

PATIENT ACCESS COORDINATOR

TITLE: PATIENT ACCESS COORDINATOR

DEPARTMENT:

REPORTS TO:

SALARY RANGE:

JOB#:

JOB SUMMARY:

The Patient Access Group of the Medical Oncology and Hematology Department is responsible for on-boarding all new patients into the department. Under direction of the supervisor, the Patient Access Coordinator performs specific functions requiring specialized education or training, such as oncology coding (ICD-9, CPT, HCPCS), knowledge of NCCN guidelines for drug therapy indications payable by insurers or Medicare and Medicaid, and patient advocacy and drug replacement programs that enhance or replace charity care provided by the institution.

Performs team's processes with respect to patients with an inability to pay, i.e., serves as liaison between Medical Oncology and Hematology Department and Finance, submitting applications for Medicaid, FAP, grants, etc., and determines eligibility for any Federal, State, or internal healthcare assistance programs. Provides assistance to all patients of the Medical Oncology and Hematology Department from pre-registration to collection of funds. He or she evaluates patient insurance benefits and counsels patients on financial matters, including benefits, financial support, drug assistance, co-pay assistance, and other assistance programs. Handles inquiries from customers regarding any aspect of services received or status of account, and applies outstanding customer service skills on a daily basis. Has functional knowledge of patient access and billing operations in the specialized field of medical oncology and hematology.

MAJOR ACCOUNTABILITIES AND CRITICAL RESPONSIBILITIES:

1. Demonstrates knowledge of the revenue cycle.
2. Performs follow-up of claims. Maintains files and contacts appropriate parties to determine correct status and follow-up of unpaid accounts. Processes and follows-up on all assigned patient accounts until paid in full, managing accounts receivable for professional service billing.
3. Updates receivable system with any new, corrected, or pertinent information in relation to resolution of receivable accounts, and ensures that proper information for follow-up is shown in medical record.

FINANCIAL ADVOCACY NETWORK

4. Understands and accurately applies requirements for pre-certification of chemotherapy drug regimens; pre-certifies treatments as indicated by government and private insurers.
5. Insures eligibility and benefits are properly verified prior to initial visit and thereafter as directed.
6. Makes daily deposits. Balances credit card machines and other deposit reconciliations as required.
7. Pre-registers patients. Demonstrates ability to have meaningful discussion of benefits with patient when pre-registering, and when present in the department.
8. Does financial counseling. Evaluates care plans and communicates with patient to establish payment expectations based on individual insurance benefit plans.
9. Demonstrates skill with EHR or EMR system as required.
10. Assists physicians in determining approved regimens for treatment. Familiar with NCCN guidelines and ensures that regimens are approved according to same.
11. Demonstrates knowledge of coding for ICD-9, CPT, and HCPCS.
12. Applies department processes for non-profit, community, pharmaceutical, federal, state, and health system financial assistance programs. Demonstrates knowledge of Federal and State requirements for assistance to patients with an inability to pay.
13. Demonstrates knowledge of drug replacement programs, grant programs, co-pay foundation programs, and other cancer-related patient support options. Processes and monitors applications for same, and captures highest level of value to patient and institution. Maintains cumulative value record of same.
14. Provides timely and accurate information regarding patient data and status to other health system departments, physicians, physician office staff, and other public agencies while ensuring patient confidentiality is not breached.
15. Exhibits excellent customer service skills and serves as an advocate for the patient in obtaining and understanding all assistance programs.

FINANCIAL ADVOCACY NETWORK

ADDITIONAL RESPONSIBILITIES:

- Performs other related duties as assigned or requested in order to maintain a high level of service.
- Completes required continuous training and education, including department specific requirements.
- Demonstrates professional work behavior by following Service Standards and Success factors.
- Complies with departmental organizational policies and procedures and adheres to external agency requirements.
- If bilingual, capabilities such that accurate and effective communications exists.

QUALIFICATIONS AND REQUIREMENTS:

- High School diploma or equivalent required, some college or business school training preferred.
- Five (5) or more years prior equivalent experience in a business setting is preferred.
- A high degree of computer literacy in a PC environment is required with strong organizational, interpersonal and communication skills.

PATIENT POPULATION SERVED:

Adult and Geriatric

MANUAL SKILLS:

- Significant portions of daily assignments involve application of manual skills requiring motor coordination
- Combination with finger dexterity.

PHYSICAL EFFORT:

- Duties involve little or no exertion of physical effort.

PHYSICAL ENVIRONMENT:

- Generally pleasant working conditions. Nature