Client Engagement Liaison

Family communication, physician-office coordination, authorization support, and documentation follow-up

Department	Compliance / Authorization
Reports To	Authorization Manager
FLSA Status	Full-Time, Non-Exempt

Position Summary

The Client Engagement Liaison serves as the primary non-clinical liaison for clients and families regarding initial and ongoing authorization needs. The position communicates with clients, families, physician offices, referral sources, and internal departments to obtain the records and information needed to support prior authorization requests and continued service approval. The Client Engagement Liaison answers questions, explains outstanding requirements, provides status updates, and follows documentation requests through completion so patients and families have a consistent and reliable point of contact.

Primary purpose: Be the family's go-to resource for authorization-related communication while ensuring required physician, employer, and client documentation is obtained accurately and timely.

Essential Duties and Responsibilities

Client and Family Engagement

- Serve as the primary non-clinical point of contact for clients, families, and responsible parties regarding authorization-related documentation and follow-up.
- Explain required documents, outstanding items, next steps, and anticipated workflow in clear and respectful language.
- Provide timely status updates and maintain regular communication until requested items are received or the matter is otherwise resolved.
- Answer routine questions and route clinical, eligibility, scheduling, billing, or compliance questions to the appropriate department.
- Build trusted relationships with families while maintaining professional boundaries and avoiding promises regarding payer approval or service continuation.

Physician Office and Provider Coordination

- Contact physician offices and other healthcare providers to request required records and supporting documentation.
- Obtain physician orders, annual physician visit notes, face-to-face documentation, medical-necessity records, and other payer-requested materials.
- Confirm requests are directed to the correct office, provider, contact, or medical-records department.
- Follow up consistently on outstanding requests and document each contact, response, barrier, and next step.
- Escalate persistent provider-office barriers or time-sensitive documentation needs to the Authorization Manager.

Prior Authorization Documentation Support

- Maintain ongoing knowledge and credentials of prior authorization functionality to submit requests to insurance as needed.
- Work closely with Authorization Coordinators to identify the exact documentation needed for new requests, renewals, modifications, reductions, denials, or payer follow-up.
- Gather client-, family-, employer-, and provider-supplied information needed to support complete authorization request packets.
- Review received documents for basic completeness, correct client identification, dates, signatures, and requested content before routing them to the Authorization Team.
- Maintain tracking of outstanding authorization-support documents and approaching deadlines.

- Immediately communicate service-impacting delays, missing records, or unresolved barriers to the Authorization Manager and responsible operational staff.

Employment and Family Documentation Coordination

- Assist clients and families with obtaining work letters, employment verification, work-schedule information, and other payer-requested employment documentation.
- Explain annual or recurring documentation requirements, including physician visits, orders, notes, and other required supporting records.
- Provide families with approved templates, instructions, submission methods, and deadlines when available.
- Coordinate receipt and routing of completed forms while protecting confidential information.

Documentation, Tracking, and Communication

- Document all calls, messages, requests, records received, status updates, barriers, escalations, and follow-up actions in approved systems.
- Maintain accurate work queues, systems, or tracking reports for pending family and physician-office documentation.
- Upload and route received documents promptly using approved naming, storage, and privacy procedures.
- Close follow-up tasks only after required documents have been received, routed, and documented or after an authorized leader determines no further action is required.
- Provide clear handoffs so Authorization Coordinators and other departments understand the current status and remaining needs.

Cross-Functional Collaboration and Escalation

- Partner with Authorization, Intake, Service Coordinators, Branch Managers, Clinical Leadership, and other team members as appropriate.
- Coordinate with Clinical Leadership when physician records or clinical information are needed without interpreting clinical content or directing clinical decisions.
- Recognize and escalate complaints, urgent service risks, suspected abuse or neglect, privacy concerns, possible falsification, or other compliance concerns according to policy.
- Participate in team meetings, case reviews, training, process improvement, and coverage activities as assigned.

Role Boundaries and Cross-Functional Coordination

PRIMARY OWNERSHIP	PARTNERS CLOSELY WITH	DOES NOT INDEPENDENTLY OWN
• Family authorization communication	• Authorization Manager and Coordinators	• Authorization submission or approval decisions
• Physician-office document requests	• Clients, families, and responsible parties	• Clinical assessment or interpretation
• Work letters and family-supplied documentation	• Physician offices and healthcare providers	• Scheduling and caregiver staffing
• Pending-document tracking	• Corporate Intake and Clinical Leadership	• Medicaid eligibility determinations
• Status updates and follow-through	• Service Coordinators, Branch Managers, Compliance	• QA approval, billing decisions, or formal complaint investigations

Minimum Qualifications

- High school diploma or GED.
- Active and valid driver's license.
- At least one year of healthcare, medical office, customer service, client support, authorization support, intake, home care, home health, or related experience.
- Demonstrated ability to communicate professionally and persistently with families, physician offices, payer representatives, and internal teams.
- Strong organization, documentation, follow-up, time-management, and problem-solving skills.
- Ability to explain requirements clearly, manage sensitive conversations, and maintain a helpful service-oriented approach.
- Proficiency with electronic records, telephone systems, Microsoft Outlook, Word, and Excel or tracking tools.

- Ability to maintain confidentiality and comply with HIPAA and company privacy requirements.

Preferred Qualifications

- Experience obtaining physician orders, visit notes, medical records, work verification, or prior-authorization support documents.
- Experience with Indiana Medicaid, Medicaid waiver services, home health prior authorization, HCBS, or managed care.
- Knowledge of medical terminology, physician-office workflows, payer documentation requirements, or client-service coordination.
- Experience serving as a dedicated family liaison or managing a documentation follow-up caseload.

Core Competencies

- Family-centered communication
- Customer service and relationship building
- Persistent and professional follow-up
- Organization and deadline management
- Documentation accuracy
- Problem identification and escalation
- Cross-functional teamwork
- Confidentiality and professional boundaries

Work Environment and Physical Requirements

- Frequent sitting, telephone use, video communication, data entry, document review, and computer work.
- Ability to communicate for extended periods with clients, families, physician offices, and internal departments.
- Ability to lift and carry files, records, or routine office materials weighing up to 10 pounds.
- Occasional travel to a client location, provider office, or meeting may be required based on operational need.
- Ability to work independently, manage competing priorities, and maintain professionalism during difficult or time-sensitive conversations.

Key Performance Indicators

- Timeliness of initial family and physician-office outreach.
- Percentage of requested documents received by established deadlines.
- Pending-document queue aging and follow-up consistency.
- Accuracy and completeness of contact notes, tracking, and document routing.
- Family response time, communication quality, and satisfaction.
- Timeliness of service-impacting escalations.
- Reduction in authorization delays caused by missing family, employer, or physician documentation.
- Effective handoff and collaboration with Authorization, Intake, Clinical, and Client Services teams.

Acknowledgment

This job description describes the general nature and level of work expected. It is not an exhaustive list of all duties. Responsibilities may be modified based on organizational needs, applicable requirements, and reasonable business considerations. Nothing in this document changes the at-will nature of employment where applicable.

Employee Name: _____

_____ _____

Employee Signature Date