

**MEDICAL CLAIMS REVIEWER 1****Nature of Work**

Under general supervision, performs technical work at the full-performance level, reviewing benefits payables which have been identified as questionable benefits and to collect medical evidence for appeals of denied medical procedures. Examines requests, claims and invoices for medical treatments as required by the West Virginia Public Employees Insurance Agency and advises PEIA Clinical staff on medical and pharmacy appeals. Performs related work as required.

**Distinguishing Characteristics**

This position is characterized by the review of requested medical procedures and/or invoices that were denied. The employee researches the claim, determines why the medical procedure or invoice was denied, and resolves the issue within rules, regulations, and guidelines established by the PEIA or researches the medical literature to find evidence-based or peer-reviewed documentation to support approval or denial of the requested services.

**Examples of Work**

Reviews computer printouts which identify questionable medical invoices by exception codes.

Reviews microfiche or hard copy files of claimant medical reports to determine whether payment is appropriate.

Reviews medical documents, including but not limited to physician notes, x-ray reports, surgery reports, hospital discharge summaries and other materials and correspondence, to determine whether the treatment, equipment, or services rendered is appropriate per the Agency benefit.

Corrects errors made in the processing of medical benefit payments via adjustment forms or correspondence.

Drafts letters to members and providers under their own signature or the Medical Director's signature.

Communicates verbally with members and providers to request or give information regarding payment of medical benefits.

Confers with the Medical Director and Pharmacy Director on the evidence obtained and makes recommendations for future action, if required.

**MEDICAL CLAIMS REVIEWER 1 (CONT'D)**

**Knowledge, Skills and Abilities**

Knowledge of the West Virginia Public Employees Insurance Agency laws, rules and procedures.

Knowledge of medical terminology and anatomy.

Knowledge of medical codes.

Knowledge of basic arithmetic.

Ability to interpret medical codes, medical documentation and medical reports.

Ability to make decisions as to whether or not payment of medical benefits is proper, based on WV Public Employees Insurance Agency benefit, laws, rules and regulations.

Ability to use office automation software and internal medical claim data systems.

Ability to communicate effectively with a wide variety of people, both orally and in writing.

Ability to operate a variety of office equipment.

**Minimum Qualifications**

TRAINING: Graduation from a standard high school or the equivalent.

**Experience**

Four years of full-time or equivalent part-time paid clerical employment including at least two years auditing or processing health insurance claims, in a health care setting using medical code, or health insurance.

**Substitution**

Course work from an accredited four-year college or university, or related business school or vocational training may substitute through an established formula for up to two years of the required non-specific experience.

Established: 12/1/91

Title Change: 1/16/09

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