Position: Patient Access Services Representative III  
Salary Range: $18.75 - $22.89 hourly; $1,500.27 - $1,831.51 bi-weekly.

Kern Medical strives to recruit the highest quality candidates, resulting in a high performance workforce that consistently delivers quality patient care.

Career Opportunities within Kern Medical for qualifying positions include many benefits such as:
- **New Hire Bonus:** For select positions.
- **New Hire Premium:** +6% of base rate of pay matched up to 6% if contributed to Deferred Compensation Plan.
- **Shift Differentials:** varies per classification.
- **A Comprehensive Benefits Package:** includes Holidays, Vacation, Medical, Dental, Vision and Life Insurance.

---

**Job Description**

Under supervision, performs patient access, registration/admitting and financial counseling activities, which may include: limited shift supervision responsibilities, all phases of patient registration and admitting functions, patient financial counseling, researching and evaluating complex federal, state, and commercial insurance funding issues and developing methods, policies, and procedures for an assigned area.

**DISTINGUISHING CHARACTERISTICS:**

The Patient Access Services Representative III is the lead level of the Patient Access Services Representative classification series. Incumbents are expected to have advanced knowledge of all phases of insurance funding and possess excellent customer service skills in dealing with patients both in person and on the telephone. Assignments may be made in registration/admitting, financial counseling, or related patient access areas, and may include limited supervisory responsibilities on an assigned shift. Patient Access Services Representative III is distinguished from the Patient Access Services Supervisor classification, which performs full supervisory responsibilities.

**Essential Functions:**

- Greets patients, reviews process, and schedules appointments for exam or follow-up.
- Serves as a lead to include assigning and monitoring work, training employees on work methods, and providing direction; may supervise staff including conducting performance evaluations and making hiring, disciplinary, and termination recommendations.
• Assembles all data and documents required for complete patient registration, including, but not limited to pre-admission, admission, pre-registration, and registration functions; completes all insurance verifications and authorizations.
• Enters all patient demographic information into STAR system; uses other department applications for eligibility and authorization.
• Assesses patient financial responsibility and collects co-pay, co-insurance, out of pocket, share of costs, and/or deductibles at time of admission.
• Screens admissions and informs referring physician offices, patients and their families about hospital policies and procedures regarding method of payment sources for services rendered.
• Interviews patients at the workstation and/or at the bedside to determine possible eligibility for state-funded programs.
• Obtains and documents funding information from patients and provides information on available funding resources; obtains funding for patients in the statuses of scheduling, pre-registration, registration, or post registration as assigned.
• Uses payer resources and websites to explore and assess eligibility; initiates referrals for Medi-Cal, CMS, CCS, and KMCHP; administers KMC Financial Assistance Policy and Procedures to determine patient eligibility for discounted prices or charity care.
• Works in collaboration with all areas of the revenue cycle to identify and implement system/procedural enhancements; reports ideas or improvements to supervisor.
• Enters a variety of fiscally related information into databases; maintains fiscal records and files.
• Responds to requests for information and inquiries related to patient access processes, policies, and/or other related information; researches and resolves customer problems.
• Assists in mentoring, training, and development of other Patient Access staff; serves as a resource to staff for questions and problem solving.
• Performs other related duties as assigned.

**Employment Standards:**

High School diploma or GED and two (2) years of patient access experience OR an equivalent combination of education, training, or experience sufficient to successfully perform the essential duties of the job.

**Employees must maintain all health requirements designated by Kern Medical.**

**Knowledge of:** state and federal government funding programs such as Medicare, Medi-Cal, CCS, Workers’ Compensation; commercial insurance payers such as indemnity, PPO, Managed Care, and HMO plans; billing and reimbursement guidelines and methodologies for state and federal government and non-government payers; medical and insurance terminology; HIPAA privacy and compliance practices.

**Ability to:** communicate effectively both orally and in writing sufficient to perform the essential functions; read, understand, and apply policies and guidelines; coordinate and review the work of others; obtain information from a variety of sources, including patients and families; use computers
and various software to accomplish work; establish and maintain effective working relationships with patients, families, and other internal and external customers; use tact and empathy in working with patients and families under stressful situations; perform work effectively with frequent interruptions; perform multiple tasks in a fast paced environment; lift, carry, push or pull files; sit at work station for prolonged periods of time; and report to various departments throughout the hospital.

A background check will be conducted for this classification.