UW HEALTH JOB DESCRIPTION

CLINICAL AUTHORIZATION SPECIALIST LEAD

Job Code: 440099	**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 Lead oversees the daily operations of specific pod-based workflows within the Financial Clearance Department. The lead partners closely with Financial Clearance leadership to provide leadership coverage and presence to the financial clearance team, particularly the Clinical Authorization Specialists, to support patients access to high dollar services, surgical cases, and high risk for denial cases. This individual is responsible for ensuring effective operations through organizing and scheduling, while monitoring workloads, work quality, priorities, productivity metrics and coordinating and performing training of the Clinical Authorization Specialists. They will be responsible for ensuring that the Clinical Authorization Specialists are prioritizing work appropriately and minimizing financial risk for the organization and the patient. The lead will serve as the first line of escalation for staff questions on workflows and processes as they relate to the clinical aspect of prior authorization and medical policy reviews. The incumbent brings a clinical leadership lens to the work of the Clinical Authorization Specialists.

The lead is responsible for training new Clinical Authorization Specialists, assisting in the planning and development of training materials, assisting in the development and implementation of quality assurance processes, and serves as a go-to resource for staff. This individual will be responsible for supporting the effective operations of the day-to-day activities of financial clearance and prior authorization. This person will identify areas for improvements and develop plans for improving the quality of these processes.

The Clinical Authorization Specialist Lead must know and understand clinical workflows and have the clinical knowledge to support the processes from that perspective to better enhance the work of the team. They must be customer service driven and must have the ability to effectively promote positive patient experience while working in a highly stressful and complex environment. The lead must quickly assess an urgent situation and provide issue resolution and de-escalation while working under high pressure and 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

Lead Responsibilities:

- Provides general support to the Clinical Authorization Specialists:
  - Trains new staff, provides ongoing training for existing staff and maintains training checklists, ensuring adequate training has been completed or is ongoing for team members.
  - Completes quality assurance and productivity activities, as requested.
  - Serves as a clinical knowledge expert and an escalation point for staff questions and concerns. Assists with questions regarding team functions, workflows, and direction.
  - Supports the implementation of policies and procedures for the department and monitors adherence to them.

- Provides support to Financial Clearance Leadership
  - Provides back up to supervisor during office outages, including approving time off requests, supporting staffing changes, answering questions around complex cases, and handling escalations around cases that are still pending, as appropriate.
  - Supports process improvement projects and revenue cycle initiatives as they relate to the prior authorization functions.
  - Involvement in patient or provider escalation issues
  - Monitors workloads and moves staff around appropriately to ensure the work is completed timely and appropriately to avoid cancelations, escalations, and financial risk.

Core Responsibilities:

- Performs training and re-training, maintenance of training tools and tip sheets, supports and educates clinical partners while also supporting process improvement initiatives – about 50% of their time.

- Completes prior authorization specialist lead duties across multiple service lines within the pod structure and provides first line of support to team members for issues that arise – about 50% of their time.
- Expert in all areas within their pod so they can provide expertise and support the Clinical Authorization Specialists, the Authorization Specialists, clinical partners, and internal leadership in revenue cycle as questions come up.
- Trains new Clinical Authorization Specialists on prior authorization, medical policy reviews and standard workflows
- Provides ongoing training for existing clinical authorization specialists on new workflows, changes in workflow and provides general updates or reminders.
- Knowledgeable on all services covered under the Financial Clearance umbrella to support cross functional pod questions and integration.
- Escalates issues and concerns identified by team members that may be leading to negative outcomes as it relates to financially clearing a patient for an upcoming service.
- Takes the lead on projects, as assigned by leadership.
- Completes all duties that a Clinical Authorization Specialist is responsible for, including, but not limited to: Obtaining missing data, submitting cases for authorization, reviewing of medical policies, determining site of service restrictions, following up with payers, third party vendors, providers and patients, determining medical urgency, expediting of urgent/emergent cases, supporting the peer to peer and appeal process, discussing pre-payment expectations and collecting pre-payments from patients, as needed, etc.
- Evaluates or assists with the evaluation of cases when the insurance company has denied payment to determine next steps; this may include building a case for appeal.
- Interacts with medical and professional staff to obtain appropriate clinical documentation for review. Takes the appropriate actions when it appears that the authorization will not be provided on a timely basis; to include escalation to the Financial Clearance leadership team.
- 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 with billing.
- Advises and coordinates with providers regarding problematic (i.e., high risk) admissions or any episode of service requiring additional attention.
- Educates patients and providers on payer complexities (i.e., how benefit plans can vary, and how each payer determines what the coverage will be based on with 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.

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	Bachelor's or Associate degree in Nursing or other relevant field
Work Experience	Minimum	Two or more years of prior authorization experience
	Preferred	Two or more years 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		• Maintains current knowledge of medical modalities as well as new protocols established for patient populations. • Solid understanding and knowledge of payer contractual requirements, medical policy reviews, prior authorization requirements and registration

	workflows to ensure staff follow established procedures to maximize reimbursement and minimize write offs. • Excellent written and oral communication skills. • Maintains effective and cooperative working relationships with co-workers, leaders, clinical staff and the public. • Must be detail oriented and accurate. • Ability to multi-task and prioritize tasks. • Displays an aptitude and willingness to learn new responsibilities. • Willingly accepts feedback. • Flexible and innovative. • Ability to problem-solve and work independently. • Displays a professional appearance. • Dependable and reliable in achieving goals. • Experience operating office machines such as personal computers, fax machines, photocopier, and document scanners. • Familiarity with medical terminology and abbreviations.

PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

	Physical Demand Level	**Occasional** Up to 33% of the time	**Frequent** 34%-66% of the time	**Constant** 67%-100% of the time
X	**Sedentary:** Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, 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.	**Up to 10#**	**Negligible**	**Negligible**
	Light: 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.	**Up to 20#**	**Up to 10#** or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	**Negligible** or constant push/pull of items of negligible weight
	Medium: Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.	**20-50#**	**10-25#**	**Negligible-10#**
	Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	**50-100#**	**25-50#**	**10-20#**
	Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	**Over 100#**	**Over 50#**	**Over 20#**
Other - 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.