

*Code: 5211*

*Title: CLIENT SERVICES SUPPORT SPECIALIST-PHS*

**SUMMARY:** Assists clients/members of Pima Health System in obtaining needed medical services.

**DUTIES/RESPONSIBILITIES:** (Work assignments may vary depending on the department's needs and will be communicated to the applicant or incumbent by the supervisor)

General Duties/Responsibilities:

Researches files and computer data to gather or verify necessary client/member data;  
Provides information to clients/members on program requirements and procedures;  
Responds to and initiates telephonic communications requiring the simultaneous research, data entry and retrieval of information maintained in PC based data files;  
Answers questions and resolves complaints and issues from clients/members and health care providers;  
Completes forms and routine correspondence using PC based computer based software and equipment;  
Prepares a variety of reports and maintains files;  
Initiates, updates, processes and maintains automated and manual client/member files/documentation and ensures compliance with program time-tables;  
Maintains appropriate security and confidentiality of information created or encountered in the performance of assigned duties.

Member Services Duties/Responsibilities:

Serves as a client/member advocate for problem resolution, outreach, benefit dissemination and primary care physician (PCP) assignment;  
Assists clients/members of Pima Health System in obtaining medical services;  
Provides assistance to members/clients, health care providers, case managers and other professional staff relative to the care and treatment of the client/member;  
Coordinates services and billing issues with health care providers;  
Prepares, coordinates and tracks requests for client/member services including service related appointments and ensures that such requests are completed accurately and on time.

Medical Care Access Duties/Responsibilities:

Provides processing and coordination of client/member referrals for medical services requiring prior authorization;  
Enters data into automated information systems and processes medical referrals, both routine and emergent, from healthcare providers involving clients/members;  
Researches and resolves problems and issues from healthcare providers, clients/member or case managers relating to prior authorization referral or scope of service provisions;  
Provides explanations to clients/members and health care providers on the prior authorization referral process, scope of AHCCCS Plan service provisions and other issues relating to client/member healthcare.

Pharmacy Prior Authorization Duties/Responsibilities:

Reviews, prioritizes and authorizes approval of pharmacy related prior authorization requests from providers, received by facsimile and/or telephone using client criteria;  
Communicates selected prior authorization criteria, pharmacy benefit coverage and formulary alternatives to providers and/or staff;  
Researches and documents prior authorization outcomes in the pharmacy benefit management software (SXC) and PHS prior authorization system (QNXT);  
Communicates with providers' regarding pharmacy related prior authorization for clients/ members;

Refers prior authorization requests to the PHS Formulary Manager when extensive clinical review is required.

KNOWLEDGE & SKILLS:

Knowledge of:

- applications of automated information systems;
- business English, spelling, grammar, punctuation and composition;
- rules, regulations, policies and procedures applicable within work unit;
- basic principles of contractual agreements;
- research techniques and report writing;
- medical terminology;
- AHCCCS covered services, policies and procedures;
- office practices, procedures and equipment.

Skill in:

- using automated information systems to create records, maintain data and produce documents;
- prioritizing multiple tasks and activities;
- researching and compiling information and writing reports;
- communicating effectively;
- interpreting and applying of AHCCCS and other program rules and guidance to client/member situations.

MINIMUM QUALIFICATIONS:

EITHER:

1) Four years of experience performing secretarial or administrative tasks including two years of experience providing direct client, member or customer support for a department, specialized program, or small business.

(Relevant education from an accredited college, university or vocational/technical school may substitute for up to two years of the general portion of the aforementioned experience)

OR:

(2) Two years of experience with Pima County as an Office Support Level III or Office Support Level IV.

OTHER REQUIREMENTS:

Special Notice Items: Some positions may require satisfactory completion of a personal background investigation, polygraph test, and/or drug screening. Some positions must have the ability to communicate clearly (verbally) in both English and a second language as determined by the appointing authority.

Physical/Sensory Requirements: Physical and sensory abilities will be determined by position, however, some positions require the ability to sit and to data-enter information into computer systems for protracted periods of time and to communicate orally by telephone.

This class specification is intended to indicate the basic nature of positions allocated to the class and examples of typical duties that may be assigned. It does not imply that all positions within the class perform all of the duties listed, nor does it necessarily list all possible duties that may be assigned.



