

**QUALITY CARE PARTNERS
JOB DESCRIPTION**

JOB TITLE: Department Assistant (Non-Exempt)

POSITION SUMMARY:

This position is responsible for servicing the needs of customers by receiving phone calls, emails and faxes from customers (e.g., members, providers, TPAs, etc.) Have familiarity with various plan benefit designs and direct caller to appropriate resources. **Department Assistants do not interpret clinical information.**

RESPONSIBILITIES:

- Provide support to the staff to assist in gathering information to assist in the day to day operations of the department.
- Receive incoming calls and responsible for accurate and complete information gathering
- Distributes correspondence and other information to the appropriate parties or departments
- Compile packets for mailing to providers and members (letter, care plans, educational material and/or resources)
- Ability to read, write and explain or describe moderately complex information to others.
- Extensive attention to detail.
- Ability to accurately take and record measurements or readings.
- Receive calls and communicate with co-workers and customers in a warm and friendly manner.
- Ability to multi-task, maintain even temper and pleasant affect while on duty
- Other duties as assigned.

REQUIRED QUALIFICATIONS:

- 1 – 2 years' previous experience in health care office, insurance field, pharmacy, medical records/health information management or completion of formal medical assisting program or pharmacy technician course. Previous experience with insurance claims, benefit design, and/or prior authorization of medical procedures, medications and/or medical testing is preferred. Demonstrated proficiency in keyboarding. Basic medical terminology knowledge.

DEMONSTRATE QCP VALUES:

The values of Quality Care Partners are demonstrated on a daily basis and reflected through job duties and responsibilities as evidenced by:

- **Caring:** Seek to listen, understand and respond to our customers' needs with care; Communicate with co-workers and customers with positivity and empathy; Be good stewards of QCP resources.
- **Excellence:** Strive to exceed, not just meet expectations; Always deliver services with accuracy and efficiency; Recognize and utilize your strengths and the strengths of others.
- **Improvement:** Bring new ideas to create positive change and solutions; Be open to the ideas and suggestions of others; Be an advocate to continuously improve QCP.
- **Accountability:** Take ownership for your daily decisions; Stay focused on your job and eliminate distractions while at work; Demonstrate QCP values in everything you do.

TRAITS AND APTITUDES:

- High level of awareness of pertinent details; excellent organizational skills.
- Excellent verbal and written communication skills.
- Must handle pressure effectively and be able to prioritize work load.
- Professional appearance and demeanor.
- Able to maintain confidentiality.
- Excellent computer literacy and skills with the ability to master programs needed for position.

PHYSICAL DEMANDS AND WORK CONDITIONS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Must be able to hear, speak, and see and to coordinate motor skills.
- Must be able to lift 25 pounds, stoop and bend and reach above head.
- Ability to collect data, interpret findings, set priorities and carry out established plan.
- Ability to read, write and utilize manual and computerized systems of documentation.
- Ability to sit for prolonged periods of time
- Must read a significant amount of information in a relatively short period of time.

REPORTING RELATIONSHIPS:

Position Reports to: Administrative Director or Office & Personnel Management

**QUALITY CARE PARTNERS
JOB DESCRIPTION - ADDENDUM**

JOB TITLE: Department Assistant (Non-Exempt)

ADDENDUM: Medical Management/Intake Specialist

REPORTS TO: Administrative Director/Medical Management Team Manager

***** Intake specialists role does not include interpretation of medical information or clinical decision making*****

- Answers all calls in a kind and professional manner
- Responsible for accurate and complete information gathering such as basic demographic information, ICD 10 code(s), CPT code(s), Pre-Auth reason, requested place of service, service desired and contact person information.
- verifies status of provider participation as indicated in Conifer and enters provider information correctly when needed
- Provides referral authorization outcomes to providers when calling for status checks.
- Enters faxed/emailed or phoned in referral requests from providers correctly into system
- Upload clinical information to appropriate referral, non-clinical notes, or case management document section.
- Provide closure disposition of referral when no medical information is provided
- distribute faxes to appropriate staff if not pertaining to medical management.
- Forwards all Case Management (CM) referral requests to the case manager.
- Call providers to request office notes, test results, additional medical information or check service availability.
- Assist or refer members and/or providers with questions regarding authorizations, authorization process and/or benefit information. (i.e. a list of services that do not require pre-certification)
- Do not make adverse determination decisions (denials)
- Responsible for six-month Community Based DM reach out/follow-up to qualifying members
- Support the MBWL program by performing member reach out (letters/calls) and entering information into medical management system