



## Authorization Specialist

The Authorization Specialist supports branch management by verifying initial and ongoing payer authorization and eligibility of home care services. The position reports to the Business Manager.

### **Duties and Responsibilities:**

1. Verifies insurance eligibility and authorization of current and potential home care clients in an accurate and timely manner.
2. Communicates payer authorization and eligibility information to Clinical Manager, Business Manager or designee.
3. Enters insurance authorization and eligibility information.
4. Notifies branch management regarding lack of payer coverage or other service non-coverage issues.
5. Performs re-authorization and eligibility checks in a timely manner.
6. Communicates and documents information regarding change in authorization and eligibility to branch management.
7. Monitors and ensures all client authorization of services are current and quantity and type of services provided meet payer requirements.
8. Reviews and ensures appropriate processing of authorizations.
9. Sends informational correspondence to payer.
10. Maintains professional, positive and effective communication with payers, clients, Corporate and branch employees.
11. Maintains confidentiality of all information pertaining to clients, families and employees.
12. Consults with branch management and clinical employees.
13. Performs other related duties and responsibilities as assigned by the Branch Office.
14. Maintains knowledge and education to remain current, efficient and productive as a home care insurance and payer resource to the branch.
15. Demonstrates self-direction to prioritize and accomplish job responsibilities.
16. Participates in the after hours on-call process to assure client care policies and procedures are followed and staffing issues are resolved.

### **Physical/Environmental Demands:**

Light to moderate - primarily desk work with frequent phone use; some bending, stretching. Ability to work long hours and to tolerate some variability in hours. Able to operate simple and complex office equipment.

Exerting 20 to 50 pounds of force occasionally, 10 to 25 pounds of force frequently, and greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

### **Qualifications:**

1. Minimum of two years of experience in insurance authorization, billing, business administration. Health care and home care experience preferred.
2. Knowledge of third party payer regulations including Medicare, Minnesota Medical Assistance, Veterans Affairs (VA) and private insurance.
3. Ability to promote and maintain a positive attitude and encourage others to do the same.
4. Strong organizational skills and the ability to work independently with minimal supervision.
5. Demonstrates ability to make appropriate judgements as it relates to the payer authorization process.
6. Strong written and oral communication skills.
7. Basic computer skills with the ability to learn new software. Knowledge of Word and Excel a plus.
8. Pass initial and ongoing background studies and screenings including but not limited to those of the Minnesota Department of Health and the Federal Office of the Inspector General's List of Excluded Individuals and Entities.