Authorization Manager

Waiver and home health authorization operations, staff leadership, and service-protection controls

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

Position Summary

The Authorization Manager directs the daily authorization function for waiver and home health services. The position supervises the authorization team, establishes work queues and controls, monitors expirations and pending requests, resolves complex authorization barriers, assists in appeal processing and ensures accurate communication of approved service parameters to operational and clinical teams.

Primary purpose: Obtain and maintain accurate authorizations before service delivery and reduce preventable gaps, denials, billing risk, and disruption to clients.

Essential Duties and Responsibilities

Authorization Operations

- Oversee submission, renewal, modification, follow-up, entry, verification, and closure of waiver and home health authorization requests.
- Maintain oversight of centralized tracking of effective dates, approved units or hours, service codes, payer decisions, pending items, and expirations.
- Prioritize urgent, expiring, reduced, denied, or service-impacting cases.
- Validate that authorization data entered in agency systems agrees with payer documentation and applicable service plans.
- Directly assist in authorization appeal processing, communication and monitoring.

Team Leadership and Quality Control

- Assign caseloads and work queues based on program knowledge, volume, deadlines, and complexity.
- Review complex submissions, denials, reductions, disputed approvals, and escalations.
- Conduct routine quality checks and coach staff on accuracy, documentation, payer communication, and follow-through.
- Develop standardized templates, checklists, status definitions, and escalation expectations.

Cross-Functional Coordination

- Coordinate with Service Coordinators and Branch Managers regarding service impact, family contact, unstaffed or changed hours, and non-medical holds.
- Coordinate with Corporate Intake and Clinical Leadership regarding home health documentation, clinical support, physician records, and timing without making clinical determinations.
- Provide clear authorization status updates and document actions, barriers, payer contacts, and next steps.
- Escalate material payer, compliance, or revenue-integrity risks to the Director of Compliance.

Reporting and Improvement

- Monitor authorization turnaround, preventable expirations, denials, reductions, pending aging, and service interruptions.
- Analyze root causes and recommend training, staffing, system, or workflow improvements.
- Support audits, appeals preparation, record requests, and additional compliance monitoring as assigned.

Supervisory Responsibilities

- Supervises Authorization Coordinators and manages onboarding, workload, one-on-ones, coaching, attendance within supervisory scope, and performance feedback.
- Partners with Human Resources and the Director of Compliance on formal corrective action and employment decisions.

Role Boundaries and Cross-Functional Coordination

PRIMARY OWNERSHIP	PARTNERS CLOSELY WITH	DOES NOT INDEPENDENTLY OWN
• Authorization workflow	• Director of Compliance	• Clinical appropriateness
• Authorization staff supervision	• Service Coordinators & Branch Managers	• Branch scheduling decisions
• Tracking and escalation controls	• Corporate Intake	• Independent appeal or legal strategy
• Accuracy of system authorization data	• Clinical Leadership/RN Team	• Client service supervision
• Payer follow-up and status reporting	• Billing and finance	• QA approval

Minimum Qualifications

- High school diploma or GED.
- Active and valid driver's license.
- At least three years of healthcare authorization, eligibility, intake, billing, revenue cycle, waiver, home health, or payer-related experience.
- At least one year of lead, supervisory or advanced coordinator experience.
- Demonstrated ability to interpret authorization documents, track deadlines, resolve discrepancies, and communicate service impact.
- Excellent problem solving, organization, communication and decision-making skills
- Proficiency with electronic records, telephone systems, payer portals, Microsoft Outlook, Word, and Excel or tracking tools.
- Ability to maintain confidentiality and comply with HIPAA and company privacy requirements.

Preferred Qualifications

- Associate or bachelor's degree in healthcare administration, business, nursing, or a related field or job-related equivalent experience.
- Experience with Indiana Medicaid waivers, home health prior authorization, case management organizations, managed care entities, denials, reductions, or appeals support.
- Experience building authorization dashboards and standard work tracking.

Core Competencies

- Deadline management
- Accuracy and attention to detail
- Payer communication
- Team coaching
- Problem solving
- Escalation judgment
- Revenue-integrity awareness
- Cross-functional coordination

Work Environment and Physical Requirements

- Ability to work for extended periods at a computer and communicate by telephone, video, and in person.
- Ability to travel between offices, client homes, community locations, or meetings as required by the role.
- Ability to maintain confidentiality and safeguard protected health and employment information.
- Ability to manage competing priorities in a fast-paced home- and community-based services environment.

Key Performance Indicators

- Authorization submission and renewal timeliness
- Preventable expiration and service-gap rate
- Data-entry accuracy
- Pending aging
- Denial and reduction trends
- Status communication timeliness
- Team productivity and quality

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