

Human Resources
750 S. Wolcott
Room: G-50
Chicago, IL 60612



Job Code: 6445
Grade: FE

Standard Job Description

Job Title
Prior Authorization Nurse

Department
Integrated Care

Job Summary

Organizes and communicates clinical information about a patients' condition, proposed procedure or need for ongoing services to support medical necessity review, prior to the procedure being performed to support Cook County Health & Hospitals System (CCHHS) reimbursement. Prior authorization nurse supports a proactive discharge process with early identification of patients at risk for poor discharges outcomes.

This position is exempt from Career Service under the CCHHS Personnel Rules.

Typical Duties

- Collaborates with Managed Care Organization (MCO) and Quality Improvement Organization (QIO) representatives to understand and comply with prior authorization requirements.
- Collaborates with providers/medical home team to create a formal process for requesting authorization assistance.
- Review requests for prior authorization of services and compares clinical information with MCO requirements. Communicates discrepancies, on the day identified, with physician/medical home team and collaborates with physician to reduce discrepancy.
- Works with physician/medical home team to align plan of care with MCO requirements in regards to setting, amount of treatment, duration, etc.
- Communicates approval status to physician/physician representative/medical home team.
- Secures understanding of post-acute plan of care-initiates authorization process during prior authorization, if appropriate.
- Tracks denials and initiates corrective action while preparing data for Utilization Management (UM) Committee.
- Supports implementation of alternate treatment plans, if services denied.
- Uses software applications, such as Milliman, to evaluate medical necessity of proposed treatment plan.
- Constructs and documents a succinct, assertive, and fact based clinical summary to support medical necessary criteria.

Reporting Relationships

Reports to the Prior Authorization Manager

Minimum Qualifications

- Licensed as a Registered Professional Nurse in the State of Illinois
- Two (2) years of work experience in a Medical/Surgical Setting
- One (1) year experience in Utilization Management working for a physician group, insurance company or management services organization
- Prior experience using InterQual or Milliman criteria sets

