilization control of medical services claims under the health care financing programs of the Department of Public Health and Social Services.

Employees in this class supervise and perform the full range of complex professional duties in the specialized functional program areas of the profession.

**ILLUSTRATIVE EXAMPLES OF WORK:** (These examples do not list all the duties which may be assigned; any one position may not include all the duties listed.)

Judges appropriateness and necessity of services provided by medical service providers based on acceptable medical practices and federal/local guidelines.

Supervises claims processing/utilization review section, guiding subordinates in review and processing of claims.

Conducts on-site utilization reviews of all clients of the department's health care financing programs to ensure that quality care is provided and that services are not unnecessarily overutilized.

Plans, develops and maintains utilization control review procedures consistent with federal and local regulations.

Establishes parameters, criteria and standards of utilization review reports designed to monitor recipient and provider utilization of services and to detect fraud and abuse by both recipients and providers.

Performs pre-payment and post-payment utilization review of claims.

Conducts medical chart review against claims to verify accuracy, quality, necessity and appropriateness of services rendered.

Analyzes utilization review reports and compares them with data gathered from on-site reviews, claims history files, and other sources to establish recipient and provider utilization profiles.

Counsels and warns recipients found to be overutilizing services; refers and coordinates fraud and abuse cases with investigation and legal agencies.

Reviews requests for prior authorizations for selected services; determines appropriateness and amount of services to be provided and makes final decisions on requests.

Orientates providers of policies and procedures of the health care financing programs; conducts provider workshops on an annual basis.

Researches questions and complaints from both recipients and providers regarding payment of claims and procedures of the programs.

Coordinates off-island medical care referrals for eligible recipients.

Plans computer system development with appropriate personnel in order to achieve accurate claims processing results, detect fraud and abuse, and ensures compliance with federal and local regulations.

Monitors the activities of the Guam Memorial Hospital's Utilization Review Committee pertinent to health care financing programs; recommends changes in policies and procedures on the basis of utilization review findings.

Coordinates the Medical Review Team survey of appropriate level of care and length of stay for all potential Skilled Nurses Facility patients.

Prepares statistical and other reports on the activities of the claims processing and utilization review section.

Performs related duties as required.

**MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:**

Knowledge of the principles, practices, methodologies and theories of professional medical practices and applicable techniques thereof which will assure quality patient care.

Knowledge of the principles of medical care and practices.

Knowledge of medical technology and record keeping.

Ability to plan and coordinate utilization control programs and activities for medical assistance clients.

Ability to interpret and apply federal and local laws, regulations and program guidelines in providing public medical assistance to clients.

Ability to analyze and evaluate medical service records and billings.

Ability to supervise the work of others.

Ability to work effectively with employees and the public.

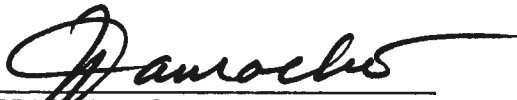
Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

**MINIMUM EXPERIENCE AND TRAINING:**

- A) Four years of experience in the field of hospital or medical care administration or closely related field; and graduation from a recognized college or university with a Bachelor's degree in public health or related field; or
- B) Any equivalent combination of experience and training, beyond the Bachelor's degree, which provides the minimum knowledge, abilities, and skills.

ESTABLISHED: JUNE 1990  
PAY RANGE: 46

  
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FELIX P. CAMACHO  
Executive Director  
Civil Service Commission