

UW HEALTH JOB DESCRIPTION

FINANCIAL CLEARANCE REPRESENTATIVE BILINGUAL

Job Code: 440073	FLSA Status: Non-Exempt	Mgt. Approval: R. Klein	Date: Dec. 2023
Department: Rev Cycle – Financial Clearance	HR Approval: A. King	Date: Dec. 2023	

JOB SUMMARY

Under the direction of the Financial Clearance Supervisor, the Financial Clearance Representative enters and verifies demographic and insurance information, completes coordination of benefit changes, calculates, and collects patient financial obligations, and manages insurance referral linking and requirements for clinic appointments, procedures, advanced imaging, and hospital-based accounts. The individual utilizes a complex skill set and verifies high dollar accounts and is responsible for assisting patients and families via phone and works closely with clinic, business office, and insurance company representatives. The incumbent provides patient education around my chart troubleshooting and usage, referral requirements, POA and verbal authorization requirements. They must be able to work independently on their own WQ and support incoming calls that are transferred to them from other team members when there is a need for a bilingual financial clearance representative.

The Financial Clearance Representative must consistently demonstrate the use of critical thinking skills, skilled communication and troubleshooting techniques as well as have excellent customer service skills. This position will have the ability to anticipate and respond to a wide variety of issues/concerns, and the ability to execute tasks efficiently and effectively. The position requires the ability to independently plan, schedule and organize numerous tasks as this position directly impacts patient care, hospital, and physician reimbursement. 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:

- Must be bilingual to support the UW health DEI mission and enable a better patient experience for our Spanish speaking patient population.
- Completes registration paperwork, faxes, MyChart updates, EZ appointment requests, Incoming Messages Report, and CRM requests for coordination of benefit changes.
- Manages patient insurance referral obligations, enter referrals, and link to appropriate upcoming appointments.
- Identifies and confirms valid coverage for an episode of care and/or specific service and location: contacts insurance companies and/or reviews electronic response summary and coverage discovery information to ensure the appropriate coverages are on the patients record, and accurate claims can be sent out.
- Verifies that service is a covered benefit, based on knowledge of the specific insurance plan, the specific benefit package restrictions, and the timing of the service.
- Understands patient deductibles, out of network referrals, out of pocket limitations, and lifetime/event caps on liability. Refers patients to appropriate Financial Counselor, Prior Authorization or Billing based on financial coverage, financial situation, employment status, liability and/or patient concern.
- Reviews the account and timing of last patient demographic query to identify missing standard and/or required information. If necessary, contacts the patient to complete the information.
- Reviews or collects patient liability before or at the time of service. Communicates the liability and explains the calculation to the patient as requested.
- Is attentive to and answers a high volume of incoming call center calls, and determines whether an outbound call is necessary, either to the patient or to the insurance company. For a call back, assesses the call and responds appropriately, attempting to resolve all patient inquiries.
- Communicates in a manner to ensure a positive patient or customer experience.
- Educates patients as needed on My Chart, referral requirements, Power of Attorney for Healthcare and financial responsibility, as well as other areas that they are expert in when needed.
- Knows key contacts in the organization to route callers to appropriate areas for help when they are unable to assist the patient or caller.
- Ensures all work is completed in a way that meets compliance requirements, including but not limited to, the completion of the MSPQ and standard documentation.

UW HEALTH JOB DESCRIPTION

- Puts a high focus of energy on ensuring surgical and high-end imaging cases are worked timely and accurately to avoid delays in the prior authorization functions.
- Understands and integrates with the Financial Clearance Prior Authorization work to support those workflows from a registration perspective and to help avoid last minute cancellations or denials.
- Calculates patient liability before or at the time of service. Communicates the liability and explains the calculation, as necessary.

Customer Service Standards:

- Support co-workers and engage in positive interactions.
- Communicate professionally and timely with internal and external customers
- Demonstrate friendliness by smiling and making eye contact when greeting all customers.
- Provide helpful assistance in anticipating and responding to the needs of our customers.
- Collaborate 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 of equivalent
	Preferred	Associate's Degree in Business, Finance. Health Information Management or related field
Work Experience	Minimum	One (1) year of experience in a customer service related field
	Preferred	One (1) year of experience in a healthcare, call center, business, financial or insurance related field
Licenses & Certifications	Minimum	
	Preferred	
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> • Required to be bilingual in Spanish via the UW Health Language Proficiency Test • Ability to work in a busy, loud, and demanding environment. • Must independently recognize and evaluate situations for the level of urgency. • Experience in providing a high level of customer service. • Strong emotional intelligence and empathy. • Excellent written and oral communication skills. • Maintains effective and cooperative working relationships with co-workers, leaders, clinical staff and the general 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
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UW HEALTH JOB DESCRIPTION

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.