Authorization Coordinator

Authorization submission, tracking, verification, follow-up, and service-impact communication

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

Position Summary

The Authorization Coordinator obtains, tracks, verifies, enters, and maintains payer authorizations for assigned waiver and/or home health services. The position follows requests from initiation through decision, identifies missing information or discrepancies, communicates service impact, and maintains complete documentation of payer and stakeholder contacts.

Primary purpose: Protect continuity of service and billing support by maintaining accurate, timely, and well-documented authorization records.

Essential Duties and Responsibilities

Authorization Specialty and Cross-Training

- Authorization Coordinators may be assigned to specialize in prior authorizations, waiver authorizations, or another authorization focus area based on agency need, payer requirements, and team structure.
- Regardless of specialty assignment, Authorization Coordinators are expected to be cross-trained in both prior authorization and waiver authorization processes to support coverage, continuity, and team flexibility.
- Work collaboratively with other Authorization team members to share knowledge, support workload balance, and contribute to overall team success.

Authorization Processing

- Prepare and submit authorization, renewal, modification, and follow-up requests using required payer or agency processes.
- Verify approved dates, service codes, frequencies, units or hours, provider information, and decision terms.
- Enter and update authorization information accurately in agency systems.
- Upload applicable documentation or information into EMR in a timely manner.
- Maintain supporting payer notices, communications, reference numbers, and status documentation.

Tracking and Follow-Up

- Monitor pending requests, expirations, missing documents, payer requests, denials, reductions, and unresolved discrepancies.
- Contact payers, waiver coordinators, physician offices, clients, families, and internal teams as assigned and within approved communication protocols.
- Escalate urgent or service-impacting issues to the Authorization Manager/Team Lead and responsible operational leader.
- Maintain accurate task lists and close cases only when required information and system updates are complete.
- Communicate and follow up with CMO care manager or MCE coordinator for applicable Medicaid waiver approval status or documentation.

Cross-Functional Coordination

- Work with Service Coordinators and RNCMs on client and family outreach, schedule impact, waiver communication, service holds, authorization approvals and denials.
- Communicate with Service Coordinators, clinical team members, co-workers and supervisor the authorization status including documentation receipt, approvals, denials, and data, information or documentation entry into client chart in a timely manner.
- Work with Intake and Clinical Leadership to obtain home health documentation while respecting clinical decision-making authority.
- Notify billing and operations when authorization terms change or when services may not be supported.
- Support denial, reduction, appeal, audit, and record-request preparation as assigned.

Accuracy and Compliance

- Follow approved templates, verification steps, privacy controls, and escalation procedures.
- Identify conflicts among authorizations, service plans, PCISPs, orders, schedules, or client needs and route them for resolution.
- Do not independently promise approval, clinical eligibility, service start, or appeal outcome.

Role Boundaries and Cross-Functional Coordination

PRIMARY OWNERSHIP	PARTNERS CLOSELY WITH	DOES NOT INDEPENDENTLY OWN
• Assigned authorization caseload	• Authorization Manager	• Clinical appropriateness
• Submission and follow-up	• Service Coordinators and RNCMs	• Branch staffing or scheduling
• Authorization data accuracy	• Intake	• Final appeal strategy
• Status documentation	• Clinical Leadership	• QA approval
• Service-impact escalation	• Billing and payer contacts	• Employee supervision
	• CMO/MCE Contacts	

Minimum Qualifications

- High school diploma or GED.
- At least one year of healthcare authorization, eligibility, intake, billing, insurance verification, medical office, home care, or home health experience.
- Ability to interpret approval notices, track deadlines, and maintain accurate records.
- Strong professional telephone and written communication skills.
- Proficiency with electronic records, payer portals, email, and spreadsheets.

Preferred Qualifications

- Experience with Indiana Medicaid waiver authorizations or home health prior authorizations.
- Knowledge of service codes, units, frequencies, denials, reductions, or managed care processes.
- Medical terminology or healthcare administration training.

Core Competencies

- Accuracy
- Persistence
- Organization
- Payer communication
- Confidentiality
- Problem identification
- Customer service
- Timely escalation

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 company 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

- Submission and follow-up timeliness
- Preventable expiration rate
- Authorization entry accuracy
- Pending-task aging
- Completeness of contact documentation
- Communication of service-impacting decisions
- Assigned caseload productivity

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