## Job Opportunity Bulletin

Post Date: November 30, 2012

### **Program Technician II**

Salary \$2638 - \$3209 Permanent, Full Time

FINAL FILING DATE: December 17, 2012

#### JOIN THE DDS TEAM!

For information about the DEPARTMENT OF DEVELOPMENTAL SERVICES

Please visit our website at www.dds.ca.gov

#### Mail to:

Dept. of Developmental Services 1600 Ninth Street, MS-Q Sacramento, CA 95814 **Attention:** Peggie McQuillan

#### Include:

Position # 171-9928-030 and the basis of your eligibility on your application

**NOTE:** Applications will be screened, only the most qualified will be considered

#### **CONTACT INFORMATION**

Name: Peggie McQuillan

Number: (916) 322-7790

Email:

Peggie.McQuillan@dds.ca.gov

The Department of Developmental Services' (DDS), Client Financial Services Section, is currently seeking a Program Technician II to join the fast paced Medicare/Insurance/Quality Control and Conservatorship Units.

The Program Technician II is responsible for Medicare D claiming functions for beneficiaries receiving services in the developmental centers, state operated facilities, state-operated community clinic, and Department of State Hospitals (facilities).

#### Desired Knowledge, Skills and Abilities:

- Good interpersonal and team participation skills to maintain positive working relationships among the billing staff and with staff from the facilities, headquarters staff, Data Systems Group (DSG), Prescription Drug Plans (PDPs), and the fiscal intermediary
- Flexible and adaptable to frequent changes from Centers for Medicare and Medicaid Services (CMS) and Information Technology (IT) systems
- Strong problem solving skills
- Ability to prioritize and organize workloads in order to maximize revenue reimbursement
- Ability to work with numbers and understand the logical sequences of an automated posting/billing/payment accounting system
- Good listening and communication skills, both orally and in writing.
- Program knowledge of Medicare and private insurance is essential.
- Knowledge and experience with billing systems and other online work processes.
- Knowledge of Medicare program, laws, rules, regulations and policies related to the billing process
- Knowledge of various Medicare manuals is desirable.

This position is located in DDS' Headquarters office in downtown Sacramento, conveniently located near public transportation, parks, restaurants, and farmer's markets.

If you are ready to be a part of our DDS team, please submit a standard State application (std678), postmarked by <u>December 17, 2012</u>.



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 9<sup>th</sup> Street, MS-Q Sacramento, CA 95814

# DEPARTMENT OF DEVELOPMENTAL SERVICES ADMINISTRATION DIVISION CLIENT FINANCIAL SERVICES SECTION

#### **DUTY STATEMENT**

JOB TITLE: Program Technician II

**UNIT:** Medicare/Insurance/Quality Control

**GENERAL STATEMENT OF DUTIES:** Performs Medicare D claiming functions for beneficiaries receiving services in the developmental centers, state operated facilities, state-operated community clinic, and Department of Mental Health state hospitals (facilities); processes Medicare drug claims electronically interacting with the Cost Recovery System (CRS) used within Client Financial Services (CFS), the contracted claims correction and transmission system Data Systems Group (DSG), the fiscal intermediary system; performs claims corrections for resubmission, reconciles remittance advices, works denied claims includes collection activities; maintains accurate accountings for each beneficiary; reviews program revenue and aging reports and take appropriate action to resolve issues; creates reports for management review, analyzing weekly summary and monthly error reports; provides guidance, consultation, and training by phone to facilities staff; works with internal units within CFS, the Developmental Centers Division, Information Technology Section, hospital pharmacy staff, and Prescription Drug Plans (PDPs) to obtain or provide information and correct pharmacy claiming issues; meets time sensitive deadlines while working in a fast paced environment and adapting to changes mandated by the Centers for Medicare and Medicaid Services (CMS); assists in maximizing federal reimbursement and supports continuous improvement of the billing system; maintains security and confidentiality of documents in accordance with the Health Insurance Portability and Accountability act (HIPAA), the Health Information Technology for Economic and Clinical Health Act, and various parts of Section 42 of the United Stated Code, and Code of Federal Regulations.

**SUPERVISION RECEIVED:** Reports directly to the SSMI, Medicare/Insurance/Quality Control and Conservatorship Units.

**SUPERVISION EXERCISED: None** 

**TYPICAL PHYSICAL DEMANDS:** Work on a desktop computer approximately 90 percent of the time. Multiple changing priorities; telephone use is required, process paper and electronic documents, files and correspondence. Walk short distances for staff interaction, meetings and claims processing. General use and knowledge of office tools such as fax machines, copy machines and computers is required.

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**TYPICAL WORKING CONDITIONS:** Open spaced, partitioned offices, with a smoke-free environment; use of fragrances and fragrance enhanced products are strongly discouraged for the health and comfort of individuals with chemical sensitivities.

#### **KNOWLEDGE, SKILLS, AND ABILITIES:**

- Good interpersonal and team participation skills to maintain positive working relationships among the billing staff and with staff from the facilities, headquarters staff, DSG, PDPs, and fiscal intermediary.
- Flexible and adaptable to frequent changes from CMS and Information Technology (IT) systems.
- Strong problem solving skills.
- Ability to prioritize and organize workloads in order to maximize revenue reimbursement.
- Ability to work with numbers and understand the logical sequences of an automated posting/billing/payment accounting system.
- Good listening and communication skills, both orally and in writing.
- Program knowledge of Medicare and private insurance is essential.
- Knowledge and experience with billing systems and other online work processes.
- Knowledge of Medicare program, laws, rules, regulations and policies related to the billing process.
- Knowledge of various Medicare manuals is desirable.

#### **EXAMPLES OF DUTIES:**

- Research and correct rejected Medicare D claims uploaded from the CRS onto the DSG system. Review of drug billing transactions, and service data including; claims and encounter information, payment, remittance advices and claims status. Create and maintain spreadsheets that identify all errors, track denied claims that require contacts to PDPs and/or facilities for resolution. Utilizes information reports from DSG to identify and analyzes trends for claims denied by the PDPs. Maintain a high level of phone, email, and written correspondence with facilities, and insurance companies to obtain the corrected prescription information to resubmit the Medicare claim. Review and reply to correspondence including discussions of coverage and limitations. Review and post payments including analyzing the explanation of benefits, and the electronic remittance advice (ERA) for partial payments to determine if additional amounts due. Review and process all denials including making appeals for fully or partially denied claims. Make manual corrections to claims as necessary.
- 25% Upload and process the ERAs weekly via the electronic billing system from the fiscal intermediary for reconciliation of the accounts receivables. Interact with Information System (IS) section to facilitate the downloading of the ERAs to the internal server. Review ERA files and pay tapes for

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reconciling. Reconcile the receivables in the CRS system to ensure that payments post correctly. Audit accounts for claim over/under payment and respond to claim payment inquiries from insurance companies.

15% Follow-up with facility trust offices annually to ensure they have requested up-to-date insurance information from their consumers or responsible parties including requests for current plan documents. Maintain claims files. Review weekly updates received via email, mail, and internet sites from the CMS. Must be current and up to date with the frequent changes to ensure correct claiming and maximum revenue collection is achieved.

Note: May be assigned other duties as directed by the supervisor depending on section needs and workflow commensurate with classification such as but not limited to private pay billing and collection, and program research, account reviews, and audits.

Employee Signed	Date
Supervisor Signed	Date

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