UW HEALTH JOB DESCRIPTION

POSITION SPECIFICS					
Title: Business & Financial Specialist		Department/Number: Generations Fertility Care Clinic			
Reports to: Generations Program Manager					
Job Code: 07812	FLSA Status: Non-Exempt				
Manager Approval:	Date: 10-14	HR Approval: UWMF	Date: 10-14		

POSITION SUMMARY

Under the general supervision of the Generations Program Manager, the Business & Financial Specialist is responsible for counseling Generations patients regarding services to be provided and the costs associated with those services. S/he assists patients with understanding their insurance benefits and the financial liability they may incur for the services they may receive. S/he resolves complex account problems via research and makes appropriate corrections to the account and assists in resolving patient complaints. The Business & Financial Specialist also collects patient demographic and insurance information and registers the patient in Epic. Assists in resolving patient complaints, as well as resolving complex account problems via research and makes appropriate corrections to the account.

For surgical services, the Business & Financial Specialist will work with the Prior Authorization Specialist and provide additional medical records as needed. The Business & Financial Specialist will be responsible to notify the patient and appropriate medical staff when a decision regarding surgical services is determined. The Business & Financial Specialist is also responsible for obtaining and processing prepayment if applicable.

This role may provide dual location responsibility to the Transformations Business Specialist-Clinic role, which has responsibility for obtaining, verifying and/or updating patient demographic and insurance coverage information, establishing prepayment accounts, collecting co-payments and time of service payments and conducting daily cash reconciliation. Additional responsibilities include scheduling patient procedures done in clinic, preparing price agreements and obtaining prepayment for non-covered services performed in clinic, and submitting prior authorization requests for covered procedures to the PBS Prior Authorization Specialists. This position is also responsible for scheduling patients for pre-and post-surgical visits.

MAJOR RESPONSIBILITIES

Essential:

- 1. Serve as the principal contact for Generations patients regarding financial/reimbursement requirements associated with their care.
- 2. Collect required patient demographic and insurance information. Verify insurance coverage and register patient in Epic system.
- 3. Assist patients with understanding/interpreting their insurance benefits as it relates to the services they will receive. Explain referral and/or authorization requirements, terminology, benefit limitations, etc.
- 4. Prepare detailed price estimates for patients relating to treatment course recommended by the physician.
- 5. Collect prepayments, when required. Post in Epic.
- 6. Identify services which require prior authorization and inform Prior Authorization Specialist, or as appropriate, initiate prior auth request directly with patient's insurer. Assist Prior Authorization Specialist, as necessary, in securing medical documentation and other information necessary to complete the authorization process. Inform patients of authorization decision and counsel patients regarding implications of such decision.
- 7. Ensure correct account set-up for Generations patients. Monitor charges to ensure correct billing while, at the same time, ensuring confidentiality.
- 8. Respond to patient questions regarding account status.
- 9. Function as a liaison between the patient, physicians, clinic staff, business office, hospital and/or surgery center staff regarding insurance, financial/reimbursement issues/considerations, and prepayment requirements to ensure all parties have consistent and complete information.
- 10. Assists in developing marketing materials.
- 11. Attends community talks and clinic events.
- 12. Assists management, providers and clinical staff in using appropriate diagnosis and CPTS.
- 13. Participates in fee schedule and package development.

Dual Location Support to Transformations Business Specialist-Clinic (as applicable):

14. Serve as a contact for Transformations patients regarding financial/reimbursement requirements associated with their care.

UW HEALTH JOB DESCRIPTION

- 15. Assist patients with understanding/interpreting their insurance benefits as it relates to the services they will receive. Explain referral and/or authorization requirements, terminology, benefit limitations, etc.
- 16. Answer patient's questions regarding UWMF billing policies, responsible party obligations, and UWMF billing processes. Maintain awareness that some questions may be sensitive issues with the patient and approach them accordingly.
- 17. Check out patients and schedule follow-up appointments for patients, as necessary.
- 18. Respond to patient questions regarding account status.
- 19. Work cooperatively with Special Billing and Coding staff to ensure complete and accurate billing for services subject to prepayment.
- 20. Function as a liaison between the patient, physicians, clinic staff, coding, and business office regarding financial/reimbursement issues/considerations, and prepayment requirements to ensure all parties have consistent and complete information.
- 21. Collect demographic and billing information in a courteous and professional manner. Enter new or revised patient demographic and insurance information into computer system.
- 22. Establish guarantor accounts, including personal/family and prepayment accounts. Ensure that insurance coverage, if applicable, is recorded in correct priority order.
- 23. Collect time of service payments, including gift card purchases. Post prepayments in HealthLink.
- 24. Collect co-payments, when required. Post in HealthLink.
- 25. Work patient, charge review, follow-up and account work queues and credit balance work queues, as requested.
- 26. Conduct daily cash reconciliation for clinic.
- 27. Schedule patient procedures done in the clinic.
- 28. Prepare detailed, written agreements for patients relating to high-cost services recommended by the physician.
- 29. Collect prepayment for high-cost procedures/services.
- 30. Identify services which require prior authorization and inform Prior Authorization Specialist, or as appropriate, initiate prior auth request directly with patient's insurer. Assist Prior Authorization Specialist, as necessary, in securing medical documentation and other information necessary to complete the authorization process. Inform patients of authorization decision and counsel patients regarding implications of such decision.
- Perform other duties, as requested.

All duties and requirements must be performed consistent with the UW Health Service and Performance Standards.

POSITION REQUIREMENTS			
Education	Minimum		
	Preferred		
Work Experience	Minimum	2 years of experience in a medical billing, registration, admissions, or related environment	
	Preferred		
Licenses &	Minimum		
Certifications	Preferred		
Required Skills, Knowledge, and Abilities		 Knowledge of third-party reimbursement policies and procedures strongly preferred, particularly as they relate to infertility treatment/services Excellent interpersonal and communication skills. Must be able to deliver sensitive and difficult information to patients in a clear, concise, yet empathetic manner. Ability to interact and effectively communicate with a variety of internal and external customers, including patients, physicians, clinical staff, and insurance representatives Proficiency in PC software, especially word processing and spreadsheet programs Competency in navigating patient billing software, preferably Epic Strong organization skills Ability to multi-task Ability to meet deadlines Ability to work independently Knowledge of CPT and ICD-10 highly desirable 	

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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 Frequent Constant Up to 33% of the time 34%-66% of the time 67%-100% of the time Up to 10# Negligible Negligible 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 20# Light: Ability to lift up to 20 pounds Up to 10# or requires **Negligible** or constant significant walking or maximum with frequent lifting and/or carrying push/pull of items of of objects weighing up to 10 pounds. Even standing, or requires negligible weight though the weight lifted may only be a pushing/pulling of arm/leg negligible amount, a job is in this category controls when it requires walking or standing to a significant degree. Medium: Ability to lift up to 50 pounds 20-50# 10-25# Negligible-10# maximum with frequent lifting/and or carrying objects weighing up to 25 pounds. **Heavy:** Ability to lift up to 100 pounds 50-100# 25-50# 10-20# maximum with frequent lifting and/or carrying objects weighing up to 50 pounds. Very Heavy: Ability to lift over 100 Over 100# Over 50# Over 20# pounds with frequent lifting and/or carrying objects weighing over 50 pounds.

Work/Environmental: Moderate noise level consistent with an office environment.

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.