GENERAL DESCRIPTION

Performs highly complex (senior-level) medical dispute resolution work. Work involves the review of medical fee disputes and issuing decisions for publication. May supervise the work of others. Works under limited supervision, with moderate latitude for the use of initiative and independent judgement.

EXAMPLES OF WORK PERFORMED

Coordinates the review of records and evidence provided by parties in dispute.

Researches applicable medical payment policies, provisions of laws, rules, and established precedents.

Confers with peers and other agency personnel to obtain additional information relevant to the dispute.

Evaluates information and determines the best plan of action.

Issues written decisions explaining review findings.

Prepares and conducts training sessions for staff.

May supervise the work of others.

Performs related work as assigned.

GENERAL QUALIFICATION GUIDELINES

EXPERIENCE AND EDUCATION

Experience in workers’ compensation, dispute resolution, medical billing and reimbursement, or legal work. Graduation from an accredited four-year college or university with major coursework in business administration or a related field is generally preferred. Experience and education may be substituted for one another.
KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of the relevant state and federal rules and regulations.

Skill in conducting critical analysis of evidence, conducting independent research, use of a computer and applicable software, and in using judgement to identify courses of action.

Ability to analyze medical documentation and determine reimbursement amounts; to apply laws and rules; to prepare written decisions; to gather, assemble, correlate, and analyze facts; to write concisely; to communicate effectively; and to supervise the work of others.