

PART I	HAWAII HEALTH SYSTEMS CORPORATION	1.016
	STATE OF HAWAII	1.017
		1.018
		1.019
	Class Specifications	1.020
	for the Classes:	

PATIENT ACCESS REPRESENTATIVE I, II, III, IV, V
SR-11; SR-13; SR-15; SR-17; SR-19
BU:03

PATIENT ACCESS REPRESENTATIVE I 1.016

Duties Summary:

Serves in a trainee capacity, receiving formal and on-the-job training in receiving incoming patients for hospitalization; interviews patients or accompanying parties to obtain data required for admission; types and maintains files of admittance and related records; assigns patients to rooms; receives co-payments; assists with switchboard operator duties and performs other related duties as assigned. Positions are subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

A Patient Access Representative I, receives formal and informal training in the basic methods and techniques of admissions; such as: interviewing patients to obtain required data, typing and maintenance of records, securing proper signatures and certifications on documents and explaining hospital regulations regarding visiting hours, charges and payment of bills.

Examples of Duties:

Attends orientation and training sessions; learns the principles, concepts, work processes, regulations fundamental to admissions; receives and interviews patients and/or accompanying parties to obtain identifying data, person or parties responsible for payment, admitting diagnosis, secures signatures for authorization of assignment of insurance benefits; secures information, signatures and certifications for and files requests for welfare, indigent, county pensioner, psychiatric, Veterans Administration, military dependent and Medicare benefits; secures deposits or arranges for method of payment for costs not covered by insurance or other benefits; explains hospital regulations and policies on visiting hours, charges, payment of bills, etc.; receives, issues receipts and stores patients' valuables for safekeeping; assigns patients to floors, rooms according to nature of illness and accommodations requested; prepares

admitting records and routes to appropriate hospital departments; reviews, follows-up and completes records of admissions prepared by others; sets up and maintains records and files, assists in the operation of the office by acting as receptionist and switchboard operator and performs record keeping, filing, typewriting, inputting data via teleprocessing terminals, issuing receipts for payments, and other clerical work as required.

Knowledge and Abilities Required:

Knowledge of: Office practices and procedures; grammar, spelling, punctuation and work usage; use of standard office machines; techniques of interviewing others to obtain pertinent information.

Ability to: Make arithmetic computations; compare names and numbers rapidly and accurately; type at the rate of 40 words per minute and be computer knowledgeable in a windows based environment; operate a telephone switchboard, teleprocessing terminal, and inter-communication system; file materials numerically and alphabetically; follow oral and written instructions; accept and follow instructions; cooperative, communicate positively and effectively with staff, patient and patient family; work harmoniously with others; understand, explain and apply policies, procedures, rules and regulations pertinent to the admission of patients to an acute, skilled nursing or outpatient hospital or outpatient procedure; keep matters confidential; interview others to obtain pertinent admissions information; ability to speak and write English.

PATIENT ACCESS REPRESENTATIVE II

1.017

Duties Summary:

Performs basic and routine admissions duties such as; interviews patients or accompanying parties to obtain data required for admission; types and maintains files of admittance and related records; assigns patients to rooms; and performs other related duties as assigned. Positions are subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

A Patient Access Representative II performs simple and routine hospital admission responsibilities; such as: interviewing patients to obtain required data, typing and maintenance of records, securing proper signatures and certifications on documents and explaining hospital regulations regarding visiting hours, charges and payment of bills.

Examples of Duties:

Receives and interviews patients and/or accompanying parties to obtain identifying data, person or parties responsible for payment, admitting diagnosis, secures signatures for authorization of assignment of insurance benefits; secures information, signatures and certifications and files requests for welfare, indigent, county pensioner, psychiatric, Veterans Administration, military dependent and Medicare benefits; secures deposits or arranges for method of payment for costs not covered by insurance or other benefits; explains hospital regulations and policies on visiting hours, charges, payment of bills, etc.; receives, issues receipts and stores patients' valuables for safekeeping; assigns patients to floors/rooms according to nature of illness and accommodations requested; prepares admitting records and routes to appropriate hospital departments; reviews, follows-up and completes records of admissions prepared by others; sets up and maintains records and files, performs record keeping, filing, typewriting, inputting data via teleprocessing terminals, issuing receipts for payments, and other clerical work as required.

Knowledge and Abilities Required:

Knowledge of: Office practices and procedures; grammar, spelling, punctuation and work usage; use of standard office machines; techniques of interviewing others to obtain pertinent information. Patient accounting operations, registration and standard intake techniques. Third party payor requirements, credit and collection practices. Federal regulations including COBRA, Advance Directives, Medicare, Medicaid, JCAHO, OSHA and HIPAA as they relate to hospital intake and payment for services. Customer service philosophies and practices.

Ability to: : Make arithmetic computations; compare names and numbers rapidly and accurately; type at the rate of 40 net words per minute and be computer knowledgeable in a windows based environment; operate a telephone switchboard, teleprocessing terminal, and inter-communication system; file materials numerically and alphabetically; follow oral and written instructions; accept and follow instructions; cooperative; communicate positively and effectively with staff, patient and patient family; work harmoniously with others; understand, explain and apply policies, procedures, rules and regulations pertinent to the admission of patients to an acute, skilled nursing or outpatient hospital or outpatient procedure; keep matters confidential; interview others to obtain pertinent admissions information; ability to speak and write English.

PATIENT ACCESS REPRESENTATIVE III

1.018

Duties Summary:

Independently performs complex admissions duties and responsibilities and performs other duties as assigned. Positions are subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

The Patient Access Representative III is primarily responsible for obtaining financial and demographic information pertaining to the patient account. This position requires timely completion, preparation, and deployment of legal, ethical and compliance related documents that must be presented and thoroughly explained to the patient at the time of registration.

Examples of Duties:

Ensures inpatient admissions are completed , insurance verified and reauthorizations obtained regulated consents are signed, within 24 hours of admission; ensures that all next day scheduled appointments are pre-registered , information verified, and preauthorization/precertification acquired and all self pay accounts are passed onto financial counselors or patient advocate within 24 hours of scheduling. Communicates daily with patients and insurance companies to validate information including demographic, insurance, financial and other pertinent data. Obtains insurance verifications of benefits and eligibility. Ensures patients are aware of third party payer requirements. Audits accounts to maintain 100% accuracy rate for demographic and insurance information. Coordinate accurate data to determine financial obligation based on policies including collection of insurance co-payments, self pay deposits and patient balances. Communicates with hospital personnel, medical staff, patients, family members and outside agencies to insure quality patient care. Assists in training new employees; reviews the work of lower level Patient Services/Access Representatives for completeness, accuracy and adherence to applicable polices and procedures.

Knowledge and Abilities Required:

Knowledge of: Patient accounting operations, registration and standard intake techniques. Third party payor requirements, credit and collection practices. Federal regulations including Consolidated Omnibus Budget Reconciliation Act (COBRA), Advance Directives, Medicare, Medicaid, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Occupational Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act of 1996(HIPAA) as they

relate to hospital intake and payment for services. Customer service philosophies and practices. Knowledge of financial policy and deployment of practices used within the department as well as the business office to resolve the patients' accounts.

Ability to: Prioritize work demands and work with minimal supervision; communicate effectively both verbally and in writing; and maintain confidentiality relevant to sensitive information. Ability to generate reports and provide accurate statistical data; review the work of subordinates and train new employees. Make arithmetic computations; compare names and numbers rapidly and accurately; type at the rate of 40 WPM and be computer literate in a windows based environment; operate a telephone switchboard, teleprocessing terminal, and inter-communication system; file materials numerically and alphabetically; follow oral and written instructions; cooperative communicate positively and effectively with staff, patient and patient family; work harmoniously with others; understand, explain and apply policies, procedures, rules and regulations pertinent to the admission of patients to an acute, skilled nursing or outpatient hospital or outpatient procedure; interview others to obtain pertinent admissions information; ability to speak and write English.

PATIENT ACCESS REPRESENTATIVE IV

1.019

Duties Summary:

Performs highly complex admissions responsibilities; may also perform billing and collection duties and responsibilities; may supervise and participate in admissions and registration for an assigned shift; and performs other duties as assigned. Positions are subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

1. Nature and Purpose of Work:

Patient Access Representative IV positions are typically of three (3) general types:

- a. The patient access representative responsible for performing a broad spectrum of highly complex duties, beginning with the initial patient contact, via the pre-admit/pre-registration functions and ending with the control and maintenance of the patient's account until discharge. This position is responsible to complete the pre-certification process for all insurance types; secure proper insurance data; determine need for referrals and pre-certification. Reviews and process physicians orders. Verifies all pre-

- certification data given by the physician's office. Checks for medical necessity in regards to compliance. Cancels accounts, handles/corrects Series Person Identification (SPID) issues/corruptions, does census adjustments and resolves census problems, assist in training of new employees.
- b. The patient access representative responsible for performing a broad spectrum of complex admission and registration duties and for performing billing and collection duties such as: determining credit status, arranging for payment and credit, and collecting delinquent accounts.
 - c. The patient access representative responsible for supervising and participating in performing a broad spectrum of admission and registration for an assigned shift, which include reviewing the work of subordinates for completeness, correctness and adherence to applicable policies and procedures.

This class differs from a Patient Access Representative (PAR) V where the PAR V has charge of the overall admissions and registration process and spends a predominant amount of time in planning, organizing and coordinating admission and registration activities including supervision of the PAR IV level.

Examples of Duties:

Interviews patients to collect and verify pertinent demographic, financial and insurance information; interviews patients and/or patient representatives to identify sources of funding and payment for services provided; meets with patient and/or family to explain insurance coverage, treatment costs, hospital billing policies and prompt pay or financial hardship discounts; evaluates financial applications and patient verifications to determine ability to pay; initiates alternatives for all patients presenting financial need, including charity care; advises patients and/or patient representatives about financial obligations; screens for possible eligibility for federal and state assistance including Medicare, Medicaid; interview patients to determine eligibility for programs, and assists with necessary forms; explains and negotiates payment plans with patients and/or responsible family member; determines share-of-cost, insurance deductibles, or co-payment responsibility of patients based on their income; explains these responsibilities as well as ways to meet these obligations; calculates and collects up-front collections of co-payments, deductibles, and other non-covered portions of a patient's bill or makes necessary financial arrangements before discharge from the hospital; conducts an exit interview to review all posted and estimated charges and payments; collect and process credit cards, Traveler's Checks, checks, cash, and wire transfers; maintains cash box and log of payments; screens for medical necessity on ordered services.; receives,

issues receipts and stores patients' valuables for safekeeping; assigns patients to floors, rooms according to nature of illness and accommodations requested, maintains patient confidentiality and interact professionally with patients and/or patient representatives; encourages follow through with all requirements of funding agencies, including Medicaid; communicates with physicians and service providers, employers, insurance companies, public funding sources, and others to obtain and/or provide information, verify eligibility/coverage; obtains pre-authorization and verifies procedures or treatment; works cooperatively with all hospital units involved with patient care and finance, including utilization review, social services staff, and patient account services; prepares correspondence and reports; maintains logs, records, files and manuals; input and operate hospital's computerized patient accounts system; and researches and resolves incomplete or conflicting information. Checks for medical necessity in regards to compliance. Cancels accounts, handles/corrects Series Person Identification (SPID) issues/corruptions, does census adjustments and resolves census problems, assist in training of new employees.

Bills out patients on appropriate claim forms (i.e. Uniform Billing (UB)-92, Medicaid Drug Claim Form 204); verifies Healthcare Common Procedural Coding System (HCPC) codes, and Current Procedural Terminology (CPT) codes pass systems edits; obtains correct information for all rejects; follow up on accounts; meets deadlines; ensures claims are paid appropriately; follow up on billing errors and makes appropriate adjustments; evaluates patients for charity care services; works with departments to obtain missing charges or make corrections as necessary; works with CDM (Chargemaster) Coordinator to assure proper CPT and HCPC's codes are used and corrects and updates claims as necessary; offers discounts to patients or non contracted payors to expedite payment; split claims efficiently when appropriate; and identify and correct CPT and HCPC issues that prevent claims from being adjudicated.

Supervises staff for an assigned shift and reviews the work of subordinates for completeness, correctness and adherence to applicable policies and procedures; receives sick calls and determines/obtains additional coverage as needed; prepares reports; and attends and participates in staff and other meetings.

Knowledge and Abilities Required:

Knowledge of: Thorough knowledge of admissions policies and procedures; and techniques of interviewing. Knowledge of federal regulations including COBRA, Advance Directives, Medicare, Medicaid, The Joint Commission, OSHA, and HIPAA as they relate to hospital intake and payment for services. Knowledge of medical billing and collections in a hospital or Long Term care facility, Healthcare Financing Administration (HCFA) Uniformed Billing (UB)-92/Medicaid Drug Claim Form 204, HCFA 1500 Claim forms, third party insurance (i.e., Medicare, HMSA, Medicaid); rules, regulations and requirements of medical billing, International Classification of Diseases,

10th Revision (ICD-10, Current Procedural Terminology (CPT), Healthcare Common Procedural Coding System (HCPCS), Diagnosis Related Group (DRG), and Resource Utilization Groups (RUGS). Knowledge of charity care, payments, Direct Date Entry (DDE), Hawaii Healthcare Information Network (HNIN), third party on-line claims adjudication websites, third party regulatory requirements, claim denials, appeals management, prior authorization, Notice of Discharge and Medicare Appeal Rights (NODMAR), credit balance, refunds and third party benefits; and principles and practices of supervision.

Ability to: Understand and interpret laws, policies, rules and regulations pertaining to the work; develop methods and procedures relating to admission activities; instruct others; and deal tactfully and effectively with the general public; reviews the work of subordinates.

PATIENT ACCESS REPRESENTATIVE V

1.020

Duties Summary:

Supervises and performs highly complex activities concerning hospital admissions; may also perform billing and collection duties and responsibilities and performs other duties as assigned. Positions are subject to rotating shift work with work on holidays and weekends.

Distinguishing Characteristics:

1. Nature and Purposes of Work:

Patient Access Representative V positions are typically of two general types:

- a. A patient access representative supervising and participating in highly complex admission and registration responsibilities, which includes; development of new and revised procedures, review of working situations to be sure that staff are following guidelines, policies and procedures, and recommending improvement in the admission and registration process.
- b. A patient access representative responsible for supervising and participating in performing a broad spectrum of both admission and registration duties and billing and collection duties.

Examples of Duties:

Supervises staff and performs the most complex activities concerning admission responsibilities; makes work schedules, assignments and reassignments, reviews the work of subordinates for completeness, correctness and adherence to applicable policies and procedures, evaluates subordinates' work, trains new employees, and maintains effective working relationships; receives and resolves complaints on admissions and payments; interprets policies and procedures relating to the activities concerned with admissions; interprets policies, rules, regulations and procedures regarding admission process, develops and modifies methods and procedures relating to admission activities; develops and establishes procedures for systemized flow from admission operations to other operations; prepares reports; attends and participates in staff meetings and conferences. Receives sick calls and determines/obtains additional coverage as needed.

Performs activities concerned with billing, collection, credit control and maintenance of individual accounts for services rendered; bills out patients on appropriate claim forms (i.e. Uniform Billing (UB)-92, Medicaid Drug Claim Form 204); verifies Healthcare Common Procedural Coding System (HCPC) codes, and Current Procedural Terminology (CPT) codes pass systems edits; obtains correct information for all rejects; follow up on accounts; meets deadlines; ensures claims are paid appropriately; follow up on billing errors and makes appropriate adjustments; evaluates patients for charity care services; works with departments to obtain missing charges or make corrections as necessary; works with CDM (Chargemaster) Coordinator to assure proper CPT and HCPC's codes are used and corrects and updates claims as necessary; offers discounts to patients or non contracted payors to expedite payment; split claims efficiently when appropriate; and identify and correct CPT and HCPC issues that prevent claims from being adjudicated.

Knowledge and Abilities Required:

Knowledge of: Thorough knowledge of admissions policies and procedures; and techniques of interviewing. Knowledge of medical billing and collections in a hospital or Long Term care facility, Healthcare Financing Administration (HCFA) Uniformed Billing (UB)-92/Medicaid Drug Claim Form 204, HCFA 1500 Claim forms, third party insurance (i.e., Medicare, HMSA, Medicaid); rules, regulations and requirements of medical billing, International Classification of Diseases, 10th Revision (ICD-10, Current Procedural Terminology (CPT), Healthcare Common Procedural Coding System (HCPCS), Diagnosis Related Group (DRG), and Resource Utilization Groups (RUGS). Knowledge of charity care, payments, Direct Date Entry (DDE), Hawaii Healthcare Information Network (HNIN), third party on-line claims adjudication websites, third party regulatory requirements, claim denials, appeals management, prior authorization, Notice of

Discharge and Medicare Appeal Rights (NODMAR), credit balance, refunds and third party benefits; and principles and practices of supervision.

Ability to: Understand and interpret laws, policies, rules and regulations pertaining to the work; develop methods and procedures relating to admission activities; instruct others; and deal tactfully and effectively with the general public. Ability to make decisions, foster a positive and progressive environment, handle multiple tasks and is detail oriented. Ability to train and work with others to assure appropriate performance standards are met. Ability to accept and follow through on instructions and orders. Ability to provide input and comments for employees performance appraisals.

This is an amendment to class specification for the classes, PATIENT ACCESS REPRESENTATIVE I – V, to change the coding language to ICD-10, effective February 10, 2012.

This is an amendment to the class specifications for the class, PATIENT ACCESS REPRESENTATIVE IV, to include shift work and to clarify the types of positions in levels IV & V, effective June 15, 2010.

This is the first class specifications for the classes, PATIENT ACCESS REPRESENTATIVE I, II, III, IV & V.

DATE APPROVED: February 10, 2012

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