

Patient Services Representative (Check-in and Check-out)

GENERAL DESCRIPTION:

Under the general supervision of the Clinical Director, and working as part of the Mascoma Community Health Center operations team, the Patient Services Representative is a professional who is essential to maintaining our standards of excellent customer service and the highest quality patient care. As likely the first and last point of staff contact with our patients, the Patient Services Rep. must be a true “people person,” who enjoys working with diverse clients, has a positive attitude, and can multitask calmly and efficiently. Check-in and check-out desks are usually the “hubs” of the health center, and, as such, require staff that can deal with distraction, while keeping up a steady workflow. The major functions of the Patient Services Rep. include performing both the check-in and check-out documentation processes for patients within the electronic medical record (EMR), entering patient demographic and historical data in the EMR, collecting payments and co-pays from patients, verifying insurance and other patient programs eligibility, confirming patient appointments, making outside referrals for patients, and other duties as requested by the clinical and administrative team.

RESPONSIBILITIES:

- Responsible for opening and closing clinic at appropriate times.
- Checks voice mail and patient portal for messages and routes as appropriate.
- Answers telephone, takes messages, and transfers calls as appropriate.
- Receives prescription refill requests via phone or patient portal, and routes to clinical staff
- Checks patients in and out upon arrival and departure, respectively.
- Schedules patient appointments, both via telephone and through patient portal
- Prints patient demographic and medical history information forms for completion by patients
- Enters patient demographic and medical history information into electronic medical record (EMR)
- Updates patient demographic/insurance information as necessary, in EMR
- Scans patient insurance cards into EMR, as necessary.
- Collects co-pays and/or billed charges from patients at time of visit, and posts in EMR.
- Processes all received faxes appropriately, and in a timely manner.
- Processes courier and other mail in a timely manner.
- Runs insurance eligibility program within EMR twice a day- once on the day before the appointments and once for all ‘same day’ appointments.
- Verifies patient Medicaid eligibility via website, upon patient arrival, as may be required.
- Upon failure of automated appointment reminder system, makes calls to patients to remind of next-day appointment.
- Makes outside referral appointments for patients, as needed.
- Monitors outstanding referrals and follows-up as needed, to ensure patient attends appointment, and that report of referral is received by MCHC.
- Responsible for dictation duties, as may be appropriate.
- Processes work from provider ‘out-box’ in patient portal, as appropriate.
- Files any patient paper charts as necessary.
- Reconciles cash drawer daily, and prepares deposit report for Clinical Director.
- Maintains administrative patient alerts as necessary.
- Assembles registration packets as needed.
- Assists with Medical Records, as necessary.
- Performs all other duties as assigned.

Performance Improvement Functions:

- Reviews results of patient satisfaction surveys
- Participates in clinical quality, customer service, and business operations improvement initiatives as necessary

General:

- Demonstrates an understanding of MCHC’s mission in performing all aspects of the position.
- Demonstrates commitment to, and understanding of MCHC’s Service Excellence Standards, by modeling

service excellence in all internal and external relationships, addressing service excellence deficits in staff, and in performance of all duties and responsibilities of this position.

- Demonstrates a caring and helpful attitude when interacting with patients, payors, vendors, and fellow employees. Strives to build cooperative partnerships with internal and external customers.
- Expresses sensitivity to needs of culturally and linguistically diverse patient and employee population.
- Understands and is committed to maintaining highest level of confidentiality, and handles confidential information as defined in MCHC's policies.
- Performs all duties in support of successful EHR implementation and utilization.
- Demonstrates a pattern of continued learning, to ensure professional competency for performance of job
- Attends internal and external meetings, workshops, and conferences, and participates on task forces or committees, as necessary and/or required by MCHC.
- Provides additional assistance within and outside of the workplace, as requested and/or as appropriate, to ensure the ongoing success of the organization.
- Willingness and ability to work occasional evenings and weekends, as needed.
- Other duties or responsibilities as assigned.

MINIMUM QUALIFICATIONS:

- Minimum of High School diploma, or equivalency
- Excellent customer service skills
- Experience working in a fast-paced environment and an ability to multitask
- Excellent data entry, computer literacy, and office machine operation skills
- Previous experience working in a medical office

PHYSICAL DEMANDS

- Must be able to sit for prolonged periods of time
- Must be able to lift and carry a reasonable amount of weight, e.g., 20-30 lbs. for short distances.
- Must have eye-hand coordination and manual dexterity sufficient to operate a normal complement of office equipment
- Normal range of hearing and eyesight required to record, prepare and communicate effectively
- Must be able to perform a combination of computer, telephone, and miscellaneous desk work
- Must be able attend meetings within clinic and at other organizations
- Unless otherwise stated, must perform duties for 40 hours per week, sometimes outside of normal business hours
- Must have valid drivers' license and provide own transportation to occasional offsite meetings and conferences