Medication Prior Authorization Coordinator

Job Code: 6426	FLSA Status: Exempt	Mgt. Approval: G Batterman	Date: 8-17
Department : Pharmacy 1377		HR Approval: CMW	Date: 8-17

JOB SUMMARY

The Medication Prior Authorization Coordinator (MPAC) is a position residing in the Pharmacy Department. Under the guidance of the,Manager of Pharmacy Specialty Services with assistance from the Supervisor of Medication Prior Authorization Teams, the MPAC is responsible for completing necessary functions to ensure optimal reimbursement for high cost medications. The MPAC will be primarily responsible for conducting and completing necessary third party prior authorization requests for high cost medications. Other areas of responsibility include pre-screening patients for viable payment sources, managing reimbursement issues associated with high cost injectable medications, identifying opportunities for improving reimbursement from payers, and conducting retrospective utilization reviews on cases of denials of payment or insufficient reimbursement.

A wide variety of internal and external relationships are inherent to the success of this position. The incumbent interacts with hospital employees on multiple levels, including pharmacists, medical/clinical staff, fiscal personnel, department managers, access services staff, coding staff, and billing assistants. External contacts include third party payers, governmental peer review organizations, and referring physicians. Strong communication skills, problem-solving abilities, and a professional presentation are imperative along with an ability to be innovative and creative. To be effective, this position must be able to establish collaborative working relationships.

The incumbent acts independently within the scope of his/her license and areas of expertise with the help of general policies and procedures and practice guidelines to facilitate the processes with support from the pharmacy, access services, and fiscal leadership. This position has independent responsibility for organizing and planning work in order to accomplish daily responsibilities as well as broad goals and objectives.

A substantial portion of the normal duties of the incumbent requires proper judgment, sensitivity and strict adherence to University of Wisconsin Hospital and Clinics policy on confidentiality.

MAJOR RESPONSIBILITIES

The incumbent performs the following **job responsibilities**:

A. Review and evaluate outpatient procedures to assure the appropriateness and medical necessity of medication use based on established criteria. Obtain prior authorization for administration from intermediaries including HMO's, insurance companies, and review organizations. Ensure completion of activities that maximize revenue capture for high-cost medications.

    A1. Review high cost medications prescribed for clinic patients across UWHealth, patient insurance and financial review, and facilitate adherence.

- Facilitate adherence to UWHealth internal prior authorization requirements by working with the UW Health patient care team and within UWHealth medication guidelines.
- Identify viable payment sources from patients receiving select high cost injectable medications. Capture revenue for high cost injectable medications by completing third party (external) medication authorizations for select high cost medications. Document and track the outcomes of interventions.
- Understand, anticipate, and respond to complex questions from third party payers. When necessary, proactively contact third parties and initiate communication to ensure appropriate future payment.
- Streamline and centralize third party (external) medication prior authorization of high cost injectable medications.
- Facilitate adherence to Medicare requirements including knowledge of Medicare Local Coverage Determinations (LCDs), National Coverage Determinations (NCDs) and Advanced Beneficiary Notice (ABN) processes. When ABN is required, prepare and price ABNs and provide to clinic staff/providers and facilitate clinic medication ABN process. Assure patient has received communication from clinic staff/provider regarding ABN and assure patient signature is obtained prior to initiation of medication therapy. Communicate directly with patients regarding ABN process as needed.
- Document that ABN has been documented in Epic and assure that ABN has been scanned as a document in fiscal computer system (OnBase). Work with fiscal to ensure that medication administration was billed properly according to the ABN.
- Prescreen payment sources to identify problematic payers or payers who do not recognize UWHEALTH as the preferred place of care. Collaborate with clinic staff and providers to refer the patient to their appropriate place of care.

A2.   Interact with medical and professional staff on a case-by-case basis to obtain appropriate clinical documentation to ensure accurate indications in the patient's medical record before completion of third party prior authorizations. This may include contacting referring physicians for information.

- Maintain current knowledge of medical modalities as well as new protocols established for patient populations.
- Utilize Epic and chart review (including shadow charts) to obtain pertinent medical information
- Advise providers and clinic staff participating in a patient's care (faculty, resident physicians, and nurses) regarding problematic medications.
- Collaborate with physicians, pharmacists, and clinic staff on an alternative delivery of care setting when appropriate (i.e. take home subcutaneous versus clinic administered).
- Utilize resources such as Epic, email, and telephone to communicate pertinent patient information to staff in the infusion center, oncology clinic, and other referring clinics.

A3.   Develop an effective, supportive working relationship with the admissions, coders, pharmacy, social work, and fiscal teams.

A4.   Develop an effective working relationship with external entities.

A5.   Problem solve with external agencies and UWHealth staff to meet patient care needs. External communication will include insurance staff, HMO staff, including HMO Medical Directors. Identify and produce creative solutions to problems identified via the prior authorization process.

A6.   Refer appropriate patients to the Medication Assistance Program (MAP). Identify self-pay patients eligible for enrollment in to the MAP and copay assistance programs, and coordinate enrollment with the MAP staff. Collaborate with Community Care Coordinator for patients ineligible for MAP.

Performance Measures
- Professional performance displayed by professional behavior, a positive and supportive attitude with customers, co-workers, and outside agencies.
- Effectively communicates unsupported medical necessity to physician.
- Maintains confidentiality of all patient-related information.
- Demonstrates efficiency and effectiveness in chart review functions.
- Case-specific documentation is concise and thorough.
- Manager evaluation of incumbent's knowledge base.
- Customers are polled for feedback.

B.   Conducts retrospective utilization reviews for denial of payment.

B1.   Review monthly Medicare write-offs due to lack of medical necessity documentation. Maintain documentation to allow for appropriate follow-up of medication reimbursement and documentation issues.

B2.   Review reports provided by fiscal of denial of payment or improper reimbursement for high cost injectable medications. Collaborate with the billing office and involved staff to correct these problems. Appeal any questionable denials. Provide an explanation to patient accounting for write-offs and action plan for correction.

C.   Assist with the development and implementation of policies and procedures to ensure reimbursement of high cost medications.

C1.   Recommend and develop policies and procedures that coordinate the goals of these programs with the goals of the department and the hospital.

C2.   Ensure the medication prior authorization process, insurance verification procedures, and documentation is consistent with the workflows used in Admissions.

C3.   Work collaboratively with the Drug Policy Program staff to develop and maintain necessary policies and guidelines.

C4.   The MPAC will work with pharmacists on a daily basis out of the pharmacy work areas. The MPAC and the pharmacists will collaborate to conduct utilization reviews for denial of payment or improper reimbursement for high cost injectable medications and works to find appropriate solutions for identified problems

C5.   Utilize Epic to efficiently/effectively enter and track prior authorization information, retrospective reviews and denial follow-up data.

C6. Collaborate with Admissions to improve the prior authorization system. Collaborate with fiscal to improve the retrospective and denial management processes.

C7. Ensure compliance with regulatory and accreditation agencies, e.g., HIPAA, TJC, and HCFA.

C8. Provide denial/appeal data to fiscal, physicians, contracting, and other applicable parties on a consistent basis.

D. Serve as a liaison between fiscal, coders, access services, and pharmacy department with regards to billing and reimbursement issues for high cost injectable medications.

Performance Measures
- Maintains an organized and efficient work environment.
- Maintains ability to utilize hospital computer system and other systems necessary to perform job.
- Manager evaluation of employee performance based on Core Organization Competencies.
- Policies/procedures checked for updates and accuracy.
- Policies/procedures fulfill the intent and objectives of the medication prior authorization program.
- Policies/procedures fulfill the intent and objective of the high cost clinic administered medication retrospective review program.

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

JOB REQUIREMENTS

Education	Minimum	Associate degree health care field or equivalent post-secondary education
	Preferred	Bachelors of Science degree in nursing or related health care field.
Work Experience	Minimum	
	Preferred	One (1) years previous pre-admission or precertification experience with medication prior authorization experience.
Licenses & Certifications	Minimum	
	Preferred	Registration as professional nurse in the State of WI or equivalent licensure
Required Skills, Knowledge, and Abilities		- Knowledge of clinic administered medication reimbursement preferred - Knowledge of healthcare insurance prior authorization/coding preferred. - Knowledge of and ability to use computers and a variety of computer programs including word processing, database management and spreadsheets. - Strong oral and written communications skills. - Ability to effectively manage conflicts and resolve problems. - Effective interpersonal skills, including the ability to effect collaborative alliances, promote teamwork and ensure a high degree of internal and external customer satisfaction. - Ability to function effectively in a fast-paced and changing environment with multiple priorities. - Knowledge of and ability to perform medical records coding process preferred. - Knowledge of and ability to perform insurance carrier/managed care review.

AGE SPECIFIC COMPETENCY (Clinical jobs only)
Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

	Infants (Birth – 11 months)		x	Adolescent (13 – 19 years)
	Toddlers (1 – 3 years)		x	Young Adult (20 – 40 years)
	Preschool (4 – 5 years)		x	Middle Adult (41 – 65 years)
	School Age (6 – 12 years)		x	Older Adult (Over 65 years)

JOB FUNCTIONS
Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.

UW HEALTH JOB DESCRIPTION

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#**
List any other physical requirements or bona fide occupational qualifications:			

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.