



JAN ANGELO BACUCANG, RN.

PRIOR AUTHORIZATION SPECIALIST

PERSONAL PROFILE

I am a registered nurse with holistic knowledge on revenue cycle management specialized in both inbound and outbound processes. I am experienced in handling cases that requires clinical review to meet payer medical necessity criteria. Proficient on verifying patient's benefits and eligibility per payer guidelines. Specialized in handling cases such as imaging, interventional pain management, oncology, medical and surgical, hospital inpatient admissions, and sleep study. Also, I can manage working with back office processes such as facesheets and denial management.

WORK EXPERIENCE

Staff Nurse

Immaculate Conception Primary Hospital | 2014 - 2015

Project Nurse/Administrative assistant

Juntee Philippines Inc. | 2015 - 2017

Clinical Intake Specialist Prior Authorizations - CIGNA

Hinduja Global Solutions Ltd. | 2017 - 2019

Client Partner Clinical Nurse Reviewer - Athenahealth

Access Healthcare Services Manila, Inc. | April 2019 - June 2021

EDUCATIONAL HISTORY

Colegio San Agustin Bacolod

Bachelor of Science in Nursing (BSN) | 2010

Victorias National High School

Secondary | 2006

Don Bosco Technical Institute

Elementary | 2002

CONTACT ME AT

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KNOWLEDGE AND SKILLS SUMMARY

- Knowledge of procedure authorization and its direct impact on the practice's revenue cycle
- Understanding of payer medical policy guidelines while utilizing these guidelines to manage authorizations effectively
- Proficient use of CPT and ICD-10 codes
- Excellent computer skills including Excel, Word, and Internet use
- Excellent customer service skills; communicates clearly and effectively
- Ability to multitask and remain focused while managing a high-volume, time-sensitive workload
- Analyze and evaluate medical records (and all available health data) to make medical necessity determinations within required turn-around times
- Educated and knowledgeable on how to adhere to all HIPPA guidelines
- Basic Medical Scribing
- Email and Calendar Management

Job description and responsibilities

- **Clinical Intake Specialist Prior Authorizations - CIGNA**

1. Provides effective and efficient customer service for inbound calls for both member and provider-related inquiries such as benefits and eligibility as well as prior authorization requests.
2. Processes high volume data entry with accuracy and efficiency for precertification requests including referral requests, facesheets and inpatient admissions, and decisions made by payer medical director prior to approval and denial letters.
3. Responsible for supporting the Precertification Nurse, Medical Director and Director of Health Services by collecting, interpreting and evaluating medical information received for authorization.
4. Provides communication with internal and external providers regarding authorization status.
5. Review authorization requests and make determinations on correct authorization process.
6. Performs research to respond to inquiries and interprets policy provisions to determine most effective response.
7. Proficient knowledge of departmental policies and procedures; knowledge of Medicare guidelines, HIPAA and NCQA.
8. Maintain benchmark standards for TAT (Turnaround Time) as established by the organization.
9. Flexible with the ability to shift priorities when required.
10. Professional demeanor and the ability to work effectively within a team or independently.

• **Client Partner Clinical Nurse Reviewer - Athenahealth**

1. Conduct outbound calls to payers to obtain prior authorization of specific medical procedure or prescription drug and to check on patient's eligibility, benefits, and coverage.
2. Document the call notes and take appropriate action on the revenue cycle system.
3. Facilitate verbal and written communication with employees, employers, providers of care, and adjusters.
4. Gather medical data to evaluate the necessity of medical treatment and functional capabilities.
5. Perform and maintain research, documentation, statistics, and auditing information on all types of medical providers, procedures, scopes of practice, and professional organizations.
6. Compare medical information to establish criteria (medical standards) and determine appropriateness of treatment and length of treatment.
7. Maintain benchmark standards for TAT (Turnaround Time) as established by the organization.
8. Proficient knowledge of departmental policies and procedures; knowledge of Medicare guidelines, HIPAA and NCQA. And accuracy in CPT codes and ICD-10 codes.
9. Professional demeanor and the ability to work effectively within a team or independently.
10. Flexible with the ability to shift priorities when required.

- **Staff Nurse**

1. Provide high-quality patient care.
2. Assist with the continuous development of staff.
3. Identify hazards in the workplace and provide solutions.
4. Treat emergency injuries.
5. Develop programs to maintain health and safety.
6. Identify work-related risks.
7. Document all injuries and illnesses.

- **Project Nurse/Administrative assistant**

1. Develop and implement health and safety programs.
2. Provide emergency treatment in the workplace.
3. Administer over-the-counter medication to employees.
4. Create a clean, and comfortable sickbay area.
5. Promote healthy eating and wellness programs.
6. Document all employee injury and illness and keep this information confidential.
7. Improve the health of employees through on-going programs and health checks.
8. Develop strategies to ensure maximum employee work input.
9. Communicate with management on a regular basis.
10. Attend seminar workshops on HIV/AIDS, Gender Sensitivity, Family planning, and Stress Management.