

THIRD PARTY RESOURCE SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: This is technical and clerical work involving responsibility for identifying and ensuring that all available third party resources are utilized to offset medical expenses incurred by clients of the agency including coordinating enrollment of clients in a managed care program. The incumbent carries out established third party resource procedures, trains and advises other staff in these procedures, interprets state third party regulations and requirements and assists in formulating local policies and procedures. The work is performed under general supervision with considerable leeway allowed for the use of independent judgement in carrying out the details of the work. Supervision may be exercised over the work of clerical personnel. Does related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only) Reviews cases referred by income maintenance or support unit personnel to verify if clients have health insurance, Medicare and managed care plan or other resources which are required to be used before Medicaid; Enters information relative to client's health insurance coverage on a standard form and completes data entry; Reviews a variety of state reports which provide information concerning clients with third party health insurance and/or managed care coverage; Establishes and maintains a file of clients with health insurance or managed care coverage based on locally developed information and state reports; Compares local files and state reports of clients with third party resources with Medicaid payments to determine if any Medicaid payments should have been covered by third party resources; Pursues recoveries of Medicaid expenditures through either the provider or insurance carrier; Monitors the results of recovery actions to ensure that proper adjustments to Medicaid expenditures are made; Reviews cost of health insurance or managed care coverage available and determines cost savings by enrolling the client in said coverage; Determines client eligibility for coverage and if appropriate authorizes enrollment or payment of health insurance premiums; Acts as a liaison and provides information to clients, providers, employers and insurance plans on third party and managed care; Maintains and updates a resource file of health insurance benefits provided by area employers and unions; Trains, advises and consults with agency staff concerning third party resource and managed care requirements and procedures; May perform some medical audit functions related to Medicaid payments.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Thorough knowledge of third party resource requirements and procedures; Good knowledge of a variety of health insurance plans and coverage provided by insurance companies, employers, unions and other groups or individual plans including available managed care plans; Working knowledge of medical terminology; Ability to understand and utilize complex written and oral information; Ability to communicate effectively, both orally and in writing; Accuracy; Attention to detail; Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: (1) Graduation from high school or possession of a New York State equivalency diploma and (2) three years of clerical or technical work which shall have involved familiarity with health insurance coverage and/or claims processing.

Adopted 4/27/87

Revised 2/22/99

Reviewed 1/7/05; 2/15/11