UW HEALTH JOB DESCRIPTION

GENETICS AUTHORIZATION REPRESENTATIVE				
Job Code: 780004	FLSA Status: Exempt	Mgt. Approval: P Levonian	Date: 11.2020	
Department: Clinics - Genetic	Counselor Services	HR Approval: A Phelps Revolinski	Date: 11.2020	

JOB SUMMARY

Under the general supervision of the Director of Genetic Counseling Services and in collaboration with the Referral and Prior Authorization Supervisor, the Genetics Authorization Representative is responsible for obtaining prior authorization from payers for inpatient and outpatient services provided by UW Health. This role is key to securing reimbursement and minimizing organizational write offs. The incumbent will assist in training authorization functions and serve as a resource to other departments with questions on authorizations. When an authorization cannot be obtained, the Genetics Authorization Representative must be able to guide staff, providers, and/or patients on the options and complete the necessary steps to bring closure to the case.

The Genetics Authorization Representative must consistently demonstrate skilled communication and troubleshooting techniques as well as 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 hospital and physician reimbursement.

MAJOR RESPONSIBILITIES

- Confirms the need for an authorization and takes the appropriate actions to ensure the authorization is obtained.
- Verifies the basic patient/service information is available the minimum data set for scheduling a service. If not present, initiates appropriate activity to obtain the required data set, such as procedure codes.
- Prioritizes the urgency of the authorization by anticipating the approximate time it may take 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.
- 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; this may include referring stakeholders to a member of the clinical authorization team. Takes the appropriate actions when it appears that the authorization will be not be provided on a timely basis; to include escalation to the clinical authorization 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.

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 or equivalent		
	Preferred	Associate degree in Business, Finance, Health Information Management, or a related field		

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Work	Experience	Minimum	One (1) year of related field	experien	ce in healthca	are, business, finance	e, or insurance	
		Preferred	 One (1) year of experience in Healthcare Revenue Cycle that includes prauthorization Knowledge of CPT and ICD coding highly desired 					
			_	of Medica	-	raignly desired party payer regulation	s and guidelines	
Licens	ses & Certifications	Minimum Preferred						
Requi	ired Skills, Knowledge							
			for patient por Solid unders workflows, a procedures to Excellent write Maintains efficilinical staff. Must be detained Ability to mue Displays and Willingly accordinate Flexible and Ability to propose Displays a period Dependable Experience of	opulations and prior a comaximi itten and fective and and the pail oriente liti-task ar aptitude a epts feed innovative blem-solver and relia operating	nd knowledge authorization received and cooperative ublic. d and accurated prioritize tand willingness back. e. e. e and work in all appearances to the cooperative t	e of payer contractual requirements to ensure ment and minimize working relationship te. sks. sis to learn new response to learn new response to learn service.	s with co-workers, lead	
			ECIFIC COMP	ETENC	Y (Clinical			
Instr		the age groups				egularly assess, manage rect patient care by cl	•	
	Infants (Birth – 11 mo				Adolescent (1	3 – 19 years)		
Toddlers (1 – 3 years)				Young Adult (20 – 40 years)				
Preschool (4 – 5 years)				Middle Adult (41 – 65 years)				
School Age (6 – 12 years) Older Adult (Over 65 years)								
				UNCTI				
Rev	riew the employee's jo	ob description and		tial functio patient.	n that is perfori	med differently based or	n the age group of the	
Indic	ate the annronriat	e nhysical requi	PHYSICAL I			shift. Note: reasonab	ale accommodations	
may b	oe made available for	individuals with dis		the essent	ial functions of	this position.		
Physical Demand Level		Occasion Up to 33	onal % of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time			
X	Sedentary: Ability to occasionally lifting and/ledgers and small tools one, which involves sitt standing is often neces sedentary if walking an and other sedentary cri	or carrying such artic . Although a sedenta ing, a certain amount sary in carrying out jo d standing are require	les as dockets, ary job is defined as of walking and ob duties. Jobs are	Up to 1	0#	Negligible	Negligible	

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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#
er - list any other physical requirements or bona fide upational 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.