



## Verification Pre-Certification Specialist Job Description

<b>REPORTS TO:</b>	Patient access Manager	<b>FLSA STATUS</b>	Non-Exempt
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### **Job Summary:**

To ensure the financial integrity of each patient's account generated to maximize reimbursement. To educate and communicate to patients and/or responsible parties of any financial responsibilities, or insurance issues in order to streamline the process for patient arrival at the clinic and/or surgery facilities.

### **ESSENTIAL FUNCTIONS AND RESPONSIBILITIES**

1. Philosophy
  - a) Supports the facility's ideology, mission, goals, and objectives
  - b) Performs in accordance with the facility's policies and procedures
  - c) Follows the facility's standards for ethical business conduct
  - d) Conducts self as a positive role model and team member
  - e) Recognizes patients' rights and responsibilities and supports them in performance of job duties
  - f) Respects patients' rights to privacy, dignity, and confidentiality
  - g) Participates in facility committees, meetings, in-services, and activities
2. Communication
  - a) Communicates effectively and professionally with patients, visitors, physicians, and coworkers
  - b) Interacts with others in a positive, respectful, and considerate manner
3. Financial practices
  - a) Uses facility resources appropriately and avoids wasteful practices
  - b) Reports wasteful practices
  - c) Analyzes work area and makes recommendations for potential cost-effective improvements
4. Compliance program
  - a) Contributes to the progress and development of the organization's adopted compliance program
  - b) Performs according to established compliance policies and procedures
5. Performance-improvement program
  - a) Contributes to the progress and development of the organization's adopted performance-improvement program
  - b) Performs according to established performance-improvement policies and procedures
6. Safety/risk-management program
  - a) Adheres to safety policies and procedures in performing job duties and responsibilities
  - b) Maintains responsibility for safe work area by reporting to safety officer or designee observed or suspected safety violations, hazards, and policy/procedure noncompliance
  - c) Responds to emergency situations with competence and composure
  - d) Reports observed or suspected medical emergencies, notifies appropriate personnel, and responds appropriately
  - e) Identifies facility emergency situations (e.g., fire, disaster) and notifies appropriate personnel and external agencies



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7. Professional competence
  - a) Participates in continuing education and other learning experiences
  - b) Shares knowledge gained in continuing education with staff
  - c) Maintains membership in relevant professional organizations
  - d) Seeks new learning experiences by accepting challenging opportunities and responsibilities welcomes suggestions and recommendations

### **Duties and Responsibilities:**

1. Verifications, Eligibility & payment estimates for Physical Therapy visits
  - Obtains patient eligibility and benefits via phone (live/automated) or online portal.
  - Completes all verification to improve customer satisfaction allowing no more than 72 hours.
  - Confirms all eligible appointments and scans all pertinent documentation to patient's chart.
  - Provides re-verification of patient benefits and eligibility according to department policies.
  - Maintains and update patient information for successful claims submission, i.e. insurance information, demographics, etc. as needed.
  - Notates pertinent information in the system regarding patient insurance verification.
  - Notifies front desk staff and clinical team of any problematic insurance issue that may lead to clinic delay.
  - Completes and provides injectable estimates to patients.
  - Provides patient collection advice & benefit interpretations to AOSM staff and patients when necessary.
  - Complies with department protocols.
2. Verifications, Eligibility, Precertification and Collections for Ancillary Services
  - Obtains patient eligibility and benefits via phone (live/automated) or online portal.
  - Completes all verification, authorization/precertification to improve customer satisfaction allowing no more than 2 weeks.
  - Collaborates with clinicians and insurance companies to pre-certify surgical services and procedures.
  - Contacts insurance company for authorization/precertification requirement, initiate request and deliver pertinent medical records, i.e., chart notes, diagnostic imaging reports, and op notes, to expedite process.
  - Communicates authorization/precertification information to surgical centers if needed.
  - Displays the highest level of customer service, attentiveness and consideration possible in all surgery cases.
  - Completes and provides surgical estimates to patients.
  - Notates pertinent information in the system regarding authorization/precertification status and patient financial responsibility.
3. Flexibility to work any 8 hour shift between 6:30 am - 7 pm...which includes the opening or closing role at front desk - this will only be for front desk/back office coverage as needed.
4. Heavy phone call volume (outbound and inbound) - scheduling new referrals sent to PT/OT and outside referrals received, scheduling patients once visits are approved, following up on



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authorization status, coordinating DME pickup, calling patients back about their benefits, answering questions about appointments, roll-over calls from front desk etc

#### 3. Miscellaneous

- Complies with primary role responsibilities and cover/assist with other roles within the practice when requested.
- Performs verifications and precertification duties upon request by departmental supervisor/team lead.
- Assists in training of coworkers and new employees.
- Seeks new learning experiences by accepting challenging opportunities and responsibilities
- Shows a positive and respectable work attitude toward co-workers, management, patients, visitors, and physicians.
- Completes all other tasks or special projects as assigned.
- Attends meetings when requested.
- Compliance with HIPAA, OSHA and Employee Handbook.

#### **QUALIFICATIONS:**

To perform this job successfully, an individual must be able to perform each of these tasks satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations will be made to enable individuals with disabilities to perform these essential functions.

- **Education:** High school graduation or GED or 3 years of related experience and/or training or an equivalent combination of education and experience in a hospital/medical business office setting. Insurance knowledge and Medical Terminology is required.
- **Language Ability:** Able to read and comprehend simple instructions, short correspondence or memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients and other employees of the organization. Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar. Ability to speak and communicate in Spanish is beneficial.
- **Reasoning Ability:** Ability to apply common sense understanding to carry out instructions furnished in written, oral or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.
- **Computer Skills:** Basic computer skills and operational knowledge are required. Good typing skills
- **Personal Skills:** Insurance Verifier must have a pleasant and efficient manner in person and over the phone. Accuracy and attention to detail is essential to the job. The ability to work well under pressure and an awareness and understanding of other cultures are also important. Needs to have reasonable planning and organization skills as well as multi-tasking and prioritization abilities.

#### **WORKING CONDITIONS:**

1. Walks throughout the clinic occasionally.
2. Sits on a hard or cushioned chair frequently.



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- 3. Lifts up to 40 pounds to and from all levels (floor, waist, shoulder, overhead) on an occasional basis.
4. Carries up to 20 pounds occasionally throughout the clinic.
5. Bends, twists, squats and kneels occasionally.
6. Reaches up to 2 feet overhead/in front of oneself on an occasional basis.
7. Near-visual acuity with color perception in order to view computer screen and decipher fine print.
8. Manual dexterity adequate for utilizing a keyboard and calculator and processing paperwork.
9. Ability to adapt to simultaneous, multiple and varied stimuli.
10. Auditory acuity for hearing telephone conversation.
11. Clear speaking voice in order to communicate effectively.
12. Be able to handle stressful, uncomfortable situations.

The job duties listed in this job description may not be inclusive of all requirements of this position. Other duties may be assigned outside of you primary role by your supervisor through a written request.

All positions with ADVANCED ORTHOPAEDICS AND SPORTS MEDICINE are to use due care in the use and communication of patients' protected health information. It is every employee's principal job function to ensure patient confidentiality and failure to maintain confidentiality may, and will, result in sanction and/or discharge.

I have read the document and understand the requirements for this job description.

Employee Signature

Date

Supervisor/Manager Signature

Date