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**Job Description**

**Authorization Specialist**

First and foremost: We recognize communication as our most vital tool. Every employee should focus on communicating across the system to ensure we are functioning as a team. This will require active communication with patients, team members in your department as well as other departments, managers, and physicians. You are encouraged and expected to look for ways to use communication to solve challenges and enhance the patient experience.

**Summary:**     The Insurance Benefit Authorization Specialist (IBAS) will ensure that all types of insurance are verified, authorized and any referrals are obtained on all scheduled appointments and surgical procedures within 24 hours of the appointment being scheduled in the EPM System. The IBAS is responsible for coordinating all aspects of the financial counseling for the surgical patient experience between POSC, Ortho Colorado and the Anesthesia group.

**Essential Functions:**

* Provide excellent customer service to internal and external customers through prompt response and courteous communication within 24 hours of the request.
* Verify all insurance benefits and eligibility as necessary to ensure accurate financial quotes are provided to the patient and re-verify monthly benefits if the visits spans a new month.
* Handles all paperwork and telephone contact with the Insurance Case Manager and/or the OCMED providers to ensure accuracy and timeliness of information required by all parties.
* Assist patients with questions or concerns regarding their authorization, paperwork or payments as needed.
* Obtain Authorization on all necessary visits and/or surgical procedures within 24 hours of the order for the surgery and/or procedure.
* Maintain the relationship between POSC referring physicians, all insurance companies, case managers, employers and patients.
* Coordinate the financial patient reimbursement for the surgical patient by attaining appropriate data from the participating provider’s computer systems or charge lists as provided.
* Verify all insurances as necessary to ensure accurate financial quotes are provided to the patient.
* Contact the patient in a timely manner to ensure financial counseling is provided and all monies owed are collected prior to the services being rendered.
* The IBAS will make financial arrangements as needed per current policy and procedure.
* Must have excellent customer service skills at all levels of encounters with all customers
* The IBAS will forward refunds as necessary to the Refund Clerk for processing in a timely manner.
* Ensure follow through for all facets of care on all work comp/Lien cases.
* Ensure all tasking is worked daily and completely to ensure appropriate follow up is timely.
* Interface with physicians and medical staff to ensure all documentation is valid and complete in a timely manner for all Work Comp/Lien cases.
* Respond to and resolve difficult/sensitive inquiries and complaints; evaluate problems and take appropriate action to resolve issues and concerns.
* Immediately contact the patient as necessary to discuss any issues or concerns surrounding their coverage.
* Immediately alert scheduling and/or Physician/MA team regarding any denial of services.
* Document accurately and timely in the EPM system all authorizations or interactions surrounding the insurance on every patient.
* Maintain departmental goals and productivity parameters as set forth by the Director.

**Other Functions:**

Assist team members as needed.

Other duties as assigned.

**Education:** High School Diploma or GED.

**Experience:** 1-2 years of collections experience in a medical office or hospital

**Skills:**  Excellent 10-key skills. Working knowledge of the EHR system. Must have health insurance knowledge. Excellent interpersonal communication skills. Ability to maintain quality control standards. Ability to meet deadlines.

**Supervision Received:** Reports to the Director of Revenue Cycle Management

**Positions Supervised: None**

**Ability to Release Money, Securities, and /or Narcotics: NA**

**Responsibility for Confidentiality:** Employee will sign confidentiality agreement which clearly states all patient information is strictly confidential and is protected by federal and state laws and regulations that prohibit the unauthorized use and/or disclosure of patient information. Employee agrees to comply with POSC confidentiality policies and that this obligation remains in full force during the entire term of employment and continues in effect after such employment terminates.

# PHYSICIAL REQUIREMENTS AND ENVIRONMENTAL CONDITIONS

**JOB TITLE: Insurance Benefits Authorization Specialist**

N=Not part of job requirement; S=Seldom; O=Occasionally; F=Frequently; C=Constantly

**Physical Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Strength** | **N**  | **S** | **O** | **F** | **C** |
| Able to push/pull objects less than 20 lbs. |  |  | X |  |  |
| Able to push/pull more than 20 lbs. |  | X |  |  |  |
| Able to push/pull more than 50 lbs. |  | X |  |  |  |
| Able to push/pull more than 100 lbs with assistance only | X |  |  |  |  |
| **2. Manual Dexterity** | N | **S** | **O** | **F** | **C** |
| Able to perform simple motor skills such as standing, walking, etc |  |  | X |  |  |
| Able to perform simple manipulative skills such as sweeping, walking, writing collating, etc. |  |  |  |  | X |
| Able to perform moderately difficult manipulative skill such as positioning patients, typing, etc |  |  |  |  | X |
| Able to perform difficult manipulative skills such as calibration of equipment, injections, etc |  | X |  |  |  |
| **3. COORDINATION** | **N** | **S** | **O** | **F** | **C** |
| Able to perform gross body coordination, such as walking, stooping, filing, etc |  |  | X |  |  |
| Able to perform tasks which require hand-eye coordination such as keyboard skill, IM injection, running power tools, etc |  |  |  |  | X |
| Able to perform tasks which require arm-hand steadiness such as taking B/P’s, calibration of tools and equipment, etc |  |  |  | X |  |
| **4. Mobility** | **N** | **S** | **O** | **F** | **C** |
| Able to walk |  |  | X |  |  |
| Able to stand |  |  | X |  |  |
| Able to sit for prolonged periods |  |  |  |  | X |
| Able to stand for prolonged periods |  |  |  |  |  |
| Able to remain in uncomfortable positions for long periods such as bending over tables, etc |  | X |  |  |  |
| **5. Visual Discrimination** | **N** | **S** | **O** | **F** | **C** |
| Able to see objects far away as in driving |  | X |  |  |  |
| Able to see objects closely as in reading equipment or patient assessment |  |  |  |  | X |
| Able to discriminate colors as in microscope slides, colors in electrical wires or warning lights |  |  |  | X |  |
| **6. Hearing** | **N** | **S** | **O** | **F** | **C** |
| Able to hear normal sounds with some background of noise as in answering phone, intercom, etc |  |  |  |  | X |

**Mental Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Concentration** | **N** | **S** | **O** | **F** | **C** |
| Able to concentrate on detail with some interruption |  |  |  | X |  |
| Able to concentrate on detail with constant interruption |  |  | X |  |  |
|  |  |  |  |  |  |
| **2. Attention Span** | **N** | **S** | **O** | **F** | **C** |
| Needs to attend to task/function for 10-45 minutes at a time |  |  |  |  | X |
| Needs to attend to task/function for more than 60 minutes at a time |  |  |  | X |  |
|  |  |  |  |  |  |
| **4. Memory** | N | **S** | **O** | **F** | **C** |
| Able to remember task/assignment for full shift |  |  |  |  | X |
| Able to remember multiple tasks/assignments given to self and others during course of day |  |  |  |  | X |
| Able to remember multiple tasks/assignments given to self and others over long periods of time |  |  |  | X |  |

**Environmental Condition:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Condition** | **N** | **S** | **O** | **F** | **C** |
| Exposure to blood, body tissues, or fluids | X |  |  |  |  |
| Exposure to hazardous waste materials other than blood, body tissues or fluids |  | X |  |  |  |
| Exposure to seasonal conditions in outside weather | X |  |  |  |  |
| Exposure to radiation | X |  |  |  |  |
| Exposure to toxins, cytotoxins, or poisonous substances | X |  |  |  |  |
| Exposure to dust |  | X |  |  |  |
| Exposure to other hazardous materials such as chemicals | X |  |  |  |  |
| Exposure to bodily injuries | X |  |  |  |  |
| Exposure to loud and unpleasant noises |  |  | X |  |  |
| Exposure to high humidity or wetness | X |  |  |  |  |
| Exposure to electrical hazards | X |  |  |  |  |
| Exposure to electro-magnetic radiation as in CRT’s (VDT’s) | X |  |  |  |  |

I have received a copy of this Position Description and I agree to abide by it. I realize that every effort has been made to make this Position Description as complete as possible, however, it in no way states or implies that these are the only duties I will be required to perform. The omission of specific statements of duties does not exclude them from the position or my performance review.

I understand that I will be required to give a minimum two (2) week notice of my intent to terminate my employment in order to receive a full pay out of any accumulated PTO time earnings that I may otherwise be entitled to.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_