

Covenant HealthCare

**US:MI:SAGINAW
EVENING SHIFT
FULL TIME BENEFITED**

Summary:

The Registration Associate is responsible for completing the scheduling, pre-registration and registration processes. This includes obtaining and verifying insurance to determine eligibility and corresponding benefit levels. Based on findings calculates patient liabilities. Assures the patient understands their financial obligation, identifies payment solutions and collects liabilities. Screens patients for financial assistance needs.

Responsible for staying current on coding, insurance/billing requirements, as well as keeping up to date with government regulations and Covenant HealthCare insurance contracts. Obtains and verifies that the Consent for Treatment /Release of Information and payor specific documents are signed according to legal guidelines and Administrative Policies. Informs and helps to educate patients on Advance Directives. Observes strict patient confidentiality and adheres to policies and procedures. Performs other duties as assigned.

A primary aspect of this role includes positive relations with patients, guests, physicians, co-workers and other departments. Must be able to work well with the public and to be tactful in often hectic and stressful situations.

Demonstrates excellent customer service performance in that his/her attitude and actions are at all times consistent with the standards contained in the Vision, Mission and Values of Covenant HealthCare and the commitment to Extraordinary Care for Every Generation.

Responsibilities:

Contributes to organization success targets for net operating margin.

Models Covenant's Mission, Vision and Values of keeping our commitment to Extraordinary Care for Every Generation.

Uses effective interpersonal communication and investigative interview skills to accurately identify and record demographic, insurance, diagnostic, procedural/clinical information.

Maintains patient confidentiality during this process and promotes a positive first impression.

Understands the importance of satisfying the needs of the customer by interacting with him/her in a friendly and caring way. Is attentive to customer's needs both psychologically and physically.

Provides a secure and pleasant experience that does not interfere or cause delay in medical care.

Answers customer questions related to admission, registration, scheduling,

insurance, billing and payment.

Knowledgeable to work as a resource to all units, departments and team members to positively impact patient care, customer satisfaction and financial reimbursement.

Accurately records interview information necessary for work flow of other departments (Clinical Resource Management, Central Business Office, Nursing Units, Security, Pastoral Care, Physician Offices, MMR, etc.).

Has extensive knowledge of the various billing regulations for multiple insurances to correctly determine set up, coverage assignment and filing order of insurances. To enable electronic claim submission without CBO intervention is responsible for utilizing insurance verification tools to accurately verify patients' insurance information. Identifies co-insurances, co-pays, deductibles, non-covered/self pays and provides patient with estimation of their liability.

CPT coding knowledge required as it relates to providing patient estimates.

Responsibilities include ability to tactfully and respectfully communicate patient financial obligations and point of service collection processes. Familiar with Discounting Financial Assistance policies.

Aware of which insurances require what tests/procedures need to be preauthorized and refers to Preadmission Specialist nurse. Responsible for obtaining prior to scheduling based on specific procedure and insurance types. Facilitates and investigates referral and authorization status for managed care patients.

Fiscally responsible to request/accept/post payments of cash, check/echeck, credit cards and/or set up payroll deduction. Explains and supplies patient with accurate receipt.

Demonstrates expertise/proficiency in use of multiple computer programs including;

Epic - ADT, Cadence, ASAP and Enterprise Billing

Passport - Real Time Eligibility, Patient Payment Estimator, and Address Verification

Microsoft Office

Maintains multiple computer on-line sign-ons. Has ability to interpret and glean necessary information from numerous insurance resources/websites.

Proficient knowledge and technical competency of the various workflows to work all areas of registration including ECC, outpatient, inpatient admitting, scheduling, and pre-registration. Ability to work independently in all facets of registration, verification, authorization and scheduling having effective problem identification/resolution skills.

Able to complete a registration including understanding the differences in workflows/protocols when registering the following type patients: CMU, PICC Line, tooth extraction, city/state employee, patient in network vs. out of network, Workers Compensation, Occupational Medicine, Motor Vehicle Accident, Tattoo Removal, JP Farley insurance, Out of State Medicaid, patient accompanied by Child Protective Service staff, foreign address, foreign Insurance, employed through Employment Agency, St. Mary's Health Insurance, ABW County Health Plan, Michigan Lutheran Seminary, Michigan Department of Corrections, Saginaw County Jail Inmates, Research Studies, VA Medical Center and when a patient needs HAR created for physician documentation purposes.

Able to correctly identify and assign guarantors for all patient types including auto, Third Party Liability, patients who are minors, custodial parent, etc.

Detail orientated to determine proper documentation specifically related to guarantor information to avoid overlay of guarantor information there by preventing HIPAA violation.

Has thorough knowledge of scheduling for multiple departments throughout Covenant. Requires in-depth knowledge of procedures performed in Cardiology, Imaging and Diagnostics including Special Procedures/Sedation, PET Scans, Diabetes Management, Wound Healing Center, Radiation Oncology, Sleep Lab, Pulmonary Rehabilitation, PICC Team, Auditory Clinic, Child Birth Education, Pulmonary Function, Bariatric/Lap Band , Lactation and Partnership for Better Recovery. Makes independent decisions to maximize staffing, resource allocation and revenue opportunities.

Accurately records all information related to patient's diagnosis and procedure. Uses proper medical terminology and spelling.

Explains examination preparations to patients for certain tests.

Works independently, proactively analyzes situations, identifies alternative solutions to make appropriate decisions.

Able to quickly arrive patients into EMR system to enhance clinical care of patients in ECC.

Understanding of when to arrive patient as J. Doe.

Correct patient identification in placement of armbands.

Acts as gatekeeper in following process identifying private patient (non- publish) policy.

Must be alert for unique situations (potential red flag/identity theft, patients presenting without a physician order).

Knowledge of the many Federal, State and Local government regulations as they relate to Patient Access and billing requirements. These include but are not limited to EMTALA, COBRA, HIPAA, Important Message from Medicare, Red Flag Rules, Advance Beneficiary Notice, Medicare Secondary Payer, No Fault Laws and Worker's Compensation rules. Stays up to date with changes to regulations.

Able to interpret, research, and communicate information with tact to multiple entities including physicians, departments, patients, visitors, payers, etc.

Explains hospital admission policies and uses appropriate organizational/priority-setting skills to facilitate the coordination of patients getting to the appropriate setting.

Assists and educates patients as needed regarding Advance Directives. Maintains the hospital's electronic record system for Advance Directives.

Demonstrates high level of personal integrity when receiving patient valuables.

Accurately documents the information needed for safe-keeping at Covenant HealthCare.

Ability to handle varying levels of stressful situations; able to function in a fast paced "team" environment with frequent interruptions.

Participates in departmental meetings, training sessions, and compliance updates to meet institutional requirements.

Responsible for obtaining/verifying that the Consent for Treatment/Release of Information, Medicare Letter, necessary documents, are signed according to legal guidelines and Administrative Policies.

Responsible for obtaining authorization to treat an unaccompanied minor/distinguish if patient is an emancipated minor.

Independent with equipment technology which includes computers, fax machines, printers, label printers, copiers, credit card processors, scanners, etc. Has the ability to troubleshoot equipment failure, change toner, labels, ribbons, and remove incorrectly scanned documents, etc.

Other information:

EDUCATION/EXPERIENCE

Preferred Certified Medical Assistant, Medical Insurance Billing/Administration or Associates Degree with course work in a medical field or working toward.

Completion of Medical Terminology course required or within 6 months of hire or transfer.

Multiple computer applications, Windows, Excel, Word and Internet

Post high school education/experience in medical field

Six months or more experience in scheduling, registration and/or insurance billing preferred

Six months or more relevant work experience in data entry/retrieval and interpretation of medical billing information

KNOWLEDGE/SKILLS/ABILITIES

Medical terminology

Relevant government regulations

Multiple insurances and billing regulations

Preferred knowledge of Internet insurance eligibility sites

Excellent customer service skills

Must have excellent verbal communication skills.

Good writing and accurate spelling.

Independent with equipment technology which includes: computers, fax machines, printers, label printers, copiers, credit card processors, scanners, etc.

Ability to type 35 wpm

Ability to problem solve and prioritize independently, efficiently, and effectively

Ability to work accurately and calmly in multiple fast pace work environments.

WORKING CONDITIONS

Ability to maintain regular punctual attendance consistent with the ADA, FMLA, and other federal, state, and local standards.

Constant sitting.

Frequent twisting, reaching, handling, fingering, feeling, talking and hearing.

Frequent depth perception and near, midrange and far vision.

Occasional lift up to 10 lbs.

Occasional standing, walking, carrying, pushing, pulling, climbing, stooping, kneeling and crouching.