



Munster Eye Care Associates, P.C.
Comprehensive Ophthalmology/Optometry and Optical Dispensary
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Position: Patient Services Coordinator

Department: Patient Services

Reports to: Business Office Manager or Patient Accounts Manager

Job Summary:

This individual is responsible for obtaining all pertinent information to initiate patient treatment and billing of claims in order to efficiently facilitate patients to the clinical department. In addition, this individual is responsible for collecting all past due balances from patients, maximizing the office's schedule through appointment and recall scheduling, and completing registration process electronically or paper. This individual is also responsible for adding information into Practice Management System such as: provider information (National Provider Identifier, direct/personal email, fax/phone number, etc.) cities, and referral sources.

Education/Experience and Requirements:

- High School diploma.
- Computer Background with practice management software.
- General knowledge of physician business office procedures.
- General knowledge in the operation of a computer.
- General knowledge of Microsoft Excel, Word, and Outlook.
- Take Practice Management classes assigned by supervisor based on job responsibilities.
- Complete CPSS-Certified Patient Services Specialist certification within 6 months of employment.
- Complete monthly compliance training as required by OSHA and HIPAA.

Essential Skills and Abilities:

- Ability to exercise a degree of initiative and judgment.
- Ability to establish and maintain effective working relationships with patients, management, medical staff, coworkers, and the public.
- Physical abilities: sit for extended periods of time; push, pull, and reach; occasionally bend, stoop, and stretch.
- Hand eye coordination and manual dexterity needed to operate a keyboard, photocopier, telephone, and other office equipment.
- Effective communication with physicians, management, employees, business contacts and the public through grammar telephone and emails.
- Understand how to troubleshoot basic computer and IT functions.

Personal Skills:

This individual must be a professional, have a positive attitude, be a team player, create efficient work patterns through organization, pay special attention to detail, possess strong customer service/ communication skills with patients, doctors, managers co-workers, and business contacts, computer literate, multi task oriented and possess values and beliefs that are in accordance with the practice's core values.

Detailed Job Description:

1. Insurance Specialist

- Open office main door at 7:45 AM according to office protocol.
- Arrive patients scheduled for current day by using the arrive feature in the practice management system.
- Reconcile every 10 patients on the schedule throughout your day to ensure that all patients have been accounted for effective 4/4/17.
- Data Entry

-Responsible for the completion of the registration sheets manually and electronically and scan into the practice management system.



-Demographics Entry– patient full name, address, DOB, phone numbers, employer and occupation, account responsible, emergency contacts.

-Driver's License & Insurance Cards- Obtain current copies of insurance cards from patients and scan into practice management system.

-Record referrals for new and/or established patients.

-Photograph patients for EHR Identification Purposes.



-Electronic Health Records Meaningful Use fields – Sex, Birth Date, Primary Language, Race, and Ethnicity **no longer required for EHR but still for proper record keeping 1/1/17.*

-VLQ.

-Medications.

-Signatures for treatment and assignment of benefits.

-Acknowledgement of Privacy Practices.



Familiarity with the collection module and knowing how to differentiate between an in-house collection, Komyatte collection, and payment plan.



Inform and collect outstanding balances prior to seeing the clinic.



Knowing how to process patient payments via: phone, mail, and in person.



Inform of fees that will be collected at checkout following their appointment.

- Follow up on no show appointments according to the written office protocol, including SSD appointments.
- Clean waiting room area at the half day and end of each work day.
- Follow up on recall, optical promotion, and miscellaneous mailers returned address issues.
- Maintain and clean up the list of Web Registrations pulled into the practice management software daily.
- Manage postage on low postage funds.
- Make sure emergency kit is prepared.


2. Appointments





Answer incoming phone calls in accordance with phone etiquette and scheduling template protocol.



Schedule new and established appointments according to the scheduling template protocol.


 -Pre-appoint, reschedule and cancel appointments.

 -Update recalls according to scheduling template protocol.

 -Verification/Entry of patient demographics.



Verify insurance based on our participating contracts according to the Incorporated Insurance Carrier Worksheet.

 -Inform all patients, both new and established of electronic registration available as of 8/27/2013. If no electronic capabilities are available send welcome packets according to the scheduling template protocol.



Triaging patient chief complaints according to the triage protocol and matching the chief complaint to the patient's insurance plan.



General understanding of vision and medical plans in order to set patient payment expectations.



Address the need for treatment of a minor form according to written office protocol.




Address current balances with patients.




Address collections/bad debt write off balances with patients.

3. Phone Triage Position 1 – responsibilities are split on a weekly schedule




- Check voicemail system in the morning when you arrive and periodically throughout the day.
 - Transfer messages or email to the appropriate party.
 - Return phone calls.


- Answer Triage phone.
-Direct calls to appropriate departments or staff.
-  Recognize, document, and alert the business office manager or patient accounts manager of trends in customer calls.
- Pull the Televox reports for confirmed appointments, cancellations, and no shows. Follow the written office protocol on how to manage these reports.
- Daily maintenance of the info@munstereyecare.com email. Return calls for patients who require communication through this email.


4. Phone Triage Position 2 – responsibilities are split on a weekly schedule

- Checks the Public Fax Folder and disperses to the appropriate staff members for completion.
- Work waitlist for appointment reschedules as assigned by management.
- Process patient recalls weekly on Wednesday according to the written office protocol.
- View obituaries and record deceased patients according to the written office protocol.
- Receives and prints the notifications and paperwork from the Indiana office of disability for upcoming scheduled appointments.
- Daily send CCD using practice management system function according to protocol.
-  Verify Medicaid eligibility daily in the AM from Web Interchange and scan into practice management system.
- Maintain and scan miscellaneous records and tests for patients not seen in office.
- Organize, disperse and stamp mail according to protocol.
- Complete medical records requests according to HIPPA, Indiana Law, and office protocol.
-Prepare authorizations for release of records.
-Obtain approval from physician.
-Transact fees for medical records and/or narrative letters for patients, physicians, insurance companies or third parties.

Authorizations – divided between Position 1 and Position 2 by doctor

- Complete the authorization process for all medical examinations.
- Complete the authorization process for all diagnostic testing.
-  Complete the authorization process for all vision examinations.
-  Complete the authorization process for medically necessary contact lenses.
-  Complete the authorization process Optical materials such as: glasses and contact lenses.
- Complete the authorization process for all office procedures.
-Ensure medical necessity has been met according to payer guidelines or LCD.
-Ensure Proper CPT and diagnostic coding are used.
-Ensure chart documentation is proper and complete.
- Complete the authorization process for all outpatient surgeries.
-Ensure medical necessity has been met according to payer guidelines or LCD.
-Ensure Proper CPT and diagnostic coding are used.
-Ensure chart documentation is proper and complete.

 Complete the authorization process for post cataract glasses.

 Verify insurance for authorizations/pre-certifications.

- Ensure referral has been obtained for required insurances as according to protocol.
- Call Skilled Nursing Facilities to address part A or part B stay according to the skilled nursing facility protocol.
- Call Collection Agency for status on balance or bad debt write off, and inform patient if payment needs to be made.

5. Miscellaneous

- Order office supplies.
- Monitor inventory of office supplies.
- Order candy and magazines.
- Overview of Clinic, diagnostic testing, and optical department methods.

 ***This image means that the training applies to Patient Services, Optical, and Technician staff***