

State of Michigan
Civil Service Commission

Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909

Position Code
1. MEDUTALA

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 Quality Assurance
4. Civil Service Position Code Description Medicaid Utilization Analyst-A	10. Division Program Review Division
5. Working Title (What the agency calls the position) Medicaid Utilization Analyst- A	11. Section MEDICAL EQUIPMENT & SERVICES SECTION
6. Name and Position Code Description of Direct Supervisor HINKLE, LORI A; 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, Capitol Commons Center, Lansing / Monday - Friday 8 - 5

14. General Summary of Function/Purpose of Position

This position functions as a clinical review professional responsible as the senior analyst conducting clinical reviews of applications/requests for prior authorization of clinical services, procedures, supplies, and/or equipment provided to Medicaid and Children's Special Health Care Services beneficiaries, and to provide technical assistance and consultation regarding services, products, technology, and standards of coverage. These reviews require a more in-depth analysis and do not fall within the standard parameters of the normal review process. This position may function in a liaison capacity and/or will consult with Office of Medical Affairs clinicians as needed. This position will participate as an alternative to ensure operational turnaround time is met. The expertise of the position is relied upon for formation and interpretation of Medicaid policy, providing technical knowledge for coverage and service inquiries, advising on standards of coverage, and preparing summaries and testifying at Administrative Hearings and Department Reviews. The position also serves as the consultant to other department staff, vendors, providers, and beneficiaries for coverage decisions and policy coverage, as well as providing training for less experienced/new division staff.

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: 70

Responsible for conducting professional clinical reviews of applications/requests for coverage of clinical services, procedures, supplies, and/or equipment that require prior authorization for Michigan Medicaid and Children's Special Health Care Services through the evaluation of provider data, medical documentation, and coverage determination using Medicaid guidelines, procedures, and standards of practice. Formulates professional decisions with significant budgetary impact. Investigates for potential other insurance coverage from Medicare, HMO's, commercial carriers, or automobile insurers when conducting reviews for clinical coverage to verify Medicaid is the payer of last resort for approved services.

Individual tasks related to the duty:

- Provide case consultation for less experienced staff analysts.
- Review the more highly complicated/complex applications/requests which may require a more in-depth analysis and do not fall within the standard parameters of review processes as established by the section, or in cases where guidelines and procedures have not been established, or where policy is not well defined.
- May function in a liaison capacity as needed when advising less experienced staff to consult with OMA clinicians, and/or consult with OMA clinicians on complex cases as needed.
- Interpret existing policies and standards of care for coverage of assigned services from enrolled providers throughout the state of Michigan, as well as borderland states.
- Manage urgent verbal and written requests which require immediate attention and review to meet urgent medical needs.
- Research clinical applications and any contradictions for the use of clinical and professional services and determine the medical appropriateness for each beneficiary by way of professional literature review, consultations with physicians and/or other appropriate healthcare professionals, equipment providers and manufacturers.
- Determine cost effective alternatives to recommend to the providers as appropriate.
- Research and apply appropriate national Healthcare Common Procedure Coding System (HCPCS) coding and State mandated pricing guidelines.
- Apply Medicare policy and other insurance coverage, and closely monitor dual eligibility to prevent significant loss of Medicaid funds.
- Process prior authorization applications within the established Division turnaround timelines.
- Conduct alternate reviews (i.e. provide coverage/assistance for other staff) when required to meet urgent or emergent beneficiary needs and/or when requested by management to meet operational standards and expectations.
- Review applications for coverage and respond to questions related to medical necessity for other areas of review as assigned

Duty 2

General Summary:

Percentage: 5

Serve as clinical expert contributing to the revision and development of Michigan Medicaid policy for assigned clinical services, procedures, supplies, and/or equipment review areas. This includes cost, functional, and clinical analysis of new products and services.

Individual tasks related to the duty:

- Identify and interpret policy and coding changes required by Federal rule.
- Provide and recommend specific information to include in provider bulletins.
- Research and analyze new therapeutic procedures, services, supplies, and equipment and assess for appropriate coverage and policy considerations.

Duty 3

General Summary:

Percentage: 10

Represent the Department during the appeals process including preparation of necessary case summary and professional testimony.

Individual tasks related to the duty:

- Daily contact with beneficiaries and beneficiary representatives, providers, rehabilitation technicians, allied health professionals, physicians, case managers, and manufacturers through written correspondence and telephone calls to obtain information, clarify data, and interpret inquiries and resolve if possible and appropriate to eliminate need for administrative hearings/departmental reviews in individual cases.
- Contributes to the development of PRD protocols for administrative hearings/departmental reviews. If/when protocols need to be revised or new protocols established, works with PRD leadership to ensure protocols being developed incorporate any considerations specific to the areas of clinical review.
- Review more highly complicated/complex appeals for requests where guidelines and procedures have not been established, or where policy was not well defined.
- Provide guidance and training for less experienced staff analysts, including advising on potential resolution to avoid administrative hearings/departmental reviews on individual cases.
- Provide interpretation of current policy, standards of care, existing laws and federal and state rules and regulations for the hearing officers.

Duty 4

General Summary:

Percentage: 5

Provide consultation, information, and training within Health Services and to other departments and agencies.

Individual tasks related to the duty:

- Provides guidance to less experienced staff as needed.
- Facilitate resolution of challenging coverage issues between providers, beneficiaries, and Michigan Medicaid and Children's Special Health Care Services.
- Respond to questions of medical necessity for equipment and services for other similar programs.
- Provide training for newly hired/newly assigned staff analysts and function and a resource to provide guidance for less experienced staff analysts.
- Provide interpretation of current policy, standards of care, existing laws and federal and state rules and regulations, within MDHHS, for stakeholders, and others as needed.

Duty 5

General Summary:

Percentage: 5

Research new products and technological advances or changes in clinical standard of practice for area assigned.

Individual tasks related to the duty:

- Research clinical services, procedures, supplies, equipment, providers, medical clinics, and seminars, to provide and obtain information, consultation, and training pertaining to the Michigan Medicaid and Children's Special Health Care beneficiaries, policy and coverage of products and services.
- Analyze clinical applications, descriptions, and pricing between manufacturers of new products and services.
- Review and update professional literature file for current technology and services in assigned areas.
- Maintain resource library.
- Provide training for newly hired/newly assigned division staff on new services/products and advances that need to be incorporated into the division's routine work/reviews and function and a resource to provide guidance for less experienced staff analysts.

Duty 6

General Summary:

Percentage: 5

Other duties as assigned

Individual tasks related to the duty:

Other duties as assigned

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

Duties one through five; most prevalent are the numerous daily coverage decisions affecting the budget, as well as clinical care services given to beneficiaries throughout the state of Michigan.

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

When decisions are highly political or may set precedent.

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.

Physical effort includes long periods of time sitting to review and analyze requests, respond to written or telephone inquiries, research medical and equipment information, using the computer and attending meetings. Work on PC approximately 35 hours per week. Limited physical effort including bending and walking with occasional light lifting.

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):

- | | |
|---|--|
| <input type="checkbox"/> Complete and sign service ratings. | <input type="checkbox"/> Assign work. |
| <input type="checkbox"/> Provide formal written counseling. | <input type="checkbox"/> Approve work. |
| <input type="checkbox"/> Approve leave requests. | <input type="checkbox"/> Review work. |
| <input type="checkbox"/> Approve time and attendance. | <input type="checkbox"/> Provide guidance on work methods. |
| <input type="checkbox"/> Orally reprimand. | <input type="checkbox"/> 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?

Conducting clinical reviews of applications/requests for prior authorization of clinical services, procedures, supplies, and/or equipment provided to Medicaid and Children's Special Health Care Services beneficiaries, and to provide technical assistance and consultation regarding services, products, technology, and standards of coverage. These reviews require a more in-dept. analysis and do not fall within the standard parameters of the normal review process. This position will participate as an alternate to assure operational turnaround time is met. The expertise of the position is relied upon for formation and interpretation of Medicaid policy, to provide technical knowledge for coverage and service inquiries, to advise on standards of coverage, and to prepare summaries and testify at Administrative Hearings and Department Reviews. The position also serves as the consultant to other department staff, vendors, providers, and beneficiaries for coverage decisions and policy coverage, as well as providing training for less experienced/new division staff.

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

New Position

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

The Program Review Division is responsible for providing clinical review of applications/requests for prior authorization of clinical services, procedures, supplies, and/or equipment provided to Medicaid and Children's Special Health Care Services beneficiaries, and to provide technical assistance and consultation regarding services, products, technology, and standards of coverage. This position functions as the senior clinical review professional.

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

EDUCATION:

Possession of a bachelor's degree in audiology, dental hygiene emergency medical technician, medical records administration, medical technology, nuclear medicine technology, nursing, occupational therapy, pharmacy, physician assistant, physical therapy, radiologic technology, rehabilitation, respiratory therapy, speech pathology, or sports medicine.

EXPERIENCE:

Medicaid Utilization Analyst 12

Three years of professional experience analyzing health services or health services utilization data equivalent to a Medicaid Utilization Analyst, including one year equivalent to a Medicaid Utilization Analyst P11.

Alternate Education and Experience

Medicaid Utilization Analyst 9 - 12

Possession of a bachelor's degree in allied health, health education, health sciences, health care administration, chiropractic, health care management, health systems management, and health studies and licensure/certification in a clinical health care field may be substituted for the education requirement.

Two years of experience as a Registered Nurse P11 or equivalent may be substituted for the education requirement.

KNOWLEDGE, SKILLS, AND ABILITIES:

Extensive health care knowledge, communication skills, discerning analytical ability, and computer expertise. Awareness and understanding of relevant state and federal regulations and Medicaid policies.

Additionally, as listed on the CSC job specification.

The MDHHS mission is to provide opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient. We are committed to ensuring a diverse workforce and a work environment whereby all employees are treated with dignity, respect and fairness.

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.

WHITNEY HENGESBACH

4/6/2026

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