

**LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.**  
**JOB DESCRIPTION**

**DATE ESTABLISHED: 09/14/15**  
**DATE AMENDED:**

**TITLE OF POSITION:** Client Financial Services Billing Maximization Specialist

**POSITION NUMBER:** 10-08

**PROGRAM:** Center Administration

**SUMMARY:** Verify eligibility, obtain initial authorizations, if applicable, and track authorizations to maximize reimbursement.

**MINIMUM REQUIREMENTS:** High school graduate or equivalent. Advanced knowledge of and ability to create Excel spreadsheets.

Life Management Center relies heavily on technology to run its business; therefore, all employees are required to have basic computer skills. These basic skills will include knowledge of creating folders, saving and retrieving files, e-mail (Outlook), MS Office (Word and Excel), using web browsers such as Internet Explorer and/or Mozilla Firefox, along with operating a keyboard, mouse, and printer.

Compliance with minimum standards for screening of mental health personnel as contained in F.S. 394.4572.

Life Management Center maintains and enforces a drug-free workplace policy. Applicants are required to be drug tested prior to employment. Under certain circumstances, employees may also be required to submit to drug and/or alcohol testing. Information on the Drug-Free Workplace Policy is contained in the employee Handbook and set forth in the Drug-Free Workplace Policy, available through the Human Resources Department and the organization's website at [www.lifemanagementcenter.org](http://www.lifemanagementcenter.org)

**SUPERVISED BY:** Client Financial Services Assistant Supervisor

**POSITIONS SUPERVISED:** None

**SALARY OR WAGE MINIMUM:** \$10.50 per hour (\$21,840.00 annually based on full-time FTE)

**WAGE AND HOUR STATUS:** NON-EXEMPT

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**DESCRIPTION OF DUTIES AND RESPONSIBILITIES<sup>1</sup>:**

**ESSENTIAL FUNCTIONS:** (Essential functions of this position are listed below. The position also includes additional functions as needed and/or assigned by supervisor.)

1. Verify eligibility on a monthly and weekly/bi-weekly basis for all Medicaid plans.
  2. Update changes in the client's insurance record.
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3. If applicable, obtain authorizations for the new Medicaid plan.
4. Enter authorizations into client's record.
5. Notify providers of new plan and authorization via e-mail (copied to CFS Assistant Supervisor).
6. Enter appropriate notes into client's record indicating changes and notifications made.
7. Track initial/subsequent authorizations for expiration date and units used/available on an Excel spreadsheet.
8. Notify service providers via e-mail (copied to component director and CFS Assistant Supervisor) of authorizations that are approaching unit limits and/or the expiration date. If a second request is required, copy to above staff and CFO.
9. An authorization write off report will be distributed on a monthly basis to program directors, the CFO, CFS supervisor and the assistant supervisor.

**Physical and Other Requirements:**

Activity	Expectation		
Standing	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
<input type="checkbox"/> Sitting	<input type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> Frequent
<input type="checkbox"/> Driving vehicles	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Lifting and/or Carrying	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Bending and/or Stooping	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Climbing Stairs and/or Ladders	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Walking or Moving (between offices, other facilities, etc.)	<input type="checkbox"/> Minimal	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Frequent
Other (lift above waist/reaching etc., please explain)	<input checked="" type="checkbox"/> Minimal	<input type="checkbox"/> Moderate	<input type="checkbox"/> Frequent

Speaking: ☒ Yes ☐ No  
 Hearing: ☒ Yes ☐ No  
 Reading Comprehension: ☒ Yes ☐ No  
 Repetitive motion with hands, wrists, arms (e.g keyboard, typing, handwriting, etc.) ☒ Yes ☐ No  
 Ability to lift and carry up to **15** pounds.  
 Ability to handle stressful situations: ☐ Minimal ☒ Moderate ☐ Frequent

	Infrequent	Occasional	Frequent	N/A*
Travel Same Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Travel Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overtime (Non-Exempt only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays/Weekends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift Work (PMs/Midnights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* Not Anticipated

**Copy received by:**

**Date**