State Compensation Insurance Fund
Duty Statement

Position Information

Employee Name:

Position Title:
Medical Data Management Technician

Program:
Claims Processing Center

Work Unit:
Scan/Index

Classification:
Workers Compensation Insurance Technicians (WCIT)

Report To:
Workers' Compensation Insurance Supervisor II

Collective Bargaining Identifier (CBID):
R01

Fair Labor Standards Act (FLSA) Status:
Covered, Work Week Group 2

Special Requirements

Conflict of Interest Designation: Not applicable.

Program Information:

The Claims Processing Center provides support to our Claims and Legal partners by scanning and indexing documents and processing medical payments timely and accurately. The Medical Reimbursement Analysis Unit supports our workforce and partners with our SmartAdvisor software vendor to ensure medical reimbursement policies efficiently support bill review functionality and the work performed by our business partners.

Purpose/Scope:

Under the supervision of the Workers' Compensation Insurance Supervisor II (Scan/Index Assistant Manager), the Workers' Compensation Insurance Technician (Medical Data Management Technician) will be expected to:

- Review the accuracy and validity of tax reporting submissions sent to State Fund by vendors while ensuring compliance with Division of Workers' Compensation and internal State Fund guidelines.
- Maintain State Fund's Claims Medical Vendor database in an accurate and timely manner.
- Collaborate, document, and verify updates through communication and coordination with Financial Operations and the Claims Management Office.
- Comply with the State Fund Code of Conduct.
- Establish and maintain effective working internal and external relationships.
- Provide quality customer service in a timely manner.
- Maintain regular and predictable attendance.
- Defend State Fund against fraudulent activities.
- Act as a Subject Matter Expert (SME), trainer, and resource to the Claims Processing Center and adjusting
- locations regarding medical vendor issues.

Essential and Marginal Functions:

In all aspects of performing the following functions the incumbent will:

- Comply with the Code of Conduct
- Maintain regular and predictable attendance and communication availability during working hours
- Establish and maintain effective working relationships and provide quality customer service in a timely manner.
- Follow State Fund's Equal Employment Opportunity principles
- Maintain a safe work environment
- Defend State Fund against fraudulent activities
- Maintain good customer relationships with internal and external business partners and stakeholders
- Properly maintain assigned equipment

This duty statement outlines the primary responsibilities and expected outcomes of the position. It is not intended to provide an exhaustive list of all job duties. Employees may be required to perform additional tasks as assigned, including work in other functional areas.

Description of Duties

40% Essential

1. **Oversee compliance, security, and management of provider information for the corporate claims vendor database.**
    a. Ensure that work processes/protocols, procedures and guidelines for revising the corporate claims vendor database are compliant with Division of Workers' Compensation laws and regulations, Department of Treasury (IRS) statutes and requirements, and internal State Fund guidelines.
    b. Evaluate adjuster inquiries and communicate with adjusters to resolve privileged and personal provider information/issues.
    c. Identify potential fraud issues in accordance with internal fraud procedures and policies and refer to the Special Investigations Unit (SIU).
    d. Be vigilant, aware, and protect privileged and personal provider information received and never leave sensitive information unattended.
    e. Secure and lock up all W-9s and tax information documents received from the U.S. Postal Service.
    f. Submit privileged and personal provider information and award orders timely and within required timeframes.
    g. Provide timely status to IT, Financial Operations, claims adjuster, managers, and co-workers regarding internal requests for privileged and personal provider information.
    h. Document the instructions received from Claims staff on their requests to handle award orders, CEP, 1Remit, 590s, MDM, and other requests received on their claim file(s).
    i. Act as a resource to the adjusting location on the process and requirements of what is needed to enter new and/or updated provider information to a claim file.

20% Essential

2. **Provide expertise, training, and process improvement for Master Data Management functions.**
    a. Act as a subject matter expert, trainer and resource to all Claims partners, Claims Processing Center staff, SIU, and Financial Operations on Master Data Management functions, procedures, and special handling such as tax levies, lien settlements, and reporting of potential fraud.
    b. Investigate, research and respond timely and completely to all Claims Processing Center questions and all telephone and written inquiries regarding Master Data Management handling.
    c. Ensure that all verbal and written information provided to internal and external customers is professional, clear, concise, and supported by State Master Data Management procedures.

d. Provide detailed training, guidance, job shadowing, and auditing of the work of all new members that join the Master Data Management (MDM) team.
e. Complete additional training as required.
f. Complete all special assignments on time and in the manner specified by the supervisor or manager.
g. Proactively follow up with adjusters and managers to ensure timely handling of each Master Data Management request.
h. Evaluate errors by adjusters and vendors and present findings and training recommendations to management.
i. Maintain and support financial operations workflow recommendations for processes and procedures.
j. Actively participate in any meetings or discussions for changes or updates to current processes.
k. Maintain and update the corporate claims database timely and accurately.

15% Essential

3. Act as a resource to the Claims Processing Center and adjusting locations regarding medical vendor issues.

a. Investigate and respond in a timely and professional manner to all internal inquiries for information regarding changes to the medical vendor database, appropriate pay types, tax identification numbers (TINs) and payment methods.
b. Update the medical vendor database to enable adjusting and Claims Processing Center locations to make payments in accordance with State Fund policies and in compliance with Division of Workers' Compensation laws and regulations.

10% Essential

4. Request tax identification forms from providers as needed.

a. Reach out and send certification requests to providers when necessary to obtain updated tax identification information.
b. Confirm and update records in medical vendor database with new tax identification numbers (TINs), providers, addresses, and pay types.
c. Research provider names and addresses to maintain current and correct provider information through resources provided by Financial Operations; verify updates/edits/new entries with the IRS and other various resources.
d. Obtain and maintain a working knowledge of the medical vendor database and appropriate pay types, procedures and payment methods.

10% Essential

5. Communicate with Financial Operations regarding provider updates.

a. Inform Financial Operations of changes and corrections to the master listings of providers' tax identification numbers (TINs).
b. Forward tax certification forms to Financial Operations in order to update the master listings under providers' tax identification numbers (TINs).

5% Essential

6. Miscellaneous duties as assigned.

a. Miscellaneous duties and projects as required by immediate or covering supervisor and Claims Processing Center management to ensure smooth operation of the Claims Processing Center.

100%

Required Knowledge Areas:

- Working knowledge of the California Labor Code, California Code of Regulations, Division of Workers' Compensation laws and regulations, Department of Treasury (IRS) statutes, and Corporate policies and procedures related to bill review.
- Working knowledge of Corporate Claims/Medical Operations policies and procedures and State Fund's Corporate Guidelines.
- Working knowledge of Master Data Management functions, procedures and special handling.
- Working knowledge of State Fund standard software applications.

Required Skills and Abilities:

- Ability to interpret and apply workers' compensation laws/regulations and guidelines.
- Ability to evaluate information to make and support Master Data Management handling decisions.
- Ability to manage multiple projects and tasks.
- Ability to effectively work with and relate with other people.
- Ability to communicate professionally and effectively, verbally and in writing, (including the ability to negotiate credibly and persuasively) with a variety of "stakeholders".
- Ability to work independently and as a team with co-workers and management to address and resolve issues.
- Ability to develop and present training related to the safe and accurate handling of privileged and personal information received in the CPC from the U.S. Postal Service.

Work Environment:

Physical Requirements:

- Remaining stationary and moving for prolonged periods of time.
- Computer data entry, frequent positioning of self to move and transport light objects, and telephone work; mobility to various working areas.
- Incumbent works in the usual office environment.

Travel:

- Travel to various work sites and locations for training and/or meetings.

Emergency call backs:

- Not applicable.

Work Hours:

- Work hours may vary.

Supervisor's Statement: **I have discussed the duties of the position with the employee**

Supervisor Name (Print):	Supervisor Signature:	Date:

Employee's Statement: **I have discussed with my supervisor the duties of the position and have received a copy**

Employee Name (Print):	Employee Signature:	Date: