

JOIN OUR TEAM

WE ARE HIRING!

Patient Access Specialists (Fort Lee, NJ)

APPLY NOW!



Responsibilities:

- To support a Call Center, supporting a major Healthcare institution.
- Manage large volumes of patient inquiries and requests for access/assistance in scheduling diagnostic services, physician referral, and appointments.

Qualifications:

- Positive Attitude
- Excellent Customer Service Skills
- Medical Background
- Patient Scheduling
- Insurance Verification
- Proficient in Microsoft Office
- Knowledge of Medical Terminology



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The Patient Access Specialist I

The 61st Street Service Corporation

At 61st Street Service Corporation we are committed to providing our client with excellent customer service while maintaining a productive environment for all employees. The Service Corporation offers a competitive comprehensive Benefit package to eligible employees; including Healthcare and various other benefits including Paid Time off to promote a healthy lifestyle.

Job Summary:

The Patient Access Specialist I provides support to the system-wide call center that handles large volumes of inquiries and requests from patients and customers for access/assistance in scheduling diagnostic services, physician referral/appointments, and general information on Columbia Doctors. The Patient Services Specialist I is part of a team that delivers an exceptional patient experience through excellent customer service, empathy, and patience.

Essential Duties:

Schedules appointment requests. Utilizes existing tools to facilitate securing the right appointment with the right medical provider or team. Indicates special needs (e.g. special accommodation, interpreter, etc.)

Communicates insurance participation, financial responsibility (if applicable) and time of service policy to patient population.

Ensure that patients understand the arrival and check-in process, pre-appointment instructions and patient safety precautions and other relevant information. Emails specialty patient forms if needed.

Obtain patients' insurance and demographic information and ensure all obtained information is registered in EPIC with 100% completeness and accuracy. Accurately completes required tasks and fields in pre-registration.

Maintains knowledge of insurance requirements. Performs real-time insurance verification and interprets responses.

Informs patient of insurance requirements for services provided.

Helps identify and document trends using established protocol.

Escalate complex issues/cases to senior Specialist or Supervisor/Manager for resolution. Executes approved remedy.

Supports and participates in a collaborative team-oriented environment. Participates in team discussions about complex patient scheduling needs.

Takes ownership for resolving scheduling conflicts and communicates with management team and care providers to resolve scheduling issues.

Collaborates with all co-workers and follows up as appropriate regarding reported complaints, problems, and concerns.

Ensures "warm transfer" of calls/inquiries are routed to the correct party for resolution. Escalates cases as appropriate.

Collects pre-registration information to address outstanding Epic work queue accounts.

Performs outbound calls to perform Epic referral scheduling.

Successfully complete all required University, Service Corp and Department trainings.

Maintain patient privacy and confidentiality according to HIPAA requirements at all times. Successfully complete all required trainings.

The employee must conform to all applicable HIPAA, Billing compliance and Safety guidelines.

Keep current on all organizational and practice policies (e.g. infection control, HIPAA), goals, initiatives, and required trainings

Ensure that University and Department policies and procedures are followed.

Contribute to the team by providing support and back-up coverage as needed and directed by Supervisor and/or Manager.

General faxing, filing, and mail sorting.

Performs other related duties as assigned based on operational needs and/or within professional scope of practice/training/education.

Minimum Qualifications:

High School Diploma or the equivalent required.

Minimum of 2 years of relevant experience including proficiency in medical terminology.

Excellent customer service skills and the ability to maintain a pleasant and helpful demeanor through all situations. Including the ability to maintain professional demeanor under pressure due to the high volume and urgent nature of calls.

Excellent skills in problem assessment, using good judgment and collaborative problem solving in complex and interdisciplinary settings.

Ability to perform tasks with accuracy and minimal error rate.

Excellent verbal and written communication skills including interpersonal skills. Ability to communicate in a clear and concise manner and ensure understanding of information by patients and customers.

Strong proficiency of Microsoft Office (Word & Excel) or similar software is required and an ability and willingness to learn new systems and programs.

Ability to work collaboratively with a culturally diverse staff and patient/family population, demonstrating tact and sensitivity.

Ability to work independently and follow-through and handle multiple tasks simultaneously.

Must be a motivated individual with a positive and exceptional work ethic.

Must successfully complete systems training requirements.

Prior high volume customer service experience in a call center environment is preferred.

Bilingual (English/Spanish) a plus

Category: Non-Clinical

Main Work Site Address: 400 Kelby Street Fort Lee, NJ 07024

Hours Per Week: 35