



Authorization Specialist

Metro Community Health Center extends great benefits to our eligible employees.

MCHC current benefits are:

- MCHC pays 100% of the employee premium for UPMC Medical, United Concordia dental, STD, LTD and Life insurance
- VBA vision coverage is offered as voluntary coverage that is paid for by the employee
- Medical and Dependent Care FSA and HRA
- 2 weeks of paid parental leave
- 20 days (4 weeks) of PTO for your 1st two years
- 12 paid holidays
- 401k with a 4% match

POSITION SUMMARY:

This position will facilitate the mission of Metro Community Health Center to ensure the delivery of quality patient care and coordination of supportive services within the health center. The individual will administer to the needs of the patients by following the scope of practice and standards of care accurately.

ESSENTIAL FUNCATIONS:

- Demonstrate a high level of skill at building relationships and customer service
- Demonstrate interpersonal savvy and influence skills in managing difficult clients and patients
- Demonstrate high degree of knowledge and competency in the practice of medicine and associated charting requirements
- Demonstrate a high level of problem-solving skills to better serve patients and staff
- Continually improve work process to enhance service and customer relations
- Work to improve prior authorization processes, communication, and patient care as it relates to various insurance companies' regulations.
- Demonstrate success and familiarity with tools, technology, and systems typically found within most progressive health care environments (i.e. personal computer skills, spreadsheets, word processing, patient records systems, EMR systems, etc.)
 - Experience with insurer's authorization submission portals preferred
- Responsible for receiving, processing and documenting referral and prior authorization requests (medications, test/procedures, DMEs, etc.).
- Stay abreast of continual changes in the health insurance Managed Care arena and

communicate those changes as appropriate.

- Assist the clerical and clinical teams with the coordination of patients
- Attend meetings, patient conferences, planning sessions, related to quality assurance, patient care, and other related topics within the health center
- Attend seminars and maintain all certifications requirements for continuing education and best practices
- Participate in quality strategies to evaluate compliance with standards and to identify opportunities to improve patient outcomes
- Assist the clinical team with quality assurance standards and measures
- Maintains HIPAA compliance practices at all times
- Ensures insurance carrier documentation requirements are met and referral support documentation is charted in patient's medical record.
- Efficiently manages correspondence with patients, physicians, specialists, and insurance companies.
- Work in coordination with medical providers regarding issues in documentation, diagnoses, etc. in regard to patient's prior authorizations.
- Work in coordination with medical providers regarding denials to ensure quality patient outcomes.
- Document pertinent information in the patient record regarding authorizations and communications with patients.
- Work in collaboration with the Financial Department to improve the Revenue Cycle
- Performs other duties as assigned

POSITION REQUIREMENTS:

Education/Experience

- High school diploma or equivalent
- 3-5 years of prior experience performing authorizations and referrals
 - Some combination of education/certification may be accepted in lieu of experience.

Skills/Abilities

- Demonstrated experience of developing an effective rapport with the patients, staff members, insurance companies, etc. in an effort to provide comprehensive healthcare across the life span.
- Significant knowledge of medical practices and insurance within a primary care environment
- Knowledge of relevant prior authorization portals
- Knowledge of formularies and other insurance related procedures regarding prior authorizations

- Ability to utilize computers for data entry and information retrieval
 - Microsoft Office Suite (Excel, Word, Etc)
- Excellent verbal and written communication skills.
- Ability to implement, and evaluate operational and administrative processes
- Strong attention to detail and accuracy
- Understands provider charting practices and how to find supporting documentation inside the patient chart
- Knowledge and understanding of EMR software. Athena One experience preferred.
- Medical Terminology
 - CPT
 - ICD-10
- Medical Insurance Knowledge
 - Medicare/Medicaid
 - Private Payers

PHYSICAL REQUIRMENTS:

While performing the duties of this job, the employee is regularly required to sit; use hands to manipulate objects, tools or controls; reach with hands and arms; and talk and hear. The employee must frequently lift and/or move up to 10 pounds and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, depth perception and the ability to adjust focus. Noise level in the work environment is usually quiet.