GENERAL PURPOSE: This position is responsible for the development and on-going oversight of the Utilization Management (UM) Program for The Center for Mental Health. Provides utilization management (such as prospective, concurrent, and retrospective review) to best meet the specific behavioral healthcare needs of clients and to promote quality and cost-effective outcomes and appropriate payment for services.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Responsible for all aspects (i.e. documentation, authorizations letters, etc.) regarding authorizations, utilization management and coordination of inpatient acute care, sub-acute and outpatient care for clients accessing behavioral health benefits – must have a thorough understanding of the client’s treatment through coordination with treatment team.
- Responsible for obtaining prior authorizations for all services by successfully completing the authorization process with commercial payers. Contacts external case managers/managed care organizations for certification and recertification of insurance benefits throughout the patient’s stay and assists the treatment team in understanding the insurance company’s requirements for continued stay and discharge planning.
- Facilitates and coordinates discharge planning and works towards reduction of preventable hospital admissions, re-admissions, etc.
- Performs telephonic reviews of inpatient and outpatient episodes of care.
- Gathers pertinent clinical information and applies/interprets criteria to ensure medical necessity, covered benefits, participating providers and appropriate services.
- Assists with claim appeal authorization review as needed.
- Contacts physician offices to obtain medical records necessary to perform utilization review
- Meets or exceeds regulatory turnaround time and departmental productivity goals when processing referral/authorization requests
- Provides administrative support for UM processes such as triaging telephone requests from payers for information, notification or follow up, and organization of data related to admissions and discharges
- Advocate that the patient is placed in the appropriate level of care and program.
- Interface with program staff to facilitate a smooth transition at the time of transfer or discharge.
- Work closely with Revenue Cycle Department to ensure the insurance precertification process is complete and to update the denial log statistics on an ongoing basis (at least weekly), and initiate appeals through telephone or written communication within 7 to 10 days of denial.
- Provide clinical information to managed care companies, insurance companies and other third-party reviewers to establish the length of stay or number of authorized services.
- Processes and/or obtains authorizations/certifications based on payer requirements.
• In conjunction with treatment provider, explain benefits, copays, coinsurances and deductibles to patients when necessary.
• Document prior authorization and insurance verification notes in Electronic Medical Record.
• Administer or participate in audits of programs to ensure agency compliance on utilization review regulations.

Medical Records
• Periodic monitoring and auditing of medical records for completeness and adherence to policy.
• Manage referrals for and engage with current and new potential clients.
• Assure appropriate release of information on file for clients.
• Review requests for release of information and processes requests made by clients, attorneys insurance companies and other health care entities.
• Ensure compliance with all local, state, and federal statutes prior to processing requests.
• Obtain signed authorizations and monitors expiration dates.
• Copies and scans medical information as requested.
• Maintains Center medical records requests.
• Mails or hand delivers copies of medical requests to individuals requesting information.
• Maintains HIPAA compliance by utilizing a check system during the scanning process.
• Review records sent through the health information exchange (HIE) assuring pertinent information is accurate, making corrections and uploading the records daily.
• Uploads documents into the electronic health record’s document library based on Center policies.
• Complete Monthly Treatment Summaries and Coordination of Care documents, sending them to the appropriate external agencies to meet compliance requirements.

Center-Wide Essential Duties and Responsibilities
• Responsible for keeping client information confidential by adhering to Colorado law and policies and procedures for The Center.
• Responsible for compliance with applicable federal, state and local laws; professional practice acts and ethical guidelines; policies and procedures of The Center; and contractual guidelines.
• Responsible for supporting The Center’s Vision, Mission, Values and Beliefs by practicing and modeling a culture of wellness within a One Team Mindset.
• Completes all administrative paperwork and electronic health record documentation/time sheet (billing and personnel/payroll) as requested/required.
• Completes required competency training in Essential Learning and additional training as requested or selected by supervisor.
• Reviews and acknowledges Center policies and procedures as requested/required.

MISC. DUTIES AS ASSIGNED
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. It is not intended to limit or in any way modify the right of any supervisor to assign, direct, and control the work of employees under his/her supervision. The use of a particular expression or illustration describing duties shall not be held to exclude other duties not mentioned that are of similar kind or level of difficulty.

SUPERVISORY DUTIES: No supervisory duties

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each
essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

- Bachelor’s degree in a human-service related field required; Master’s-level preferred
- Experience working in a medical records department, to include tasks such as purging, filing, and responding to records requests preferred
- Understand insurance verifications, prior authorizations, coinsurances, deductibles and copays
- Must have strong attention to detail and accuracy
- Strong skills in problem solving, interpersonal and communication skills
- Experience documenting and billing for services provided
- Fluency in English required; Spanish preferred
- Basic computer and keyboarding skills
- Ability to enter data on The Center’s computerized recordkeeping system
- Ability to interact with people in a professional, friendly manner
- Ability to work independently as well as cooperatively and constructively as part of an interdisciplinary team

WORKING ENVIRONMENT/PHYSICAL ACTIVITIES: 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.

- Works extended hours in front of a computer monitor
- Required to talk and hear
- Often requires sitting and use of hands and fingers, to handle or feel
- Occasionally required to stand, walk, reach with arms and hands, climb or balance, and to stoop, kneel, crouch or crawl
- Vision abilities required by this job include close vision
- The noise level in the work environment is usually quiet to moderate
- May need to provide services in noisy and unclean locations in the community

I have read this copy of my job description, discussed it with my supervisor and understand my responsibilities.

__________________________________________________________________________  __________
Signature                                                                 Date

THE CENTER FOR MENTAL HEALTH EMPLOYMENT IS AT-WILL MEANING THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED BY EITHER THE EMPLOYEE OR EMPLOYER AT ANY TIME, WITH OR WITHOUT CAUSE OR PRIOR NOTICE.