

Berks Counseling Center – Job Description

Position Title:	AUTHORIZATION SPECIALIST	Classification:	N8
Department:	BILLING	FLSA Status:	NON-EXEMPT
Accountability:	LEAD BILLING SPECIALIST	Status:	FULL-TIME
Primary Location:	BCC	Creation/Revision Date:	JUNE 2020

General Summary

Performs daily routine monitoring of schedule for accuracy. Utilizes the electronic health record system to acquire all documentation and authorization prior to rendering of service. Communicates with insurance companies to acquire verification of benefits/eligibility. Reports any discrepancies to the appropriate personnel in a timely manner. Works collaboratively with reception and billing department staff to assist in the completion of daily requirements in the finance department. Works collaborative with Reception staff /Care Coordinators/Case Managers to facilitate assistance with client financial burden.

Minimum Qualifications

High school diploma plus three (3) years of billing experience in the healthcare field required. Flexibility with hours, including evenings required. Excellent communication skills required. Excellent attention to detail required.

Bilingual ability in English and Spanish preferred.

To perform this position successfully, an individual must be able to perform each essential function satisfactorily. The requirements are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made.

Knowledge, Skills, and Abilities

- Knowledge /Ability to navigate and utilize an electronic health records systems.
 - Firsthand knowledge on billing regulations and medical/billing terminology.
 - Skill in telephone etiquette and telephone systems.
 - Skill in using Microsoft Office, specifically Excel and Outlook and the ability to learn new software programs that support project efforts.
 - Skill in active listening - giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate time.
 - Skill in time management – managing one’s own time and establishing priorities in relation to the tasks at hand.
 - Ability to be organized and prioritize based on the daily requirements.
 - Ability to communicate information and ideas effectively so others will understand, both orally and written.
 - Ability to work as a team player.
 - Ability to be optimistic in tough situations, share responsibility for problems, support decisions, and work well with others.
 - Ability to type 45wpm.
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Essential Job Functions

1. Communicate directly with insurance companies on a daily bases to acquire patient authorization for all recommended services prior to rendering of service.

2. Ensure accurate client insurance/authorization information and attach all supportive documentation into the patient dashboard in the EHR system. Verify and update insurance information as warranted. (must enter all authorization within the EHR)
3. Report to department lead any non-billable services due to authorization not acquired within a timely manner. All loss of revenue must be report with supportive documentation to department lead.
4. Work side by side with Registration Specialist to ensure the decrease of loss revenue due to authorization.
5. Obtain all Managed Care organization authorization on a daily basis, prior to rendering of service(s). Includes Non-par request.
6. Work directly with all clinical staff to acquire all clinical information needed to request insurance authorization.
7. Email all information to the proper provider and/or staff member of any changes in insurance coverage and update profile on our EHR system.
8. Work collaborative with Care Coordinator and/or Case Manager to assist client with seeking financial assistance as needed. Process includes but is not limited to, seeking county funding. (i.e. SAM, COCA, BCYS, etc.).
9. Monitor client schedule for accuracy, authorizations, and verification of benefits.
10. Maintain a high level of customer service and professionalism both in dealing with the public and within the organization.
11. Retrieve information from practice management system in order to acquire and complete all authorization prior to rendering of service, on the same day as necessary.
12. Create 270/271 files to upload and download from the electronic health reports to clearing house for all payers.
13. Assist with client check in process, as needed.
14. Properly navigate received telephone calls to the appropriate staff member.
15. Perform all other related duties and responsibilities as assigned.

Physical Requirements

- SEEING: Must be able to read reports and use computer.
- HEARING: Must be able to communicate with clients, vendors and coworkers.
- MOBILITY: Must have mobility to move about the agency.
- LIFTING/PULLING/PUSHING: Must be able to lift up to 10 pounds.
- OTHER: Must be able to write, type and use technology.

Note: The statements herein are intended to describe the general nature and level of work being performed, but are not to be seen as a complete list of responsibilities, duties, and skills required of personnel so classified. Also, they do not establish a contract for employment and are subject to change at the discretion of Berks Counseling Center. Berks Counseling Center is an equal opportunity employer.

AUTHORIZATION SPECIALIST – Signature / Date

LEAD BILLING SPECIALIST – Signature / Date

PRINTED NAME

PRINTED NAME