



Job Code: 9982

Grade: 22

HCWR: N

Job Title

Prior Authorization Analyst

Department

Finance/Revenue Cycle

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

Job Summary

The Prior Authorization Analyst will be responsible for actively supporting the execution of strategic initiatives process re-design root cause analysis metric/report development and special projects as it relates to Authorization Denials, as directed. The Prior Authorization Analyst will serve as a primary resource on prior authorization requirements.

Typical Duties

- Analyzes the prior authorization denials report to identify reason for denials in detail including inaccurate and/or missing information in detail.
- Works closely with management to evaluate payer changes or other items that may impact reimbursement affected by prior authorization.
- Recognizes billing errors and when to submit a reconsideration request for payment with all appropriate documentation.
- Analyzes denial reports and recommend changes to workflow as appropriate with impacted departments on any deficiencies in workflow or system build.
- Reviews denials report for patterns related to repeated denials from a particular insurance carrier. Understands how to identify errors and works with contract staff to address.
- Ensure patients receive the services that require prior authorization from insurance carriers by addressing and rectifying rejected claims that require additional documentation and/or Peer to Peer Consultation.
- Collaborates with other departments to assist in obtaining prior authorizations.
- Completes data review and reports on metrics/trends of authorization denials.
- Maintains an audit trail of changes to authorization requirements to assist with root cause analysis and support cause for appeals.
- Develops and maintains a strong working relationship with hospital departments and referring physicians to collaborate in obtaining information needed for successful appeal/reversal of authorization denial.
- Maintains a current knowledge related to insurance changes and requirements for prior authorization.
- Gathers data, performs a detailed review, and submits a report based on findings, as directed.
- Attends and participates in meetings, as needed.
- Performs other duties as assigned by the Director of Pre-Patient Access.



Minimum Qualifications

- Licensed as a Registered Professional Nurse in the State of Illinois
- Two (2) years of nursing work experience
- One (1) year of work experience in Utilization Management/Prior Authorization in a physician group, insurance company or management services organization
- Prior experience identifying trends in prior authorization and denial prevention, i.e., incomplete coding, lack of documentation

Preferred Qualifications

- Care management or medical insurance experience
- Bachelor's degree in nursing from an accredited college or university
- One (1) year experience with electronic medical records (EMR)
- Prior experience using InterQual or Milliman criteria sets

Knowledge, Skills, Abilities and Other Characteristics

- Excellent verbal, written communication, and interpersonal skills necessary to communicate with all levels of staff and a patient population composed of diverse cultures and age groups
- Knowledge and proficiency with Microsoft applications and internet-based programs
- Strong interpersonal skills with the ability to establish strong working relationships
- Strong time management skills to prioritize assignments and meet the designated deadlines
- Ability to anticipate, recognize, and meet the needs of patients and families
- Ability to work in a team-based environment to accomplish goals and objectives
- Ability to demonstrate respect and sensitivity for cultural diversity in CCH work force and patient population
- Ability to critically think, problem solve and make independent decisions supporting the authorization process, including interactions with payer representative, physicians, and hospital case managers

Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, "Typical Duties" are essential job functions.

