

Disability (DES) Job Family					
Job Title	Disability Coordinator	Disability Assistant	Disability Coordinator II	Lead Disability Assistant	Disability Reviewer II
Job Code	MS920	MHC814	MS902	MHC831	MHC812
Pay Grade	SHARE W28 - Grade 14	SHARE W28 - Grade 15	SHARE W28 - Grade 16	SHARE W28 - Grade 17	15
<b>Position Summary</b>	<p>Under the general supervision of the Operations Manager, this position is responsible for the preliminary review, direct processing, and expediting of all incoming and outgoing written and electronic correspondence and records, including disability supplements, medical and clinical information, and related materials. This position makes complex decisions regarding protected healthcare information (PHI) based on the Federal regulations regarding the protection of health information under the Health Information Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. This position is the primary hub for all incoming/outgoing correspondence, disability supplements, and is the primary interface with clients, agencies, and DES staff regarding incoming and outgoing medical information, mail, and records.</p> <p>In addition, this position provides the primary initial mailing, receipt, review, and customer service functions for disability supplements (MassHealth or other clients). Decisions made in this area directly impact the time line for the disability review process and for the determination of benefits for MassHealth and other agency applicants.</p>	<p>Under the general supervision of the Clinical Manager or designee, this position provides direct administrative support and services necessary for the completion of professional medical responsibilities and functions for DES' skilled professional medical personnel (SPMP), i.e. DES Physician and Psychologist Advisors, Disability and Appeals Reviewers, Program Managers and the Clinical Manager. The Disability Assistant makes complex decisions regarding protected healthcare information, based on the Federal Health Information Portability and Accountability Act of 1996 (HIPAA). This position is responsible for exercising judgment on all administrative and clinical aspects of the case in conjunction with and at the direction of DES SPMP. The Disability Assistant is a primary customer service interface for DES' SPMP with clients and external agencies.</p>	<p>Under the general supervision of the Operations Manager, this position is responsible for the initial review and processing of all incoming and outgoing written and electronic correspondence, records, disability supplements, medical information, and related materials.</p> <p>This position provides the primary mailing, receipt, review, and customer service functions for disability supplements (Mass Health or other agencies). Decisions made in this area directly impact the time line for the disability review process and for the determination of benefits for Mass Health and other agency applicants. Staff has frequent interaction with applicants, their representatives, hospitals and other facilities, Mass Health or other agency personnel. The nature of the interactions requires knowledge of complex eligibility requirements for Mass Health or other state benefits and a thorough understanding of the benefit application process for multiple programs. The position also requires an extensive knowledge of complex state and DES databases for both inquiry and data entry purposes.</p>	<p>Under the general supervision of the Clinical Manager, the Lead Disability Assistant is responsible for the coordination of administrative processing of disability determinations for all in and out of state contracts. This position is responsible for making strategic decisions on case assignment and for keeping cases on timeline. The Lead Disability Assistant is responsible for work flow management and training of Disability Assistants as well as performing those front line functions when necessary to maintain unit production standards. This position is the primary hub for all incoming/outgoing correspondence, disability supplements, and is the primary interface with clients, agencies, and DES staff regarding incoming and outgoing medical information, mail, transportation and records. Decisions made in this area directly impact the timeline for the disability review process, the workload of review staff, and the determination of benefits for all in and out of state agency applicants. The Lead Disability Assistant is a primary customer service interface for DES' skilled professional medical personnel (SPMP) with clients and external agencies.</p>	<p>Under the general direction of the Program Manager or designee, the Disability Reviewer II leads and performs diverse work for multiple State disability determination agencies, Public Retirement Systems and assessments / reviews for the Office of Clinical Affairs and other UMMS entities or State agencies. These assessments may include the review of medical evidence, psychiatric evidence, vocational profiles, state statutes and guidelines and any other pertinent evidence to determine whether an individual meets the standards in accord with applicable state and federal laws and regulations. The diversity of work carries with it significant responsibilities in that the outcome results in the awarding or denial of benefits to the applicant and/or retiree.</p>
<b>Essential Functions /Scope</b>	<ul style="list-style-type: none"> <li>Performs initial review of all disability supplements, for accuracy, completeness and to ensure the application is compliant with all state and federal regulations.</li> <li>Coordinates and performs complex and varied administrative tasks related to medical information, records, and disability supplements requiring independent action and the setting of priorities and procedures.</li> <li>Compares the status of all supplements received with external client databases and internal databases; create MassHealth or other client tracking forms with client demographics for processing by DES staff.</li> <li>Manages the receipt of electronic medical records through use of an UMMS secure file transfer protocol (SFTP) site, and ensures distribution of the information to the appropriate DES staff.</li> <li>Performs scanning functions on incoming records and correspondence for all DES programs.</li> <li>Maintain accuracy of all information in cases comparing information in client databases (MA21 or other sources), with the information in multiple DES databases.</li> <li>Responsible for opening, sorting, receiving, and date stamping all correspondence received at DES. Date stamps all written and faxed correspondence and other materials including medical records.</li> <li>Performs data entry for specific client information into State database (MA21 or other) and DES databases during the intake process, such as received date, mail date, notes to household, progress notes, and other related information; delivers mail and medical information, files medical information in medical records, files all other correspondence within DES program guidelines.</li> <li>Interfaces with Client Enrollment Centers (MassHealth or other) to ensure proper processing of disability supplements, and with the UMMS centralized mail room to coordinate courier delivery and pickup. Prepares correspondence notices sent electronically for general mail, faxing, UPS, express services, and UMMS courier.</li> <li>Conducts electronic research regarding client application location and status in state databases (MassHealth or other) Virtual Gateway, and DES databases.</li> <li>Handles customer service calls related to client disability supplement submissions from both clients and state staff (MassHealth or other), making decisions based upon the conversation.</li> <li>Identifies Unit process flow issues and makes recommendations for improvement.</li> <li>Compiles data onto spreadsheets regarding mail and file workload and activity and reports information to supervisor on both a recurring and ad hoc basis.</li> </ul>	<ul style="list-style-type: none"> <li>Initial review of all disability supplements for accuracy, completeness, and alerting SPMP of priority cases and of important clinical information contained in cases.</li> <li>Make complex decisions regarding privacy matters associated with the client's case, including determination of who DES may exchange information with regarding the client's case, what information may be mailed, and what is required, by HIPAA, to allow conversations to take place. These decisions are conveyed to SPMP through detailed case notes and individual consultation.</li> <li>Follow HIPAA regulations for protected healthcare information, requests clinical information from all treating sources listed on case initiation documents.</li> <li>Determine if requests for information are legally complete, communicate with agencies about cases that do not meet HIPAA requirements for protected healthcare information and consult with SPMP about decisions regarding whether to return to cases to the agencies or clients for further development.</li> <li>Telephone contact with clinical treating sources to assure timely receipt of clinical information at the request and direction of SPMP.</li> <li>Review information in external databases such as the Massachusetts Medicaid Information System and MassHealth MA21 databases in order to identify cases that SPMP could complete quickly.</li> <li>Complete initial distribution of new cases to appropriate staff under the direction of and using criteria developed by SPMP.</li> <li>Receive and process returned mail, judge its impact on the case, and work closely with SPMP on follow up action.</li> <li>Coordinate transportation of clients to consultative examinations and provide feedback to SPMP on unusual circumstances that would impact the review process.</li> <li>Provide both incoming and outgoing telephonic customer service and support functions.</li> <li>Make decisions for rescheduling of clients' clinical evaluations, based upon agency guidelines and provides input and feedback to SPMP.</li> </ul>	<ul style="list-style-type: none"> <li>Perform initial review of disability supplements for accuracy, completeness and to ensure the application is compliant with all state and federal regulations.</li> <li>Track the status of deliverables due for the supplement process, campaign mailing(s) and other special projects, following up when necessary to ensure adherence to the established process or project timelines.</li> <li>Compare the status of all supplements received with external client databases and internal DES databases; process client demographic information and create Mass Health or other client tracking forms for processing by DES staff.</li> <li>Prepare spreadsheets for reporting data, maintaining accuracy in multiple data bases for tracking of disability supplements.</li> <li>Update client records in multi proprietary databases to ensure that all case related information is accurate and timely.</li> <li>Provide technical assistance to DES personnel and external agencies concerning the enrollment/application process and to ensure compliance with established policies, procedures and standards.</li> <li>Review pertinent communications from Mass Health or other agencies on a daily basis to understand the process and implement any operational changes.</li> <li>Interface with Mass Health or other agency Enrollment Centers to ensure proper processing of disability supplements, and with the UMMS centralized mail room to coordinate courier delivery and pickup. Prepares correspondence notices sent electronically for general mail, faxing, UPS, express services, and UMMS courier.</li> <li>Conduct research regarding client application location and status in Mass Health or other agency databases and DES databases.</li> <li>Provide customer service to Mass Health clients to assist them with the complex benefit enrollment process.</li> <li>Conduct follow-up calls to clients to solve problems and to ensure successful enrollment in Mass Health.</li> <li>Manage the receipt of electronic medical records through use of an UMMS secure file transfer protocol (SFTP) site, and ensure its distribution to the appropriate DES staff.</li> <li>Evaluate department processes for efficiency and make recommendations for change that improves operations and/or customer service.</li> <li>Demonstrate initiative and independent judgment in organizing and completing projects.</li> <li>Respond to emergencies, independently prioritize activities in the absence of other team members and effectively</li> </ul>	<ul style="list-style-type: none"> <li>Manage unit work flow, assuring the proper numbers of Disability Assistants are assigned to each task on a daily basis.</li> <li>Train new and existing Disability Assistants in work functions and job duties.</li> <li>Monitor customer service phone queues for adequate coverage and provide call escalation response for front line staff.</li> <li>Monitor unit key performance indicators.</li> <li>Act as unit Disability Liaison for agency partner inquiries and issues.</li> <li>Track priority case requests and ensure prompt completion of work on such cases.</li> <li>Initial review of all disability supplements for accuracy, completeness, and alerting SPMP of priority cases and of important clinical information contained in cases.</li> <li>Make complex decisions regarding privacy matters associated with the client's case, including determination of who DES may exchange information with regarding the client's case, what information may be mailed, and what is required, by HIPAA, to allow conversations to take place. These decisions are conveyed to SPMP through detailed case notes and individual consultation.</li> <li>Determine if requests for information are legally complete, communicate with agencies about cases that do not meet HIPAA requirements for protected healthcare information and consult with SPMP about decisions regarding whether to return to cases to the agencies or clients for further development.</li> <li>Telephone contact with clinical treating sources to assure timely receipt of clinical information at the request and direction of SPMP.</li> <li>Review information in external databases such as the Massachusetts Medicaid Information System and MassHealth MA21 databases in order to identify cases that SPMP could complete quickly.</li> <li>Coordinate transportation of clients to consultative examinations and provide feedback to SPMP on unusual circumstances that would impact the review process.</li> <li>Make decisions for rescheduling of clients' clinical evaluations, based upon agency guidelines and provides input and feedback to SPMP. Explain complex state and federal regulations to clients, agencies and medical providers, answer disability process questions as they arise.</li> </ul>	<ul style="list-style-type: none"> <li>Assume responsibility for being an emergent intervention agent when confronted with a client-in-a-crisis situation</li> <li>Contact providers, state agency offices, case managers and clients to obtain information and records needed to conduct a comprehensive review of the case and final determination</li> <li>Participate in the appeals process for denied claims through communication with state agencies, applicants and other parties as necessary</li> <li>Efficiently manage a caseload of disability applicants (clients) applying for assistance as a disabled individual through state or private benefit programs.</li> <li>Contribute as an active member of a multi-disciplinary team that includes nurses, vocational rehabilitation counselors, physician advisors, and other allied health professionals</li> <li>Participates in and serves as a resource to quality improvement committees, performance improvement initiatives and demonstrates the use of quality improvement in daily operations.</li> <li>Maintain the confidentiality of all business documents and correspondence per UMMS/CWM procedures and HIPAA regulations</li> <li>Follow all established Procedural Standards and accepted best practices</li> <li>Maintain positive working relationships with applicants, providers, state agencies and other DES clients</li> <li>Document all relevant information into data system applications</li> <li>Comply with all health, safety and program regulations and requirements</li> <li>Perform other duties as required</li> </ul>
<b>Required Qualifications</b>	<p>Associate's degree in business, or a related field or equivalent experience</p> <p>2 years of relevant office experience</p> <p>Demonstrated knowledge of medical terminology or willingness to take a course in Medical Terminology</p> <p>Knowledge of HIPAA laws and regulations and/or an understanding of the importance of confidentiality of PHI</p> <p>Knowledge of Microsoft Office products, Word, Excel, PowerPoint, and Outlook</p> <p>Requires organizational and excellent interpersonal skills, oral and written communications skills necessary to interact with all levels of personnel</p>	<ul style="list-style-type: none"> <li>Associate's degree in business or related field or equivalent</li> <li>3 years of office experience, preferably in a medical setting</li> <li>Knowledge of HIPAA laws and regulations</li> <li>Proficient in Word, Access, Excel and Outlook</li> </ul>	<ul style="list-style-type: none"> <li>Associate's Degree Business Administration, a related field or equivalent related experience</li> <li>3 years of related experience</li> <li>Ability to work in a team and meet performance deadlines in a dynamic environment</li> <li>Excellent oral and written communication skills</li> <li>Strong interpersonal skills required to interact with all organizational levels; demonstrated ability to work appropriately with confidential information</li> <li>Demonstrated ability to utilize independent judgment, assesses priorities, and operates in a flexible manner in order to meet the dynamic needs of the department</li> <li>Proven organizational, analytical and time management skills</li> <li>Proficiency with software applications including, but not limited to: Microsoft Word, PowerPoint, Excel, Access, Project and Visio</li> </ul>	<ul style="list-style-type: none"> <li>Associates degree in business or related and 5 years of relevant office experience.</li> <li>Demonstrated knowledge of medical terminology or willingness to take a course in Medical Terminology.</li> <li>Knowledge of HIPAA laws and regulations especially as it refers to the confidentiality of PHI.</li> <li>Knowledge of Microsoft Office products, Word, Excel, PowerPoint, and Outlook.</li> <li>Demonstrated ability to monitor and generate reports.</li> <li>Requires organizational and excellent interpersonal skills, oral and written communication skills necessary to interact with all levels of personnel.</li> </ul>	<ul style="list-style-type: none"> <li>RN license to practice in the Commonwealth of Massachusetts with five years of relevant experience</li> <li>OR</li> <li>Masters prepared licensed or certified vocational rehabilitation counselor or other licensed or certified Allied Health professional in the Commonwealth of Massachusetts with two years of relevant experience in one or more of the following areas: acute medicine, long term care, mental health, developmental disabilities, substance abuse, rehabilitation and/or vocational counseling or equivalent</li> <li>Ability to work in a team environment, interpret state and federal laws and regulations, meet performance deadlines in a dynamic environment.</li> <li>Excellent oral and written communications skills.</li> <li>Demonstrated experience using computer-based tools including electronic mail, word processing and database products.</li> <li>Ability to travel off site as needed</li> </ul>
<b>FLSA Status</b>	Non Exempt	Non Exempt	Non Exempt	Non Exempt	Exempt
<b>Promotional Process</b>	Requisition	Requisition or In-family Promotion from Disability Coordinator	Requisition or In-family Promotion from Disability Assistant	Requisition or In-family Promotion from Disability Coordinator II	Requisition or In-family Promotion from Lead Disability Assistant