TITLE: PATIENT SERVICES REPRESENTATIVE

RESPONSIBLE TO: Site Manager

FUNCTION:
Welcomes patients in a positive customer-focused manner. Performs a wide variety of activities designed to facilitate and maintain the smooth, efficient flow of operations within a variety of integrated care. Ensures timely and accurate collection of all required information including but not limited to patient's demographics and insurance details. Ensures information is up to date and accurate at each visit in order to obtain maximum reimbursement. Maintains confidentiality and accurate and up to date healthcare information is recorded in the Electronic Health Record (EHR) system in a timely manner in order to provide the most complete and accurate patient record possible and to facilitate optimum patient care.

SPECIFIC DUTIES:

1. Greets and assists patients, visitors in a prompt, courteous and helpful manner.
2. Answers telephone, take messages and provide information on services.
3. Optimizes patients' satisfaction, provider time, and treatment room utilization when scheduling appointments in person and/or by telephone which meet the defined guidelines.
    - Ensures efficient and timely patient experience by:
        a. keeping patient appointments on schedule
        b. notifying provider of patient's arrival
        c. reviewing service delivery compared to schedule and notifying provider and/or management of discrepancies
        d. notifying provider and/or management of service delays
4. Ensures patients' comfort by promptly addressing any questions, concerns and anxieties.
5. Ensures that reception area and waiting room are welcoming, neat, orderly, and comfortable.
6. Protects patients' rights by maintaining confidentiality of personal and financial information, and complying with State, Federal and Practice guidelines.
7. Investigates and resolves issues with accounts in a timely manner.
8. Assists patients in distress by promptly and effectively responding to emergencies.
9. Effectively utilizes designated EHR systems for the collection, compilation and entry of information to ensure complete, accurate and up-to-date medical records.
10. Responsible for:
    - triage of incoming calls and assignment to appropriate personnel as needed
    - medical and insurance referral records
    - insurance verification & resolution
    - protocols and tracking, including maintenance of records, daily schedule summary
    - securing prior authorizations as assigned
11. At the time of each visit:
    - verifies patient account information, including but not limited to demographic and insurance information, capturing patient photo for medical record, patient contact, payer contact, registration interfaces and automated processes.
    - Collects payments due from patients upon arrival at the clinic, including but not limited to Medicaid co-pays, prior payment agreement contracts, insurance co-pays, and outstanding bills. Keeps daily record of transactions and maintains a balanced cash drawer.
12. In order to facilitate the receipt of all reimbursement due, works with the site manager to:
    - investigate and correct errors
    - research missing or incorrect account information
    - identify issues/trends with payers

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- appropriately update account activity

13. Resolves registration and claim edits and completes registration reports to facilitate processing of charge entry and claim submissions.
14. Refers patients to appropriate personnel for billing concerns and questions, navigation and care coordination.
15. Performs assigned clerical duties including typing, filing, and record keeping.
16. Reports any ideas and suggestions regarding processes, procedures and protocols to management in order to facilitate the smooth and efficient operation of assigned service environment(s).
17. Provides excellent customer service
18. Performs all other duties as needed or assigned.

As assigned, may be responsible for Medical Records duties:

- Assists in responding to requests for Release of Information, including location and distribution of needed documents, in a timely manner and consistent with HIPAA guidelines.
- Ensures timely and accurate entry and/or filing of paperwork and electronic transfers of information received from outside sources into the patient record, consistent with HIPAA guidelines.
- Prepares patient charts and gathering information and documents from patients
- Ensures that the medical records are organized, accurate and complete
- Creates digital copies of paperwork and storing the records electronically
- Files paperwork and patient reports quickly and accurately
- Safeguards patient records and ensures HIPAA compliance standards
- Transfers data into the facility's main system database, sending to providers as needed for follow-up/completion.
- Processes the records for admitting and discharging patients
- Prepares invoices

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Exemplary customer service skills, including the ability to effectively deal with a variety of individuals including patients, providers and other customers in a calm and professional manner; excellent telephone and verbal communication skills, as well as, effective interpersonal skills which promote cooperation and teamwork; Demonstrated ability to effectively utilize an EHR system, in addition to computer software programs such as Microsoft Word. Comprehensive knowledge of information gathering, processing and filing systems; working knowledge of medical records management and office administration protocols, and working knowledge of basic accounting and billing principles; flexibility, reliability and ability to self-direct and self-initiate in order to meet deadlines. Must be detail-oriented and possess strong organizational and time management skills, including the ability to effectively manage multiple priorities in a competent manner. Typing ability sufficient to perform data entry. Physical condition or reasonable accommodation(s) commensurate with the demands of the job.

Technical Skills:

• Strong data entry skills with attention to detail to ensure accuracy
• Advanced organizational, problem-solving and time management skills
• Familiarity with medical terminology
• Basic computer skills to scan, organize and access electronic health records

MINIMUM QUALIFICATIONS:

High school diploma or equivalent with one year of healthcare experience in a medical office, registration, medical billing, and/or medical records.

Preferred:

Associate's Degree in business, accounting, medical office or related field.
Bilingual in English and Spanish is helpful.

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Employee Signature Date

_____ _____

Supervisor Signature Date

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