



GRIEVANCE SPECIALIST

Position Status: Exempt
Reports To: Grievance Supervisor
Effective Date: 02/10/21
Revised Date:
Job Level: P2

POSITION SUMMARY

Under limited supervision, this position:

1. Supports the administration and resolution of medium complexity cases in support of the Alliance Grievance function
2. Assists Grievance and Quality Leadership with daily operations and serves as a backup for Grievance and Subject Matter Expert (SME) Training
3. Participates in departmental and cross departmental trainings, workgroups, and operational improvement activities
4. Performs other duties as assigned

RESPONSIBILITIES

1. Supports the administration and resolution of medium complexity cases in support of the Alliance Grievance function, with duties including but not limited to:
 - Working within established guidelines and procedures to resolve all assigned cases using the Alliance appeals and grievances tracking system
 - Maintaining and measuring compliance with regulatory timelines and notification requirements for case resolution
 - Facilitating electronic housing of appeal and grievance cases to distribute to the appropriate departments within the Alliance
 - Researching the pertinent details and history of a case and creating a clear timeline of events
 - Communicating effectively with Alliance staff, members and providers, in-person, by phone, and in writing
 - Updating members and providers regarding case progress or case status
 - Requesting, reviewing, sorting, bookmarking and preparing medical records related to denied or modified authorizations for the Alliance Medical Director's review
 - Working with relevant departments to complete all necessary follow-up and research
 - Using the Alliance appeals and grievances tracking application to document case notes and prepare and generate member and provider acknowledgement and resolution letters
 - Maintaining grievance information and supporting documentation in accordance with regulatory bodies for all lines of business
 - Proposing recommendations and seeking decisions related to appeals, grievances and state fair hearings
 - Preparing Appeal and Grievance case files and conducting self-audits of work to ensure quality and compliance

- Processing and appropriately facilitating a complete investigation, including documentation for Member Complaints that are of medium complexity, such as appeals with medical records, complaints where a member has been denied a benefit or service, Independent Medical Review (IMR) cases, and State Fair Hearings (SFHs)
 - Acting as a Grievance Team member to track, route and complete requests for SFHs
 - Performing investigation and presentation of Alliance response to cases brought to SFHs, including researching claim history and reviewing and preparing medical records related to the denied benefit or authorizations in question
 - Preparing and presenting written position statements for and at SFHs that take place both over the phone and in person
 - Researching and preparing attachments, such as Alliance policy, Medi-Cal Manual guidelines and member benefit guidelines, to attach to position statements where applicable
 - Monitoring notices of requests for SFH sent by the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) requests for IMR where applicable
 - Working with Grievance and Quality leadership where a ruling from an SFH requires Alliance policies or procedures to be updated and/or compliance report submissions
 - Acting as a point of contact for SFHs and maintaining collaborative working relationships with the California Department of Social Services (CDSS), the hearing divisions of DHCS, DMHC, and Alliance staff
 - Supporting and participating in process improvements, system enhancement testing, new process implementations, and documenting adjustments, as assigned
 - Maintaining appeal and grievance data through tracking mechanisms and processing case requests to support regulatory, internal or external requirements, including audits
2. Assists Grievance and Quality Leadership with daily operations and serves as a backup for Grievance and Subject Matter Expert (SME) Training, with duties including but not limited to:
- Monitoring appeals and grievances received to determine whether a case should be opened
 - Assisting as a back-up with monitoring daily queue when the Senior Grievance Specialist or Supervisor are out of the office, including:
 - Monitoring the Alliance appeals and grievances tracking system queue to ensure cases are entered and assigned appropriately
 - Assigning and re-assigning cases to lower level Grievance staff as applicable to skill
 - Assisting in the development and presentation of training for lower level Grievance staff positions and SME cross-collaborations
3. Participates in departmental and cross departmental trainings, workgroups, and operational improvement activities, with duties including and not limited to:
- Attending Staff Grievance Review Committee (SGRC) meetings and preparing and presenting agenda items for SGRC as approved or assigned by Grievance Leadership
 - Attending monthly Department meetings and preparing and presenting agenda items for the Department, as assigned by Grievance and Quality Leadership
 - Participating in cross-departmental work groups, grievance system trainings and initiative meetings, as assigned
 - Sharing information from workgroups and initiatives with the Grievance Team during weekly team meetings
4. Performs other duties as assigned

EDUCATION AND EXPERIENCE

- Bachelor's degree in Health, Social Science, or a related field and a minimum of three years of experience in a managed health care setting, health plan or provider office performing work related to processing provider claims, including a minimum of one year of experience administering provider disputes or member appeals and grievances (a Master's degree may substitute for two years of the required experience); or an equivalent combination of education and experience may be qualifying

KNOWLEDGE, SKILLS, AND ABILITIES

- Working knowledge of the principles and practices of managed healthcare, healthcare coverage and benefit structures, principles of coordination of benefits and medical billing
- Working knowledge of Title 22 and Title 28 utilization management and grievance regulations
- Working knowledge of the diverse needs of the Medi-Cal population
- Working knowledge of the principles and practices of customer service
- Working knowledge of and proficiency in Microsoft Word, Outlook, and Excel
- Working knowledge of conflict resolution techniques
- Working knowledge of proper grammar, spelling, punctuation and formatting
- Working knowledge of methods and techniques of research, analysis and reporting
- Some knowledge of multiple provider types and payments
- Ability to understand and communicate the complex operations and processes of the Alliance, including those related to Utilization Management, Care Management and Member Services departments
- Ability to identify issues, conduct research and investigations, gather and analyze information, reach logical and sound conclusions, and offer recommendations and potential consequences
- Ability to interpret legal, regulatory and contractual language, policies, procedures and guidelines, and legislative and regulatory directives
- Ability to prepare reports, correspondence and other program documents
- Ability to quickly learn and competently navigate computer systems, including internal tracking systems
- Ability to communicate the program mission, vision and roles
- Ability to assist in the development of training materials, train and educate on health matters, and make presentations to individuals and groups
- Ability to effectively, clearly, and independently document, summarize and resolve member's concerns and inquiries
- Ability to conduct telephone interviews in a confidential and sensitive manner
- Ability to quickly and accurately assess a member's and/or family or significant other's ability to follow up with care plan details
- Ability to listen effectively and respond to sensitive or difficult issues with tact and diplomacy
- Ability to identify and resolve problems in a timely manner
- Ability to establish and maintain effective working relationships with members, co-workers, providers and individuals of varying socio-economic and/or cultural backgrounds, and with special needs population
- Ability to work independently with minimal supervision and as a member of a team

DESIRABLE QUALIFICATIONS

- Bilingual (English/Spanish)
- Experience reviewing and/or preparing medical records
- Working knowledge of and proficiency in Adobe Acrobat Professional and OneNote
- Some knowledge of physician billing processes
- Some knowledge of community care resources within Santa Cruz, Monterey and Merced counties

WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal for extended periods of time
- Ability to bend, lift and carry objects of varying size weighing up to 10 pounds
- Ability to travel to different locations in the course of work

This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.