



Position Information

Employee Name:

Position Title:

Billing Research Specialist

Program:

Claims Processing Center

Work Unit:

Bill Review

Classification:

Workers' Compensation Claims Adjuster (WCCA)

Report To:

Manager I, SCIF/Assistant Claims Manager

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 supervision of the Manager I, SCIF (Assistant Claims Manager), the Workers' Compensation Claims Adjuster (Billing Research Specialist) is responsible for optimizing medical billing accuracy and compliance. The incumbent researches complex billing issues—including penalties, duplicate payments, and Independent Bill Reviews (IBR)—and creates/delivers specialized staff training to ensure alignment with statutory regulations and organizational policies.

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. Proactively research medical bill penalties and determine whether additional reimbursement is due, and process or recommend appropriate corrective action in accordance with applicable laws, regulations, and organizational policies and procedures.**
 - a. Research and determine the cause of inaccurate payment on bills, including identifying whether the error was caused by the provider, internal processing issue, or system issue, and determine the party responsible for corrective action or recovery, as applicable.
 - b. Compile, analyze, and report weekly, monthly, and year-to-date data on penalties, duplicate payments, mitigation efforts, and related billing activities. Prepare reports and present findings, trends, and recommendations to management.
 - c. Monitor and analyze trends related to medical bill penalties, duplicate payments, quality findings, workflow efficiencies, and training deficiencies. Identify root causes, recommend corrective actions, and develop process improvements to increase operational efficiency and reduce future errors.
 - d. Review provider requests for reevaluation of previously processed medical bills by analyzing billing documentation, applicable fee schedules, supporting evidence, and prior determinations. Evaluate the rationale for the original decision and recommend payment adjustments, workflow modifications, or policy changes, as appropriate.
 - e. Develop, implement, and maintain standardized workflows, procedures, and job aids to improve consistency, accuracy, and efficiency in medical bill processing and research activities.
 - f. Proactively communicate with medical providers to mitigate penalties through timely research, issue resolution, education, and collaboration. Track mitigation efforts, document outcomes, and report savings and trends to management.
 - g. Analyze billing errors, identify recurring error patterns and operational risks, and recommend training, policy, workflow, or system enhancements to improve quality, reduce penalties, and ensure compliance with applicable laws, regulations, and organizational policies and procedures.

20% Essential

- 2. Review, research, provide analysis and communicate to resolve/recover duplicate payments within the established threshold and exhaust every in-house avenue to collect duplicate payments prior to sending provider to collection agency or taking legal action.**
 - a. Research duplicate payments and overpayments to determine whether additional reimbursement or recovery action is required, and process or recommend corrective action in accordance with applicable laws, regulations, and organizational policies and procedures.
 - b. Review and analyze duplicate payments within the established threshold, including claims data and supporting documentation in available software systems, to identify the cause of the duplicate payment, and support recovery efforts.
 - c. Issue first, second, and third provider recovery contact letters, and verbally and in writing communicate with medical providers to resolve duplicate payment issues. Negotiate refund amounts and, when appropriate, establish payment plans to facilitate recovery.
 - d. Collaborate with State Fund internal programs, including Treasury, Credit and Collections, outside vendor collection agency, and Legal, to support recovery of duplicate and overpayments, including represented cases, and provide relevant information to ensure timely recovery. Document partial recoveries and reasons for state reporting purposes.
 - e. Track recovery progress, document outcomes, and report savings and trends to management.

- f. Compile, analyze, and report monthly, and year-to-date data on duplicate payments, recoveries, and related billing activities. Prepare reports and present findings, trends, and recommendations to management.
- g. Participating in CPC projects making recommendations as necessary to achieve the desired goals.

20% Essential

3. Proactively manage the Independent Bill Review (IBR) process.

- a. Review IBR requests, supporting documentation, billing records, dispute issues, and evidence to determine bill compensability and compliance with applicable statutes, regulations, the Official Medical Fee Schedule (OMFS), and organizational policies and procedures.
- b. Evaluate provider eligibility for IBR, assess the financial impact of disputed medical bills, collaborate with the IBR Specialist on eligibility questions or IBR documentation requests, and obtain Assistant Manager approval for negotiated settlements that exceed delegated authority.
- c. Communicate IBR determinations and appeal decisions to Claims Adjusters and other internal stakeholders, including reimbursement eligibility recommendations, and report significant findings and recommendations to CPC Senior Leadership Team
- d. Refer potential fraudulent billing practices to the Special Investigations Unit (SIU) in accordance with established policies and procedures.
- e. Coordinate Medical Reimbursement Analysis Unit (MRAU) to stay current on bill payment policies, medical fee schedule updates, and regulatory changes affecting the IBR process, and monitor IBR outcomes for trends, recurring issues, and opportunities for policy, procedure, or training improvements.
- f. Analyze IBR determinations to determine whether an appeal is warranted under Workers' Compensation laws, the Official Medical Fee Schedule (OMFS), applicable regulations, and organizational policies and procedures; prepare appeal packages and supporting documentation for management approval; and coordinate with the Claims Processing Center (CPC) Manager and Legal Services Unit to pursue IBR appeals and implement negotiated agreements and payment resolutions.

10% Essential

4. Develop content and deliver training to all levels of CPC in coordination with Location Trainers.

- a. Develop, coordinate, and deliver training for all levels of Claims Processing Center (CPC) staff in collaboration with Developers and Location Trainers update, maintain, and evaluate training, course content, and materials to ensure accuracy, consistency, and with current business processes. Recommend and implement improvements to, training methods, and instructional materials to improve employee performance and operational consistency.
- b. Serve as a subject matter expert and training resource by maintaining a comprehensive knowledge of the Official Medical Fee Schedule (OMFS), medical reimbursement methodologies, Bill Review workflows, legislative changes, and related business processes. Ensure training materials accurately reflect current laws, regulations, and operational requirements.
- c. Evaluate training effectiveness by analyzing quality assurance findings, billing trends, production data, and error patterns to identify knowledge gaps and training opportunities.
 - a. Complete and maintain required levels of Bill Review certification per statutory and regulatory

10% Essential

5. Miscellaneous duties as assigned.

- a. Back up Bill Review staff in backlog situations.
- b. Mentoring of CPC Staff.
- c. Participate in Corporate Office/Corporate CPC projects.
- d. Complete all special assignments on time and in the manner specified by the Supervisor or Manager.
- e. Contribute to the objectives and goals of the department through constructive participation.
- f. Contribute to the professional standing of the department through continuing education and mandatory training.
- g. Share acquired knowledge and skills with colleagues either through scheduled formal or informal meetings.
- h. Implement new technologies, systems and programs as appropriate.

Required Knowledge Areas:

- General knowledge of workers' compensation insurance rules and regulations.
- General knowledge of various State Fund functions as they affect [underwriting, marketing, claims].
- General knowledge of DWC laws/regulations and Regional Office/Corporate policies and procedures relating to claims adjusting and claims adjusting support.

Required Skills and Abilities:

- Ability to analyze issues, interpret and apply laws/regulations and policies and procedures to proactively make and support decisions.
- Ability to influence others and negotiate agreements and consensus among project partners, work peers, and other stakeholders.
- Ability to manage multiple projects and tasks.
- 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 research, analyze, and evaluate information to make and support decisions.
- Ability to acquire, apply, and support knowledge of current office practices and procedures.
- Ability to work independently and as a team with co-workers and management to address and resolve issues.

Work Environment:

Physical Requirements:

- Computer data entry, frequent positioning of self to move and transport light objects, and telephone work; mobility to various working areas.

Travel:

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

Emergency call backs:

- Not applicable.

Work Hours:

- Standard core business hours.

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: