

# TRILLIUM COMMUNITY HEALTH PLAN

## POSITION DESCRIPTION

**POSITION TITLE:** Benefit Specialist (Level I), Pharmacy

**POSITION SUMMARY:** Primary resource accountable for detailed knowledge of benefit coverage issues and expertise in appropriate emphasis areas. Responsible for review and determination of benefits for prior authorization requests. Follows Agate practice guidelines, health plan guidelines, provider manual guidelines, and other medical resources. Serves as liaison for health plan members, customers, staff and community medical personnel.

### **PRIMARY RESPONSIBILITIES & DUTIES:**

1. Review prior authorization requests for multiple health plans, including researching and obtaining additional information as needed.
2. Prepare records for cases requiring medical review, including documentation of key findings, benefit determination, verification of codes and prices, standards' citations, and alternatives and transitional care options.
3. Non clinical staff approve requests where predefined clinical algorithm criteria have been met.
4. Document information and actions taken.
5. Provide assistance to members regarding access to appropriate services.
6. Conduct active follow-up activities to support outcomes assessment.
7. Identify members with complaints and follow guidelines for handling complaints.
8. Attend and support internal health plan meetings as directed.
9. Other duties:
  - Maintain confidentiality.
  - Work independently and in a team environment.
  - Identify both internal and external customers and work towards meeting customer needs. Provide customer service in a timely, responsive, courteous and accurate manner.
  - Represent Agate in a professional manner to customers.
  - Maintain growth and development to meet job responsibilities.
  - Respond to business needs in a fiscally responsible manner.
  - Perform other duties as assigned.

### **RELATIONSHIPS & WORK TEAM RESPONSIBILITIES:**

**Reports To:** Associate VP of Claims Administration

**Internal:** Work closely with Clinical Pharmacist, ENCCs, Case Managers, other members of Medical Management department, Customer Service Representatives and other members of Operations department, and subsidiary companies.

**External:** Communicate with members, physician offices, providers, health plans, and sub-delegated entities.

## **JOB REQUIREMENTS:**

### **Education:**

- High School graduate or GED
- Course work in, fundamental knowledge of, or equivalent experience in medical terminology preferred.
- Completion of medical terminology course work may be required by manager within the first two years of employment if none at hire.

### **Experience:**

- Managed care experience preferred.
- Knowledge of the health plan benefits, regulations, and authorization guidelines preferred.
- At least two years' experience in working with pharmacy services, either retail pharmacy, hospital, pharmaceutical company, or health plan.
- Familiar with pharmaceutical nomenclature.
- Knowledgeable about drug classifications, strengths and dosages, names, actions and uses.

### **Skills:**

- Excellent communication and interpersonal skills via telephone, writing, computer, and in person.
- Excellent organizational skills.
- Proficient data entry and word processing skills.
- Superior attention to detail.
- Skill in ICD-9 and CPT coding.
- Ability to define problems, collect data, establish facts and draw conclusions regarding appropriateness of request.
- Superior attention to detail.