

## UW HEALTH JOB DESCRIPTION

### CLINICAL AUTHORIZATION SPECIALIST

Job Code: 440033	FLSA Status: Non-Exempt	Mgt. Approval: R. Klein	Date: May 2024
Department: Rev Cycle – Financial Clearance		HR Approval: B. Haak	Date: May 2024

### JOB SUMMARY

The Clinical Authorization Specialist performs advanced level work and is responsible for completing necessary functions to ensure optimal reimbursement for high-cost services and surgical cases, including high risk for denial surgical cases. The Specialist provides unique benefits to these processes due to their required clinical background and experience. They are responsible for reviewing payer medical policies and discerning if a case meets the criteria in the policy using their clinical knowledge and critical thinking skills. This role is key to securing reimbursement and minimizing organizational write offs, while supporting the goals of keeping surgery room schedules at optimal levels. The incumbent will assist in training authorization functions and serve as a resource to providers, departments, other clinical staff, and patients when questions come up on authorizations. When an authorization cannot be obtained, the Clinical Authorization Specialist must be able to guide staff, providers, and/or patients on options and resolve barriers to obtaining the prior authorizations and/or to bring closure to the case.

The Clinical Authorization Specialist must consistently demonstrate skilled communication and troubleshooting techniques as well as excellent customer service skills. They must be able to de-escalate concerns and anxiety at the patient and provider level and must have the ability to anticipate and respond to a wide variety of issues/concerns to execute tasks efficiently and effectively. The position requires the ability to independently plan, schedule and organize numerous tasks as this position directly impacts hospital and physician reimbursement. The incumbent must be able to work under high pressure and very tight timelines so as not to negatively impact patient care.

A substantial portion of the normal duties of the incumbent requires proper judgment, sensitivity, and strict adherence to UW Health policy on confidentiality.

*This position represents UW Health and the Revenue Cycle team by adhering and upholding the UW Health Mission, Vision, and Values, and UW Health Service Performance Standards in providing the highest quality service. They will support their co-workers, engage in positive interactions, and provide helpful assistance in anticipating and responding to the needs of our customers.*

### MAJOR RESPONSIBILITIES

#### Core Responsibilities:

- Reviews and evaluates surgical procedures to ensure the appropriateness and medical necessity of the care being requested based on payer medical policies and established criteria.
- Applies appropriate criteria to scheduled admissions and outpatient procedures for third party payers, including Medicare and Medicaid admissions and procedures.
- Interacts with medical and professional staff to obtain or secure appropriate clinical documentation for prior authorization submission.
- Understands the critical delineations of patient status (outpatient, inpatient and observation) based on payor regulations and participates in the appropriate decision making with the clinical team members such as care management or billing.
- Initiates appropriate activity to obtain the required data set, when it is missing (i.e., missing coverage information, procedure, and diagnosis codes) to ensure case can be submitted in a timely manner.
- Recognizes coding discrepancies and collaborates with coding and providers/clinical teams to ensure accuracy to prevent unexpected denials.
- Prioritizes the urgency of the authorization by anticipating the approximate time it may take to obtain the authorization from the insurance company, the complexity of the procedure and the scheduled date of service; follows up with insurance company to accelerate responses and expedite urgent/emergent authorizations.
- Submits cases for prior authorization and takes appropriate actions to ensure authorizations are obtained; this includes communicating all necessary clinical information to insurance companies and review organizations to obtain authorizations.
- Responsible for designated accounts that require unique clinical background: works with providers to ascertain the details of scheduled services or treatments prior to the decision to advance to a surgical option.
- When the payer has denied payment, supports the peer to peer and appeal processes from the clinical perspective.

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- Identifies accounts for which authorizations have not been received. Advises, collaborates and directs the process by which the provider or clinical team helps to determine whether the scheduled service is needed urgently or emergently or can be delayed or postponed.
- Coordinates with, educates and advise providers participating in a patient's care (faculty, resident physicians, nurses) regarding complex or high-risk admissions or any episode of service requiring additional attention.
- Communicates with patients when an authorization is not able to be secured, provides them with a pre-payment option and payment expectations versus cancel or reschedule, and de-escalates concerns when they arise relating to the denial and/or cancellation of cases/procedures.
- Collects pre-payments and verbal financial responsibility agreements, when necessary, for a patient to proceed with their care.
- Educates patients and providers on payer complexities (i.e., how different plans can vary, and each payer determines what their coverage will be based on their own medical policies)
- Maintains current knowledge of payer policy changes and adapts prior authorization practices based on these changes.
- Utilizes resources such as Epic, R-Fax, Web Ex Messaging, Secure Chat, E-mail, Mirror System, and telephone to pull data from, or initiate/provide two-way communication on pertinent patient information to clinical staff in across the organization and to support the prior authorization processes.

### Customer Service Standards:

- Supports co-workers and engage in positive interactions.
- Communicates professionally and timely with internal and external customers.
- Demonstrates friendliness by smiling and making eye contact when greeting all customers.
- Provides helpful assistance in anticipating and responding to the needs of our customers.
- Collaborates with customers in planning and decision making to result in optimal solutions.
- Ability to stay calm under pressure and deal effectively with difficult situations.

**ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED  
CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.**

### JOB REQUIREMENTS

Education	Minimum	High School diploma or equivalent and a graduate of, or currently enrolled in a Medical Assistant, Nursing Assistant, Coding or LPN program. If currently enrolled, certification must be completed w/in one year of being hired into role.
	Preferred	Graduate of School of Nursing
Work Experience	Minimum	One or more years of prior authorization experience
	Preferred	One or more years of clinical experience.
Licenses & Certifications	Minimum	At least one (1) of the following is required: Certification as a Medical Assistant (CMA), Nursing Assistant (CNA), Licensed Practical Nurse (LPN), Certified Professional Coder Apprentice (CPC-A), Certified Outpatient Coder (COC), Certified Inpatient Coder (CIC), Certified Coding Specialist (CCS), Certified Coding Specialist Physician Based (CCS-P) or a Certified Coding Associate (CCA). Certification must be complete within one (1) year of hire into role, and must be maintained/renewed annually.
	Preferred	Registration as a professional nurse in the State of Wisconsin
Required Skills, Knowledge, and Abilities		<ul style="list-style-type: none"> <li>• Maintains current knowledge of medical modalities as well as new protocols established for patient populations.</li> <li>• Solid understanding and knowledge of payer contractual requirements, registration workflows, and prior authorization requirements to ensure staff follow established procedures to maximize reimbursement and minimize write offs.</li> <li>• Excellent written and oral communication skills.</li> <li>• Maintains effective and cooperative working relationships with co-workers, leaders, clinical staff, and the public.</li> <li>• Must be detail oriented and accurate.</li> <li>• Ability to multi-task and prioritize tasks.</li> <li>• Displays an aptitude and willingness to learn new responsibilities.</li> </ul>

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	<ul style="list-style-type: none"> <li>Willingly accepts feedback.</li> <li>Flexible and innovative.</li> <li>Ability to problem-solve and work independently.</li> <li>Displays a professional appearance.</li> <li>Dependable and reliable in achieving goals.</li> <li>Experience operating office machines such as personal computers, fax machines, photocopier, and document scanners.</li> <li>Familiarity with medical terminology and abbreviations.</li> </ul>			
<b>PHYSICAL REQUIREMENTS</b>				
<b>Indicate the appropriate physical requirements of this job in the course of a shift.</b> <i>Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.</i>				
<b>Physical Demand Level</b>		<b>Occasional</b> Up to 33% of the time	<b>Frequent</b> 34%-66% of the time	<b>Constant</b> 67%-100% of the time
<b>X</b>	<b>Sedentary:</b> Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	<b>Up to 10#</b>	<b>Negligible</b>	<b>Negligible</b>
	<b>Light:</b> Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.	<b>Up to 20#</b>	<b>Up to 10#</b> or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	<b>Negligible</b> or constant push/pull of items of negligible weight
	<b>Medium:</b> Ability to lift up to 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.	<b>20-50#</b>	<b>10-25#</b>	<b>Negligible-10#</b>
	<b>Heavy:</b> Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	<b>50-100#</b>	<b>25-50#</b>	<b>10-20#</b>
	<b>Very Heavy:</b> Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	<b>Over 100#</b>	<b>Over 50#</b>	<b>Over 20#</b>
<b>Other</b> - list any other physical requirements or bona fide occupational qualifications not indicated above:				

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.