

JOB DESCRIPTION

TITLE: Authorization Specialist		DEPARTMENT: Marketing		EFFECTIVE DATE:3/29/2015 REVISED: 7/7/2016, 8/22/2016,2/20/17	
JOB CODE: 571	GRADE: N4	BENEFITS:	FLSA STATUS:	EEO STATUS:	PAGE:

FUNCTION: Responsible for patient insurance benefits including verification and authorizations. Verifies and analyzes insurance coverage plan for patients upon referral/admission. Communicates plan information to appropriate parties. Provide accurate and complete data input for precertification requests, and ongoing authorizations.

REPORTS TO: Intake Manager

RELATIONSHIPS: Clinical staff, Home Care Coordinators, Care Team Coordinators (CTC), Intake staff, patients, physician offices, community vendors, and insurance companies

HOURS: Full Time

MANAGES/COACHES: None

RESPONSIBILITIES:

- A. Analyzes and verifies patient insurance coverage and determines payer priority for all potential insurance and private pay coverage. Communicates coverage information utilizing integrated EMR.
- B. Obtain prior insurance authorization for home care services as referred by the Home Care Coordinators (HCC) and/or Intake personnel.
- C. Reviews requests made by clinicians and other authorized medical staff for additional authorized units under established guidelines.
- D. Initiate prior and post authorization requests via fax transmission, online submission and/or telephone contact.
- E. Call back insurance providers with precertification numbers as needed and file completed precertification requests as per established protocols.
- F. Ensure that all prior authorizations and ongoing authorizations documentation, databases and records are maintained clearly, accurately within a timely manner, and meets HIPAA requirements.

- G. Maintains positive working relationships with internal and external customers, exhibiting ICARE behaviors.
- H. Responsible for the Key Performance Indicators (KPI's) established by their manager.
- I. Performs such similar, comparable or related duties as may be required or assigned.

QUALIFICATIONS:

- 1. High school diploma.
- 2. Three to five years' experience with billing processes, prior authorizations, billing systems, knowledge of different insurance and HMO plans and ability to research complex issues.
- 3. Working knowledge of insurances for home care, authorization and appeals requirements.
- 4. Advanced computer skills which may include Outlook, Word, Excel, and web-based applications.
- 5. Excellent customer service and professionalism to resolve complex payer coverage issues.
- 6. Good knowledge of general office practices and procedures.
- 7. Excellent organizational and analytical skills.
- 8. Excellent oral and written communication skills, strong interpersonal skills, and ability to work in an autonomous/independent fashion.

EMPLOYEE ACKNOWLEDGMENT

I have reviewed my job description and agree to perform all duties mentioned to the best of my ability. I understand my job duties may change as the needs of the company change. I further agree to notify my immediate supervisor if I am unable to complete any of my job duties in a timely manner.

Employee Signature

Employee Print Name

Date

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