

CLASS TITLE: SENIOR HEALTH INSURANCE SPECIALIST

Class Code: 02625300

Pay Grade: 31A

EO: C

CLASS DEFINITION:

GENERAL STATEMENT OF DUTIES: To be responsible for the performance of eligibility determinations of applicants for the Catastrophic Health Insurance Plan (CHIP); to assist in the monitoring and administration of the CHIP Program and with the negotiation of hospital budgets including the determination of payment rates; to be responsible for the administration of the community health center grant program; and to do related work as required.

SUPERVISION RECEIVED: Works under the general supervision of a superior from whom assignments are received in general outline form; exercises considerable latitude for the use of independent judgement and initiative in carrying out such assignments; work is reviewed usually upon completion for conformity with laws, rules policies and instructions.

SUPERVISION EXERCISED: Plans, assigns, supervises, and reviews the work of technical and clerical subordinates.

ILLUSTRATIVE EXAMPLES OF WORK PERFORMED:

To be responsible for the performance of the more difficult and/or complex eligibility determinations of applicants for the CHIP Program; and to assist in the monitoring and administration of the CHIP Program.

To review completed CHIP applications, obtain additional information, interview applicants when necessary, determine other insurance coverage, review expenses, and income and to refer non-qualified applicants to other programs.

To be responsible for monitoring the performance of providers of health services relating to CHIP applicants and to notify and recommend to a superior the certification or decertification of such providers.

To review and recommend the qualification of health insurance plans for CHIP.

To coordinate and direct claim activities of a fiscal intermediary and to examine such activities on a regular basis.

To review hospital budget requests.

To establish rates of payment for hospitals to be paid by all state programs as the result of a prospective cost finding process.

To settle year-end hospital statistics and expenses to comply with the negotiated budget and to set an expense base for the next fiscal year.

To be responsible for researching economic trends for developing a position for the annual MAXICAP and CONCAP negotiations.

To represent the state in activities of the Health Services Council, Statewide Health Coordinating Council and the special legislative commission to study health care capital expenditures as they related to hospital reimbursement including the development of advisories to the Health Services Council.

To coordinate the uniform reimbursement of all hospital services paid by all state agencies.

To participate in conjunction with Blue Cross/Blue Shield of Rhode Island in on-site reviews in community hospitals of selected areas of reimbursement

To be responsible for the administration of the community health center grant program.

To review, analyze and approve grant applications and quarterly reports from community health centers.

To participate in on-site reviews and management audits of community health centers.

To effect and maintain a working relationship with the Rhode Island Health Center Association.

To be responsible for consolidating data and information including the determination of payment rates and the preparation of management reports.

To provide assistance in planning, formulating, issuing, and revising program rules, regulations, policies, and procedures and to recommend changes in such laws in order to improve and update program objectives.

To provide assistance in day-to-day operations, functions and administration; and to serve as the programs' representative in the absence of a superior.

To assist in ensuring that an equitable eligibility process provides appropriate, adequate, and consistent program coverage to all applicants.

To establish and maintain an effective liaison with various state departments and agencies, insurance industry officials, department officials, health care providers and professionals, associates and the general public concerning CHIP, hospital budget and health center grant programs.

To be responsible for the handling of complaints and appeals including hearings and related file preparation.

To be responsible for the implementation of a public information program.

To serve as a representative of the programs and to attend meetings or hearing with medical, human service personnel and general public.

To do related work as required.

REQUIRED QUALIFICATIONS FOR APPOINTMENT:

KNOWLEDGES, SKILLS AND CAPACITIES: A thorough knowledge of the concepts and principles of all types of public health insurance plans and the ability to apply such knowledge in the determination of eligible applicants under the Chip Program; a thorough knowledge of accepted management practices and techniques in the health financing field; a working knowledge of program administration and supervision including human service delivery, data methods, economics with the ability to apply such knowledge as it relates to the duties described above; the ability to analyze and evaluate health insurance plans and provider rates; the ability to assist in the development of program rules, regulations, policies, and procedures; the ability to plan, supervise and review the work activities of a technical and clerical staff; the ability to establish and maintain an effective liaison with insurance industry officials, professionals, health care providers, associates, and the general public; the ability to prepare necessary reports and projections; and related capacities and abilities.

EDUCATION AND EXPERIENCE:

Education: Such as may have been gained through: graduation from a college of recognized standing with specialization in Insurance, Economics or Business Administration supplemented by courses in health care financing management; and

Experience: Such as may have been gained through: employment as a Health Insurance Specialist; or considerable employment in a responsible technical position in a private or public health insurance program involving the determination, disbursement and administration of health insurance claims.

Or, any combination of education and experience that shall be substantially equivalent to the above education and experience.

Class Revised: June 22, 1986

Editorial Review: 3/15/03