

**MICHIGAN CIVIL SERVICE COMMISSION
JOB SPECIFICATION**

MEDICAID UTILIZATION ANALYST

JOB DESCRIPTION

Employees in this job complete or oversee a variety of professional assignments to ensure the appropriateness of services and levels of reimbursement under the Medicaid program.

There are four classifications in this job.

Position Code Title – Medicaid Utilization Analyst-E

Medicaid Utilization Analyst 9

This is the entry level. As a trainee, the employee carries out a range of professional medicaid utilization analyst assignments while learning the methods of the work.

Medicaid Utilization Analyst 10

This is the intermediate level. The employee performs an expanding range of professional medicaid utilization analyst assignments in a developing capacity.

Medicaid Utilization Analyst P11

This is the experienced level. The employee performs a full range of professional medicaid utilization analyst assignments in a full-functioning capacity. Considerable independent judgment is used to make decisions in carrying out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Position Code Title – Medicaid Utilization Analyst-A

Medicaid Utilization Analyst 12

This is the advanced level. The employee may function as a lead worker or senior worker. At this level, employees are responsible for overseeing the work assignments of other professionals or have regular assignments that have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level.

NOTE: Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every

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position are included, nor is it expected that all positions will be assigned every duty.

Identifies the need for and develops and implements methods to modify or create analysis criteria to identify and/or quantify provider and client abuse, misutilization, or overutilization of health care services.

Prepares reports and exhibits from the findings of provider and client reviews and develops recommendations or intervention strategies to correct or prevent abusive practices, including proposals to recover inappropriately paid moneys or to suspend or terminate program participation.

Presents, explains, and defends findings and decisions in provider/client administrative proceedings.

Develops methods for and conducts studies to analyze program utilization, cost effectiveness, and client satisfaction.

Researches, analyzes, evaluates and implements standards for monitoring the quality of health care provided to clients.

Identifies the need for and develops studies to monitor and/or evaluate the quality of services delivered by managed care providers.

Participates in provider education activities directed at improving the quality of health care provided to clients and/or program integrity issues.

Reviews and analyzes program utilization data and/or medical documentation (e.g. patient charts) and evaluates services provided or received to assess compliance with Medicaid program policies, standards, appropriateness of services and/or medical necessity.

Conducts on-site inspections, interviews providers and clients, and reviews medical records and charts to document and verify compliance with program policies and/or standards of health care, appropriateness of services or medical necessity.

Reviews and analyzes requests and determines appropriateness of authorization of services and/or payment for various health care specialty areas based on medical necessity, appropriateness of services and coverage guidelines.

Analyzes and resolves billings for specialized health care services; determines the necessity for, appropriateness of, and payment amounts of services utilizing operative reports and other medical documentation submitted.

Develops standards and procedures for analysis and resolution of specialized and complex claims and billing problems and practices.

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Develops processing guidelines for use by non-professional staff in the resolution of routine health care claim issues.

Identifies the need for, and provides clinical and/or operational expertise for the development/revision of program policy.

Proposes and drafts procedures to accommodate changes in systems and program policy.

Proposes and implements changes to automated system(s) to correct errors, provide effective monitoring, and maintain appropriate reimbursements through updating computerized files.

Reviews new medical and dental procedures, technology, and pharmacology procedure codes and recommends coverage and reimbursement levels to be consistent with federal and state regulations and policy constraints.

Researches, analyzes, and responds to inquiries from providers and clients, other Medicaid services personnel, and other state department personnel, and the public, to resolve program and policy issues.

Maintains records and prepares reports and correspondence related to the work.

Performs related work as assigned.

Additional Job Duties

Medicaid Utilization Analyst 12 (Lead Worker)

Oversees the work of professional staff by making and reviewing work assignments, establishing priorities, coordinating activities, and resolving related work problems.

Medicaid Utilization Analyst 12 (Senior Worker)

Performs on a regular basis professional medicaid utilization analyst assignments which are recognized by Civil Service as more complex than those assigned at the experienced level.

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities

NOTE: Some knowledge in the area listed is required at the entry level, developing knowledge is required at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of Medicaid policies, procedures and standards.

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Knowledge of medical, pharmaceutical, and other health services, practices, and terminology.

Knowledge of automated utilization review and data analysis systems.

Knowledge of health care standards.

Knowledge of health care billing standards and procedures.

Knowledge of data analysis methods.

Knowledge of statistics and quantitative analysis methods.

Ability to analyze health services utilization data.

Ability to analyze and resolve health services claims and related problems.

Ability to write reports using health care and medical terminology.

Ability to conduct interviews with health care professionals, technicians, and/or recipients.

Ability to maintain confidentiality of information.

Ability to understand and apply complex policies, procedures and legal statutes.

Ability to maintain records, and prepare reports and correspondence related to the work.

Ability to communicate effectively with others.

Ability to maintain favorable public relations.

Additional Knowledge, Skills, and Abilities

Medicaid Utilization Analyst 12 (Lead Worker)

Ability to organize and coordinate the work of others.

Ability to set priorities and assign work to other professionals.

Working Conditions

None.

Physical Requirements

None.

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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 9

No specific type or amount is required.

Medicaid Utilization Analyst 10

Two years of professional experience providing clinical patient care requiring documentation of services provided, patient progress, etc. (e.g. nursing/therapy services); or; one year of professional experience analyzing health services or health services utilization data equivalent to a Medicaid Utilization Analyst 9.

Medicaid Utilization Analyst P11

Four years of professional experience providing clinical patient care requiring documentation of services provided, patient progress, etc. (e.g. nursing/therapy services); or; two 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 10.

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.

Medicaid Utilization Analyst 12

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

Special Requirements, Licenses, and Certifications

None.

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NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

Job Code

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Job Code Description

Medicaid Utilization Analyst

Position Title

Medicaid Utilization Analyst-E

Medicaid Utilization Analyst-A

Position Code

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Pay Schedule

NERE-174

NERE-180

ECP Group 2
Revised 6/1/06
TeamLeaders