



CRYSTAL CLINIC ORTHOPAEDIC CENTER

Job Description

Job Title: **Patient Access Manager**

Department: **Financial Services**

Reports To: **Director of Patient Access Services/ Revenue Cycle** Prepared Date: **9/2/19**

Resumes to:

Sue Bendel

suebendel@crystalclinic.com

POSITION SUMMARY:

The Patient Access Manager, reporting to the Director of Revenue Cycle or Director of Patient Access, oversees patient registration services, scheduling support, and reimbursement related functions at the patient point of access. Monitors and oversees the performance of patient access representatives ensuring complete and accurate patient registration in compliance with CCOC and regulatory standards. Establishes, implements and maintains measures for appropriate staffing, productivity, compliance, quality, accuracy, and customer service. Serves as a liaison for patients, CCOC departments, physicians and insurance carriers to resolve escalated registration issues.

POSITIONS REPORTING TO THIS POSITION:

- Patient Access Supervisor
- Patient Access Coordinator
- Patient Access Representatives

ESSENTIAL FUNCTIONS, DUTIES AND RESPONSIBILITIES

Includes the following but are not limited to:

- Manages daily operations of patient access and related services. Oversees the performance of patient access representatives and adjusts staff scheduling requirements. Evaluates on-going workflow of patient registration services, and compliance with CCOC and regulatory requirements.
- Monitors customers wait times and staff productivity to ensure the delivery of quality services that meet customer expectations and service goals. Ensures standards are maintained in accordance with policies, procedures and Medicare guidelines. Responsible for data integrity and accuracy on all registrations.
- Directs patient access staff in activities to facilitate customer registration/scheduling and expedite resolution. Intercedes in escalated patient issues and serves as a resource and liaison, to research and resolve registration and services issues. Promotes positive relations with patients, visitors, physicians, and staff.
- Remains current with the Center for Medicare and Medicaid Services (CMS), the Health Insurance Portability and Accountability Act (HIPAA), and other pertinent laws and regulations.

- Develops and prepares reports and analyses relating to the registration process, service and productivity standards, department budget and compliance standards.
- Identifies discrepancies that may impact billing and consults with Director. Analyzes and interprets data and recommends process/procedural improvements.
- Develops service standards, operational controls, and performance improvement monitoring tools to measure customer satisfaction and reports progress.
- Formulates department policies, securing appropriate approvals, and implements providing staff with guidance to ensure consistent quality service.
- Plans and conducts new hire departmental orientation and on-going training programs, i.e., regulations, technology, customer service skills, policies and procedures.
- Interviews, hires, disciplines, and discharges (when necessary). Regularly evaluates staff performance and maintains accurate personnel and payroll records. Supports development of team member's knowledge and skills through regular feedback and recognition of accomplishments and coaching opportunities.
- Organizes staff meetings to discuss problems identified, system related issues, new policies, procedures, and training needs. Participates in assigned committees representing patient access
- Assists in the planning, implementation and monitoring of the operational and capital budgets in alignment with CCOC goals. Assists in the development of short and long-term goals
- Manages performance of staff and ensures 100% of all required performance appraisals are completed.
- Ensures all staff members complete Mandatory Organizational Education (MOE) training annually.
- Ensures all staff members adhere to established Service Excellence Standards.
- Ensures excellent open communications within the department through regular staff meetings, and other means to keep the department informed on a timely basis.
- Assists in overseeing on-going department compliance with all hospital, JCAHO, federal and regulatory agencies standards. Monitors compliance and initiates corrective action as necessary.
- Ensures that their department adopts a Total Quality Improvement approach to its work that includes employee empowerment, managing with data, a philosophy of continual improvement, a customer driven attitude and a work methodology that maximizes error prevention.

OTHER FUNCTIONS:

- Keeps Director of Patient Access informed on key issues.
- Other duties as assigned.

WORK STANDARDS:

- Works well with patients, physicians, vendors, sales reps and other CCOC employees.
- Successfully meets Unit Specific Skill Sets
- Complies with all Standards of Behavior set forth by CCOC
- Adheres to policies and procedures set forth in CCOC Employee Manual
- Adheres to the CCOC attendance policy
- Follows HIPAA, OSHA and Compliance Plan regulations.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE

- Undergraduate degree in Business, Finance, Accounting, Nursing or a closely related field preferred.
- Professional certification from NAHAM, HFMA, or AAHAM preferred.
- Three (3) years' experience in supervising employees engaged in the support of patient access and revenue cycle operations in a hospital-based provider setting required
- Demonstrated training development and implementation in receivables or related setting.
- Proven experience in process improvements.

COMMUNICATION SKILLS

Excellent communication skills required both written and verbal, with the ability to communicate effectively with patients, families, administrative staff, physicians, employees, as well as external customers.

SKILLS

- Ability to demonstrate excellent communication, leadership, organizational and interpersonal skills
- Ability to work well within a team environment by accepting and offering honest and constructive feedback, supporting team goals, and encouraging fellow team members
- Ability to adapt to the demands of the work environment
- Proven knowledge of the Patient Self Determination Act
- Demonstrated knowledge of EMTALA regulations
- Demonstrated knowledge of CMS regulations regarding medical necessity, Conditions of Participation, Medicare Secondary Payer
- Demonstrated knowledge of Joint Commission standards and survey processes
- Demonstrated knowledge of insurance plans and regulations, including coordination of benefits
- Demonstrated knowledge of HIPAA regulations

PHYSICAL REQUIREMENTS

Must have the ability to walk, sit, and stand for short and long periods of time. Must be able to reach, twist, bend, see, hear and speak.

As an organization, all employees with patient contact are expected to demonstrate competencies, specific to their job duties, for the following patient population categories:

Elderly, Children, Cardiac, Neuro, Surgical, Impaired (Hearing/Visual), Cultural, Age.

NOTE: The above stated duties are intended to outline those functions typically performed by individuals assigned to this classification. This description of duties is not intended to be all inclusive or to limit the discretionary authority of supervisors to assign other tasks of similar nature or level of responsibility.