

**State of Michigan
Civil Service Commission**

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

Position Code

1. DEPTALTE

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 DEPT OF INS AND FIN SERVICE
3. Employee Identification Number 	9. Bureau (Institution, Board, or Commission)
4. Civil Service Position Code Description DEPARTMENTAL ANALYST-E	10. Division Office of Research, Rules and Appeals
5. Working Title (What the agency calls the position) Grievance Analyst	11. Section Health Care Appeals Section
6. Name and Position Code Description of Direct Supervisor GLOSSON, VALERIE Y; STATE ADMINISTRATIVE MANAGER-1	12. Unit
7. Name and Position Code Description of Second Level Supervisor STODDARD, JOSEPH; SENIOR POLICY EXECUTIVE	13. Work Location (City and Address)/Hours of Work 530 W. Allegan Street / 8:00am - 5:00pm

14. General Summary of Function/Purpose of Position

This position functions as an analyst responsible for overseeing grievances involving requests for external review under the Patients' Right to Independent Review Act (PRIRA) as set forth in PA 251 of 2000. This position administers the external review process regarding complaints against BCBSM, HMOs, commercial health insurance plans, and public employer governmental plans under Chapters 22, 31, 34 and 35 of PA 218 of 1956 (Michigan Insurance Code), in addition to other state and federal statutes. The position has responsibility for all aspects of requests by insured customers for an external review regarding adverse determinations (denials, termination, or reduction of benefits) made by their health plans. This position investigates all cases brought to or filed in the Appeals Section to assess, make eligibility determinations, and draft a detailed written recommendation based upon applicable law for approval. Also, responsible for coordinating all requests for an expedited review submitted by a member, physician, or authorized representative that are documented as life-threatening, puts a member's life in serious jeopardy, or affects their ability to regain maximum function as substantiated by their physician and the insured cannot wait for the regulatory timeframe for completion of a standard review.

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: 50

Write recommendation orders for management sign-off, ensuring orders are comprehensive and timely.

Individual tasks related to the duty:

- Draft recommendation orders, including reference to applicable provisions of the coverage documents and applicable law, for the director's or designee's signature.

Duty 2

General Summary:

Percentage: 35

Conduct research and analyze issue(s) at hand to evaluate eligibility for external review.

Individual tasks related to the duty:

- Gather and review the record, including the applicable contract language, coverage documents, medical policies, formulary, and complete case files, applicable laws, the provisions of PRIRA and PPACA, etc. to determine eligibility for review. Analyze and establish which coverage provisions and laws are applicable to the matter.
- If eligibility guidelines are met, coordinate information sharing with the health plan for an initial response to gain additional insight as to the dispute and respond to unresolved questions related to the complaint.
- Analyze documentation to decide the direction of the case. Decisions will be based on research as to direction of the case (is the case incomplete, not eligible to be accepted, if acceptance criteria are met, does the matter involve issues of a contractual nature or are medical issues involved).
- Coordinate information collection, and composition of correspondence including issuance of letters (incomplete, seeking additional information, not accepted, or notice of acceptance and assignment letters to an independent review organization as needed). Formulate questions to independent medical reviewer when the case involves a medical question and incorporate applicable law when necessary.
- Consult with management or senior level staff when needed when a determination is not clear.

Duty 3

General Summary:

Percentage: 10

On an ongoing basis, review and analyze changes to applicable law, policies, rules and regulations to identify discrepancies or other issues that may require attention.

Individual tasks related to the duty:

- Review and analyze changes to applicable law, policies, rules and regulations pertinent to the external review process (PRIRA, Michigan Insurance Code, PPACA, Coordination of Benefits, Medicaid Provider Manual, Medicaid Contract, etc.).
- Respond as required to complainants, the legislature, or other DIFS areas on questions or concerns regarding the PRIRA process and related issues by phone, in writing, or in person.
- Identify potential discrepancies found during research that may need to be addressed with the various parties, other DIFS areas, or management.

Duty 4

General Summary:

Percentage: 5

Other duties as assigned.

Individual tasks related to the duty:

- Maintain records of cases in OBASE.
- Provide backup for other staff, for example who are absent or whose workload is excessive.
- Carry out special assignments as requested by management, such as statistical analysis.
- 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.

Decisions regarding the direction (whether medical or contractual) of routine cases are made independently. Consumers and insurance plans may be affected by those decisions.

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

Consultation with management on unusually complex cases, sensitive issues, or those that appear contrary to the provisions of the coverage documents or applicable law, or that may have broader impact.

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.

Position duties and tasks are performed in a traditional office environment, which includes considerable sitting, occasional standing, limited lifting, considerable microcomputer usage, and normal office routines.

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):

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|---|--|
| ☐ Complete and sign service ratings. | ☐ Assign work. |
| ☐ Provide formal written counseling. | ☐ Approve work. |
| ☐ Approve leave requests. | ☐ Review work. |
| ☐ Approve time and attendance. | ☐ Provide guidance on work methods. |
| ☐ 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?

Yes.

23. What are the essential functions of this position?

See box #14.

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

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

This work area is responsible for providing legal research to the Director and DIFS staff, including legislative research and analysis. The office is also responsible for promulgating administrative rules, processing appeals under the Patient's Right to Independent Review Act, handling complaints under the Clean Claims Act, drafting bulletins and other formal and informal guidance, and for other special projects.

This position processes appeals under the Patient's Right to Independent Review Act for BCBSM, HMOs, commercial health plans, and public employers.

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 any major.

EXPERIENCE:

Departmental Analyst 9

No specific type or amount is required.

Departmental Analyst 10

One year of professional experience.

Departmental Analyst P11

Two years of professional experience, including one year of experience equivalent to the intermediate (10) level in state service.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Knowledge of insurance or the healthcare industry
- Effective communication skills both verbal and written
- Experience with Word, Excel and managing data tracking systems
- Experience understanding state and federal statutes and their application
- Experience conducting research and analysis

CERTIFICATES, LICENSES, REGISTRATIONS:

N/A

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.

N/A

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