

**State of Michigan  
Civil Service Commission**  
Capitol Commons Center, P.O. Box 30002  
Lansing, MI 48909

<b>Position Code</b>
1. DPTLTCHEF55R

## POSITION DESCRIPTION

This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position.

2. Employee's Name (Last, First, M.I.)	8. Department/Agency MDHHS-COM HEALTH CENTRAL OFF
3. Employee Identification Number	9. Bureau (Institution, Board, or Commission) Medicaid Care Management and Customer Service
4. Civil Service Position Code Description DEPARTMENTAL TECHNICIAN-E	10. Division Program Review Division
5. Working Title (What the agency calls the position) Departmental Technician	11. Section Ancillary Service Review Section
6. Name and Position Code Description of Direct Supervisor VELANDRA, ALANNA C; STATE ADMINISTRATIVE MANAGER-1	12. Unit
7. Name and Position Code Description of Second Level Supervisor BACKER, GRETCHEN; STATE DIVISION ADMINISTRATOR	13. Work Location (City and Address)/Hours of Work 400 S. Pine St., Lansing, MI / Monday - Friday, 8a - 5p

**14. General Summary of Function/Purpose of Position**

This position is responsible for developing and producing turnaround reports, monitoring program electronic data, researching and identify issues with turnaround input and output for prior authorizations.

**15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.**

List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.

**Duty 1**

**General Summary:**

**Percentage: 45**

Input and output in CHAMPs data entry for prior authorization and 800 ACD phone line inquiries.

**Individual tasks related to the duty:**

- Log on and off new prior authorizations that have not been logged on or off within the divisions mandated processing deadlines.
- Back up data input while staff are on leave for all areas processed within the division.

**Duty 2**

**General Summary:**

**Percentage: 30**

Develops and produces reports for tracking turnaround and responses to both paper and electronic prior authorizations.

**Individual tasks related to the duty:**

- Develop queries for tracking by specialty area and analyst assigned to the area.
- Develop reports showing turnaround deficiencies by specialty areas and/or assigned areas.
- Develop and produce reports by request of management.

**Duty 3**

**General Summary:**

**Percentage: 15**

Identify and resolve issues that impact turnaround of prior authorization requests.

**Individual tasks related to the duty:**

- Match and resolve discrepancies in between prior authorization request, history, and file.
- Identify cases that are not within division required turnaround.
- Plan and resolve turnaround issues.

**Duty 4**

**General Summary:**

**Percentage: 5**

Compiles, reviews and monitors program data and backup for electronic prior authorizations.

**Individual tasks related to the duty:**

- Backup to review and assign electronic prior authorization according to specialty and/or analyst review.
- Compiles reports for tracking of data in the prior authorization system r.
- Compiles monthly reports of activity within the division.
- Compiles fiscal and annual year-end reports.

**Duty 5**

**General Summary:**

**Percentage: 5**

Other duties as assigned.

**Individual tasks related to the duty:**

**16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.**

Decisions related to tracking and managing division turnaround. Decisions affecting provider payment, policy recommendations and revisions, program efficiency and workflow.

**17. Describe the types of decisions that require the supervisor's review.**

Policy changes and automated system enhancements. Exceptions to program guidelines and/or rules.

**18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.**

General Office setting; predominantly desk work.

**19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.**

**Additional Subordinates**

**20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):**

N Complete and sign service ratings.

N Assign work.

N Provide formal written counseling.

N Approve work.

N	Approve leave requests.	Review work.
N	Approve time and attendance.	Provide guidance on work methods.
N	Orally reprimand.	Train employees in the work.

**22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?**

Management prepared.

**23. What are the essential functions of this position?**

This position is responsible for developing and producing reports turnaround reports, monitoring program electronic data, researching and identify issues with turnaround and data input/output for all prior authorizations.

**24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.**

PD updated for recruitment purposes.

**25. What is the function of the work area and how does this position fit into that function?**

The function of the division is to provide prior authorization for selected services and management of the DIS Program and Vision Volume contracts. This position is responsible for producing standard reports, conducting studies for program efficiency, cost effectiveness and feasibility of offering new services, researching and responding to inquiries from providers, beneficiaries and Medicaid personnel, and assisting division Medicaid Utilization Analyst staff.

**26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.**

**EDUCATION:**

Education typically acquired through completion of high school.

**EXPERIENCE:**

**Departmental Technician 7**

One year of experience performing administrative support activities equivalent to the 7-level in state service.

**Departmental Technician 8**

One year of experience as a technician or paraprofessional equivalent to the entry level in state service.

OR

One year of experience performing administrative support activities equivalent to the 8-level in state service.

**Departmental Technician E9**

Two years of experience as a technician or paraprofessional, including one year of experience equivalent to the intermediate level in state service.

OR

One year of experience performing administrative support activities equivalent to the 9-level in state service.

OR

One year of experience as a supervisor of administrative support activities equivalent to the 9-level in state service.

**Alternate Education and Experience**

**Departmental Technician 7**

Completion of two years of college (60 semester or 90 term credits) may be substituted for the experience requirement.

**Departmental Technician 8**

Possession of a Bachelor's degree may be substituted for the experience requirement.

**Departmental Technician E9**

Possession of a Bachelor's degree and one year of job-related experience may be substituted for the experience requirement.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

Microcomputer skills Bi-Query and CHAMPS database experience.

Thorough understanding of medical terminology, procedure codes and diagnosis.

**CERTIFICATES, LICENSES,  
REGISTRATIONS:**

None

*NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*

*I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*

---

Supervisor

---

Date

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

Indicate any exceptions or additions to the statements of employee or supervisors.

None

*I certify that the entries on these pages are accurate and complete.*

---

Appointing Authority

---

Date

*I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*

---

Employee

---

Date