



INSURANCE SPECIALIST

Position Purpose:

The Insurance Specialist communicates clinical information and/or submits patient documentation received from clinical providers to payors to meet the medical requirements/criteria for authorization of payment. The Insurance Specialist provides the authorization/referral information necessary to complete the claim adjudication.

Key Responsibilities:

1. Obtains in depth verification of insurance benefits and eligibility not previously captured during the intake process.
2. Reviews accounts for required referrals and authorizations, obtains and submits all clinical information required to secure authorization by the payer.
3. Captures authorizations and referral information in the ARM module of Meditech and assures that all necessary information is complete and accurate.
4. Documents all denials of non-covered benefits, exhausted benefits, ineligibility or other instances of non-payment notification and proactively communicates with Case Manager linked with the clinical team.
5. Handles special insurance authorization situations that require quick problem solving (i.e., stat authorizations for emergent clinic situations) or complex care that requires coordination between multiple parties or payers.
6. In coordination with the Case Manager and therapist/s, assist families with insurance benefits/limitations and the processes necessary to obtain payment for services.

Qualifications:

Skills, Knowledge and Abilities:

Exhibits exceptional interpersonal and communication skills in order to be effective with insurance company representatives as well as families. Must have knowledge of healthcare third party reimbursement process including how managed care impacts treatment decision-making. Requires demonstrated abilities to work independently, problem-solve and employ critical thinking skills. Must have familiarity with account database management. Exhibits good organizational skills.

Education and/or Experience:

Require high school diploma or GED. Prefer some college level education as in an AAS in Business or Health Care Administration. Desire a minimum of three years experience in medical insurance billing, insurance verification, provider requirements of managed care payment systems and the authorization process, and managing large volume patient accounts. Must have experience in computerized database and billing. Customer service experience should include problem resolution on complex issues, work that required attention to detail.

Physical Requirements:

- Work is primarily sedentary with 80% of time seated at computer terminal, on the telephone.
- Ability to view the computer terminal and key data accurately.
- Ability to communicate over the telephone