

## CIVIL SERVICE POSITION DESCRIPTION

INCUMBENT: \_\_\_\_\_ CSN:

PRESENT CLASSIFICATION: Medical Insurance Representative DATE: September 2019

DEPARTMENT/DIVISION: Surgery

### Function

The incumbent in the position processes preauthorizations/precertifications forms for the Department of Surgery. This person will assist in maintaining a departmental managed care manual as well as updating faculty and staff in the department regarding changes in the managed care process. This person will interact with physicians, nurses, and secretarial staff in the Department of Surgery as well as insurance companies, patients, and other departments or clinic areas.

### Organizational Relationship

The occupant of this position reports to the Medical Insurance Assistant Manager, who reports to the Medical Insurance Manager, who reports to the Health Administrator, who reports to the Assistant to the Chair, Department of Surgery.

### Duties and Responsibilities

### Time Commitment

The following information is intended to be representative of the work performed by incumbent in this position and is not all-inclusive. The omission of a specific duty or responsibility will not preclude it from the position if the work is similar, related, or a logical extension of position responsibilities.

Demonstrates, by actions, commitment to the mission and the behavioral standards of SIU School of Medicine. Provides excellent service to both internal and external customers through collaboration and partnership; compassion and respect; integrity and accountability; diversity and inclusion; as well as continuous learning and improvement.

### Preauthorization/Precertification

85%

- A. Verifies accuracy of billing codes of routine, non-complex medical health claims related to processing of pre-authorizations/precertification's of patient procedures (e.g.,, diagnostic tests ,inpatient and outpatient surgery, rehab and DME). This involves discussion with physician or nurse, reviewing the patient's medical record for necessary documentation and disseminating the appropriate information to the managed care/insurance company in order to secure approval of patient procedures.
  
- B. Provide faculty and staff with updates regarding changes made to managed care/insurance procedures and/or protocols.

- C. Assist in maintenance of a central resource manual of managed care/insurance company plans.
- D. Respond to routine, non-complex inquiries from physicians, nurses, hospitals, government agencies, insurance companies, managed care companies and patients concerning requests for assistance to assure appropriate coverage for planned medical services.
- E. Receive and respond to patient calls regarding insurance questions, precerts, authorizations, etc.
- F. Identifies, analyzes and takes necessary action in the review of insurance denials in order to determine the appropriate course of action required to accurately complete the medical review process.
- G. Secure additional health information from the patient and/or physician regarding the episode of care being denied and initiate follow-up discussions with insurance organizations in order to obtain a medical review.
- H. Correspond with physician, nurses, hospitals, government agencies, insurance companies, managed care companies, and patient as required to identify and collect the information required to complete the authorization process.
- I. Obtain standard, established codes acquired from ICD-9 and CPT coding books after chart review and/or discussion with physician or nurse and disseminate to the certifying insurance agency.
- J. Maintain accurate records of preauthorization/precertification process through entering appropriate information into computerized system.
- K. Create computerized precertification forms to make the process more efficient.

**II. Administrative**

**15%**

- A. Attend training sessions, meetings, and conferences and read publications to remain current on the policies and procedures of managed care/insurance companies.
- B. Participate in SIU Physicians & Surgeons committees as requested.
- C. Other duties/projects as assigned.

### **Knowledge Required for the Job**

1. Desired that he/she possess a good working knowledge of medical terminology and medical record chart review.
2. Ability to work with computer systems.
3. Sensitive to the needs of underrepresented minority populations.

### **Desired Qualifications for Position**

- 1) Skilled in the precertification/preauthorization process.
- 2) Possess skill in dealing effectively with patients, department staff, managed care/insurance personnel, and persons in and outside of clinic.

### **Responsibility**

- A. Supervisory Controls: Controls are in the form of written and oral direction from the Medical Insurance Manager. Incumbent performs duties under direct supervision.
- B. Guidelines: The policies and procedures of SIU School of Medicine will provide all of the basic guidelines.

### **Difficulty**

- A. Complexity: This position requires pulling records and chart review at SIU School of Medicine and the hospitals. This involved detailed work, computer dexterity and organizational skills.
- B. Scope and Effect: This position involves contact with physicians, nurses, hospitals, government agencies, insurance companies, managed care companies and patients in and outside the School of Medicine.

### **Personal Relationships**

The incumbent will have extensive contact with other Surgery Clinic personnel and medical staff. Incumbent will demonstrate adaptability to expanded roles of organization and changing environment, maintain appropriate professional conduct and appearance at all times. Close working relationships must be maintained in and outside the Department of Surgery.

### **Environmental, Health and Safety Responsibilities**

Participates in meetings, training and other environmental, health and safety activities as required by SIU School of Medicine.

**Environmental Demands**

Physical and Environmental requirements attached.

\_\_\_\_\_

Incumbent

Date \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Coordinator

Date \_\_\_\_\_

\_\_\_\_\_

Health Administrator

Date \_\_\_\_\_

# PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

## SIU SCHOOL OF MEDICINE

Incumbent: \_\_\_\_\_ Classification: **Medical Insurance Representative**

Position No. (If applicable): \_\_\_\_\_ Department: **Surgery Clinic-SMS**

**WORK ENVIRONMENT: (Check all applicable environments)**

<input checked="" type="checkbox"/> <b>Office</b>	<input type="checkbox"/> <b>Hospital</b>
<input type="checkbox"/> <b>Clinic</b>	<input type="checkbox"/> <b>Warehouse</b>
<input type="checkbox"/> <b>Research Laboratory</b>	<input type="checkbox"/> <b>Outdoors</b>
<input type="checkbox"/> <b>Other (Be Specific):</b> _____	

PHYSICAL DEMANDS:	Seldom	Occasionally	Frequently	Constantly	N/A
(Indicate frequency of activity during performance of position duties)	(Performed rarely less than 2% of the time)	(Performed less than 25% of the time)	(Performed 26% to 50% of the time)	(Performed 51% or most of the time)	

*(Click on the Physical Demands Definitions button at the bottom of the form for a list of physical demands definitions)*

Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Close visual acuity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Travel	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing - Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hearing - Other Sounds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stooping	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in dust, fumes, gases, or irritants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in extreme cold, heat and/or humidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in close quarters	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Operating motor vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working above shoulder level	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twisting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing or pulling		<b>Less than 5 lbs.</b>			<input checked="" type="radio"/>
Carrying	<b>Less than 5 lbs.</b>	<b>10 - 20 lbs.</b>			<input type="radio"/>
Lifting	<b>Less than 5 lbs.</b>	<b>Over 60 lbs.</b>			<input type="radio"/>
Other (Please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I affirm the environmental and physical demands listed on this form are an accurate reflection of the requirements of this position to the best of my knowledge and belief.

I have read, understand and am capable of meeting the physical and environmental demands of this position.

\_\_\_\_\_  
**Tami Griffen**

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_