

THIRD PARTY RESOURCE SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: This is a technical position involving responsibility for identifying and ensuring that all available health insurance 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/health insurance and Medicaid resource procedures, trains and advises other staff in these procedures, interprets state 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 judgment in carrying out the details of the work. Supervision may be exercised over the work of assigned personnel. Does related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only) Reviews cases referred by benefit programs personnel or support unit personnel to verify if clients have health insurance, Medicare and/or managed care plan or other resources which are required to be used before Medicaid; Completes and/or supervises data entry of information relative to client's health insurance coverage; Reviews a variety of state reports which provide information concerning clients with health insurance and/or managed care coverage; Establishes and maintains a file of clients with health insurance or managed care coverage; Reviews Health Insurance Premium Project (HIP) and/or Premium Assistance Program (PAP) cost effectiveness; Reviews and analyzes eligibility information and compares to eligibility criterion and makes correct decisions regarding health insurance, managed care or Medicaid coverage; 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; Performs various determinations as assigned and required through New York State web based programs; Determines client eligibility for coverage and if appropriate authorizes enrollment or payment of health insurance premiums; Enrolls and disenrolls clients in Medicaid programs as appropriate; Maintains and updates a resource file of health insurance benefits provided by area employers and unions; Acts as a liaison and provides information to clients, providers, employers and insurance plans Medicaid and managed care; Trains, advises and consults with agency staff concerning other available health insurers 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 Federal, State, and local rules, regulations and laws that govern client eligibility for social services medical coverage assistance, resource requirements and procedures; Good knowledge of Federal, State, and local rules, regulations and laws that govern client eligibility for social services financial assistance; Good knowledge of a variety of health insurance plans and coverage provided; Working knowledge of medical terminology; Working knowledge of operation of personal computer and computerized information processing systems; Ability to establish and maintain effective working relationships with others; Good powers of observation and perception; Ability to understand and utilize complex written and oral information; Ability to communicate effectively, both orally and in writing; Good judgment; Emotional maturity, initiative and tact; Accuracy; Attention to detail; Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Graduation from high school or possession of a New York State equivalency diploma and either:

- A. Three years experience in examining, investigating or evaluating claims for assistance, veterans or unemployment benefits, insurance or a similar program operating under established criteria for eligibility; OR
- B. Three years of account keeping experience which must have included one year of experience in health related auditing and billing of medical claims or related work; OR
- C. An equivalent combination or training and experience as defined by the limits of A and B.

NOTE: Post high school educational training in a regionally accredited or New York State registered college or university or business school in accounting, business administration, economics, or related field work may be substituted for experience on a year-for-year basis.

Adopted 4/27/87

Revised 2/22/99; 5/29/13; 11/1/22; 11/9/22

Reviewed 1/7/05; 2/15/11; 1/18/16