

Pearl Interactive Network is seeking to hire Patient Access Coordinators – Remote.

The **Patient Care Coordinator** will obtain and maintain all pertinent information and documentation to ensure timely and thorough access to appointments and will register patients by collecting demographic and insurance information.

Why choose Pearl Interactive Network?

Join Our Team and embrace the winning Pearl Culture which promotes our employee's desires and efforts to serve our consumers, clients, and community. Our values of customer satisfaction, teamwork, a family atmosphere, quality services, respect for each other, transparency, and innovation are what make Pearl, the employer of choice. As a woman owned, HUBZone certified social enterprise, Pearl offers hiring priority to our Veterans, Military Spouses, and their families, as well as individuals with disabilities.

Pearl offers a Competitive Compensation and Benefits package to include:

- Rate: \$18 per hour (DOE)
- Medical, Dental, Vision, and Life Insurance
- Paid time off, Paid holidays
- 401K eligibility
- Additional ancillary benefits to support your lifestyle professionally, physically, and financially through our professional development and coaching program.

Operating Hours: 8 am - 5:30 pm, EST, Monday - Friday

Preferred Location(s): AL, MS, OH, GA, TX, FL

Job Duties:

- Responsible for scheduling/pre-registering HHMA appointments and outpatient services and in support of providing healthcare access to all patients and physicians.
- Coordinate with physicians, nursing homes, and outside agencies to obtain pertinent medical information. Accurately documents the patient's stated complaint/admitting diagnosis and any procedures to be performed. Maintains knowledge of third-party payers and/or managed care contractual requirements for pre-registration. This knowledge is demonstrated by the selection of the correct payer within the computer system and following any necessary procedures for medical necessity/ MSP, questionnaires, pre-certification, and referrals as required by the payer.
- Review and verify scheduled ambulatory visits for an assigned area, including confirmation that valid insurance coverage exists, that a referral is authorized for specialty visits, and the accuracy of primary care physician data for all managed care patients.
- Obtain accurate and complete financial and clinical information from patients.
- Understand and demonstrate knowledge of basic medical terminology, diagnostic procedures and GE Practice Management™ system utilizing appointment types and registration resources.
- Meet or exceed patient handling, speed to answer, first patient resolution and hold time quality metrics within the context of excellent customer satisfaction and minimal error rate.
- Follow hospital policy regarding procedure for obtaining appropriate pre-certification and/or referrals insurance certification for all applicable insurance carriers.
- Consistently informs patients of current or past due financial obligations as required by the area specific benchmarks. A measure of this will vary by work area and would typically be one of the following: number of collections or percentage of collections.
- Generate the necessary appointment reminders and appointment instructions in a timely manner. Furthermore, add-on procedures are processed efficiently and accurately.
- Demonstrate knowledge of hospital financial and patient care systems and knowledge of medical terminology

Job Requirements:

- High school diploma or equivalent required and Associates degree preferred.
- Insurance eligibility verification.
- Strong customer service skills including excellent interpersonal and telephone skills.
- High degree of tact is necessary due to frequent interaction with patients, physicians, and insurance companies.
- Thorough knowledge and understanding of health care delivery systems with special emphasis on the referral management process for managed care providers.
- Thorough understanding of Medicare and Medicaid programs with the ability to identify primary payers.
- Excellent knowledge of Meditech Scheduling and Admissions module.
- 2-3 years' experience in insurance, managed care, private physician's office practice or hospital registration setting.
- 1-3 years Patient Access experience.
- Ability to perform accurate data entry with basic word-processing skills.
- Basic knowledge of third-party billing and understands eligibility, referrals, pre-authorization, broad scope of benefits, policy number requirements, subscriber vs. guarantor, order of insurance.
- Possess a solid understanding regarding specific instructions associated with various types of appointments and procedures and providers.
- Familiarity of the registration process to pre-register patients.
- Use sound judgment in handling Patient Access, especially with upset patients and escalate patient issues to the access center manager, practice manager or triage nurse.
- Handle private patient information in a confidential and sensitive manner.
- Relate to and communicate effectively with persons with diverse educational, socioeconomic, gender and ethnic backgrounds.
- Always comply with hospital's policies and rules including but not limited to smoking, parking, wearing ID badges, dress code, arriving on time, Minimal use of UPTO, does not abuse telephone or internet use.
- Embrace our winning Pearl Culture which promotes our employees' desires and efforts to serve our consumers, coworkers, clients, and community by exhibiting our Pearl values of customer satisfaction, teamwork & family atmosphere, quality, respect, transparency, and innovation.

The above statements are intended to describe the general nature and level of the work being performed by people assigned to this work. This is not an exhaustive list of all duties and responsibilities. Pearl management reserves the right to amend and change responsibilities to meet business and organizational needs as necessary.

Background Investigation, Drug Screen and Skills Assessment Required

Skills/Qualifications/Keywords: Action Oriented/Tenacity, Dealing with Ambiguity, Compassion, Customer Focus, Ethics and Values, Functional and Technical Skills, Informing, Integrity and Trust, Listening, Priority Setting, Problem Solving.

Pearl Interactive Network, Inc. is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, veteran status, disability status, genetics, or sexual orientation and gender identity.

Apply through our web portal <http://pinsourcing.com/jobs>
To learn more about our company please go to our website at: www.pinsourcing.com