

PATIENT ACCESS REPRESENTATIVE

POSITION OBJECTIVE/SUMMARY:

This position is responsible for completing the financial clearance process within Patient Access and creating the first impression of Kedren's services to patients and families and other external customers. The Admission & Patient Access Services (APAS) Representative must be able to articulate information in a manner that patients, guarantors and family members understand so that they know what to expect and will have an understanding of their financial responsibilities.

The PAS Representative will be responsible for completing the pre-registration, registration, insurance verification, benefits verification, certification, referral management, co-pay collections and medical necessity check, as well as interviewing patients and guarantors to obtain information to screen for financial counseling, verifying eligibility and corresponding benefit levels, coordinating referrals and obtaining treatment authorizations. The APAS representative will also work with clinical staff, ancillary departments, insurance Payors and other external sources to assist consumers in obtaining healthcare and financial services.

MINIMUM QUALIFICATIONS REQUIRED FOR THIS POSITION:

- Minimum Education: An Associates Degree or equivalent Degree in Health Information Management or three years of experience in carrying out the duties of Admission & Patient Access Services.
- Must be able to read and write English.
- Ability to relate to patients, through familiarity with medical terminology and triage procedure.
- Must believe in health care with dignity for all.
- Demonstrated ability to build and maintain good customer rapport.
- Ability to speak, read and write in Spanish is desirable.
- Proficient with Microsoft Suite and EHR such as My Avatar, Epic, XM, etc.

GENERAL STATEMENT OF FUNCTIONS:

- Warmly greets patients as they arrive for treatment.
- Conducts pretreatment duties with each Client such as – *confirmation of MC Eligibility; confirmation of Kedren's Open Episode; confirmation of an open Episode at LAC DMH; verification of consumer's contact information, etc.*
- Conducts UMDAP for qualifying consumers
- Obtains authorization from Payor when necessary, prior to treatment
- Sets customers next appointment/prints off appointment slip for Consumer
- Schedule or change appointments (*not processed by the Call Center*) as per established policies and procedures.
- Answer incoming calls (*not processed by the Call Center*) to Front-desk and route them to the appropriate staff as needed
- Register patients per registration protocols prior to providing treatment.
- Creates eChart for newly enrolled patients
- Promote Kedren's services by consulting, gathering information, and evaluating patient needs.
- Work closely with other department on appointment scheduling and services offered to ensure smooth patient flow and cut down on waiting time.
- Explain the services available, payment categories, and billing procedures.

- Attend all mandatory programs training such as Medi-Cal, OHC, Medicare, etc. as required.
- Carries out additional duties as necessary in support of Clinical services
- Ability to work under pressure.
- Ability and willingness to treat all patients with the utmost kindness and consideration in the most trying situations.
- Friendly personality with the desire to work with the public.
- Ability to handle multi-functions.
- Understanding of community based organizations.
- Communicate patients' problems to the appropriate staff.
- Ability to relate to the public regardless of ethnic, religious, sexual orientation and economic status.

Job Requirements:

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Job Type: Full-time