State Compensation Insurance Fund
Duty Statement

Position Information

Employee Name:

Position Title:
Bill Review Phone Agent

Program:
Claims Processing Center

Work Unit:
Automated Bill Review

Classification:
Workers' Compensation Insurance Technician

Report To:
Manager I, SCIF/Bill Review Assistant 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 the supervision of the Manager I, SCIF (Bill Review Assistant Manager), the Workers' Compensation Insurance Technician (Bil Review Phone Agent) will:

- Provide quality customer service to medical providers, lien claimants, the general public and internal business partners.
- Review and adjust medical bills in compliance with the California Official Medical Fee Schedule, and other approved fee schedules and State Fund reimbursement guidelines
- Review re-evaluation requests by medical providers on bills we have processed previously including on the explanation of review the analysis and reasoning for our position.
- Process work received through various channels (phone, fax, email, regular mail, etc.) within mandated timeframes.
- Research Bill Review Reports to ensure all necessary payments are issued. Analyze the errors and make training recommendations.

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

45% Essential

1. **Provide quality customer service to medical providers, lien claimants, the general public and internal business partners. Accurately assess and communicate the value of medical bills which require experience and expertise in pricing. Ensure correct reimbursements are issued within mandated timeframes. Analyze bills and make recommendations on any necessary training.**
   a. Analyze facility** and complex medical provider bills that are likely to proceed to Independent Bill Review (IBR). Provide support documentation for appropriate CPT procedure codes, appropriateness of level, frequency of service, appropriate provision of drugs and supplies, and adequacy of physician's report to support RVS codes submitted by the medical provider.

   **Facility and complex medical provider bills consist of but not limited to the following:

      i. In-Patient medical bills
      ii. Out-Patient medical bills
      iii. Ambulatory Surgery Center (ASC) bills
      iv. Long Term Care bills
      v. Skilled Nursing bills
      vi. In - Patient Psyche bills

   b. Draft the Explanation of Review (EOR) for bills to include detailed explanation of the analysis and reasoning for our position regarding the payment dispute. The analysis and reasoning must address each of the issues on the bill as the EOR will be our evidence for Independent Bill Review.
   c. Review documentation which provider has submitted for second bill review as well as previous payment made and determines whether we owe an additional amount or ensure an overpayment letter was completed when an issue is identified.
   d. Whether or not additional money is owed on the second bill review, the EOR should include the analysis and reasoning for our position as Freeform Language in addition to the Standard Reasons which will be included on the EOR. Manage and maintain the re-eval pend queue to ensure any additional explanation regarding the bill review/dispute is added to the EOR.
   e. In the event of an extremely complex bill dispute that includes disagreement regarding cross walking or the appropriate amount due the provider, an analysis of the issues should be provided to the Medical Reimbursement Adjuster so direction can be obtained.
   f. Review the bills audited for quality assurance purposes and analyze errors in order to provide a recommendation on training necessary to improve the quality of the work.
   g. Communicate with Claims and the Corporate Claims Medical Division Medical Reimbursement Unit to maintain an understanding of bill paying policy and fee schedules
   h. Analyze provider inquiries and communicate with providers to resolve billing issues.
   i. Identify potential fraud issues and refer to the Special Investigation Unit (SIU)

40% Essential

2. **Provide timely written and verbal communications to internal and external customers. Process work received through various channels (phone, fax, email, regular mail, etc.) within mandated timeframes. Act as a resource to the Adjusting Location on the various fee schedules and the State Fund Automated Bill Review system.**
    a. Respond timely and accurately to all phone and written inquiries utilizing knowledge of the California Labor Code, California Code of Regulations, Claims Reference Manual, Official Medical Fee Schedule and State Fund Guidelines to negotiate with the provider who has requested Independent Bill Review within settlement authority when appropriate to resolve issues prior to the IBR determination.
    b. Ensure that all verbal and written decisions and information provided to internal and external customers are professional, clear, concise, and supported by documented information which adheres to State Fund reimbursement guidelines
    c. Document work in CARE and communicate with adjuster regarding any settlement including advising the adjuster whether the settlement included reimbursement of the IBR fee or if it appears that estimate may need to be adjusted due to the negotiated amount.
    d. Prepare and submit letters to providers
    e. Communicate by way of telephone calls to providers in order to resolve complex billing issues and document call in Claims File.
    f. Respond to CPC Helpdesk inquires from claims and legal staff providing information and resolution for billing concerns responding timely

15% Essential

3. **Develop and participate in training as directed and act as a training resource.**
    a. Complete and maintain required levels of ABR certification per statutory and regulatory guidelines
    b. Complete additional claims training as required.
    c. Develop, provide and/or assist with training as requested
    d. Complete all special assignments on time and in the manner specified by the Supervisor or Assistant Claims Manager

100%

Required Knowledge Areas:

- Working knowledge of State Fund bill review procedures and policies
- Working knowledge of various applicable fee schedules, including, but not limited to the Official Medical Fee Schedule, Inpatient Hospital Fee Schedule, Hospital Outpatient Department and Ambulatory Surgical Center Fee Schedule, Pharmaceutical Fee Schedule, Durable Medical Equipment, Prosthetics, Orthotics and Supply Fee Schedule, Ambulance Services Fee Schedule, Pathology & Laboratory Services Fee Schedule and medical reimbursement laws as set forth in the Labor Code, as well as knowledge of geographic peculiarities of medical billing.

Required Skills and Abilities:

- Ability to interpret and apply workers' compensation laws/regulations and guidelines
- Ability to evaluate information to make and support 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.
- Ability to work independently and as a team with co-workers and management to address and resolve issues.
- Ability to acquire, apply and maintain working knowledge of current office practices and procedures
- Ability to provide training

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.

- Enter additional physical requirements, if any

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: