KSA Inventory and Life Learning Narrative

Work Specialization: Patient Representative

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**Resume**

**UofL Health**  Louisville, KY 2022-Present

Patient Access Specialist Oncology

* Responsible for verifying accurate insurance. Obtain, and verify authorization, referral, and precertification, checking medical necessity. Refer concerns about patient estimates to financial clearance team, keeping open conversations with patients regarding inpatient and outpatient procedures.
* Coordinate patient orders received from physician offices and internal ancillary departments assuring appropriate distribution to the servicing department.
* Review all scheduled procedure orders for accuracy, including physician signature, test/procedure, date and diagnosis. Calling physician offices to clarify orders as needed and indexing orders to the account.
* Coordinate patient encounter utilizing multiple system applications: various registration applications, clinical operating systems, eligibility verification systems, medical necessity applications, and scanning repository.
* Contact insurance plans/payers to determine eligibility and obtain coverage and benefit information
* Start cases over the phone, follow up, and provide any clinical notes pertaining to the case to the insurance payors.
* Meet or exceed productivity standards in the completion of daily assignments and accurate production.
* Make changes to demographic information as necessary to produce a clean patient statement.
* Maintain consistent communication with payers, obtain any necessary referrals, treatment approvals for BMT, Med Oncology and Rad Oncology.
* Obtain approvals for Inpatient and Outpatient services.
* Provide specifically requested information to payer to obtain approvals/authorizations; assists in the preparation of appeals for denials received from Med Oncology, Rad Oncology and/or Pharmacy.
* Document findings thoroughly and accurately and enter all authorizations that are obtain into billing system along with the correct ICD-10 and CPT code to ensure payment.
* Add authorization in electronic medical record.
* Provide Utilization Review, Admissions, University Medical Associates, and Diagnostic Radiology with all necessary referral/authorizations, and any additional medical information relating to the patient.
* Assist admissions/billing departments with any insurance updates, concerns, and denials.
* Request and follow-up with any retro/appeal to obtain payment.
* Provide clinical information over the phone to nurse reviewer to prevent peer-to-peer reviews.
* If a peer-to-peer review is needed, call the payer to schedule. Notifying the physician and the physician’s nurse. Case numbers with date and time are provided to the physician for peer-to-peer review.
* Understand payer processes for intravenous medication/infusion authorizations and improve/maintain oncology compliance with payer policies and procedures.
* Verify benefits for patients with intravenous medications/infusions ordered by Medical Oncologists.
* Notify patients if benefits are not in-network.
* Refer patients to in-network facilities if necessary.
* Work closely with admissions and the business office as needed to accept out-of-network benefits when possible.
* When necessary, contact the insurance company to initiate a Gap Exemption approval and obtain approval before the patient arrives.
* Review intravenous medication orders against specific payers’ medical policy and requests treatment authorizations based on the payer’s authorization criteria.
* Triage patients who may be denied treatment based on off-label indications (for Medicare patients review against FDA approved labeling or compendia listing for approval indications) into manufacturer-sponsored patient assistance programs (per Oncology pharmacy).
* Assist with denials/appeals by providing patient specific documentation, demonstrating patient improvement in condition, and/or at least 2 clinical research articles demonstrating efficacy of ordered medications for patient’s diagnosis.
* Respond to third party payer requests for clinical information including: laboratory test results, progress notes, tumor staging reports, etc.
* Participate in meetings (as appropriate) relating to coding, billing, reimbursement, denials, etc.
* Maintain current knowledge base of clinical information regarding each patient’s diagnosis and treatment plan to communicate medical updates effectively with payers and justify payment of services.
* Educate physicians and nursing staff on the intravenous medication/infusion authorization process and payer requirements.
* Answer and respond to external and internal phone calls and emails in a timely and professional manner.
* Manage all orders received by fax, physician EMR or other sources and scan into appropriate hospital electronic patient medical record.
* Comply with all department and hospital policies and procedures.
* Maintain a working knowledge of department, hospital, and state laws (HIPPA) governing the release of information.
* Strictly adhere to safeguarding and preserving the confidentiality of medical records and patient information.
* Comply with local, state, and federal rules and regulations, and the requirements of accrediting bodies.
* Complete routine assignments and special projects as directed.
* Prioritize work according to department and hospital need.
* Participate in department and hospital meetings, in-services, and quality improvement teams.
* Contribute to the accomplishment of department and hospital objectives.
* Project a positive personal and professional image of the Pre-Access Specialist, Patient Access department, and hospital.
* Communicate medical updates effectively with payers and justify payment of services.
* Remain current of LMRP/LCD and NCCN guidelines.
* Follow up with pharmacy for drug replacement on denials and provide updates on drug use.
* Acquire authorization for Clinical Trials/Genotype and Foundation One. Maintain compliance with all company policies, procedures, and standards of conduct.

**UofL Health** Louisville, KY 2021-2022

Patient Access Supervisor

* Determined staff’s work assignments.
* Monitored staff’s work, including registrations and financial documentation to ensure eligibility, authorizations, and referrals were obtained accurately and timely.
* Attended intra-departmental and specialty departments meetings.
* Overseen the arrangement of coverage for absent employees and employees on vacation.
* Trained new employees and ensured continuing education of current employees.
* Initiated and recommended disciplinary actions for staff including attendance guidelines.
* Performed orientation and annual evaluations of employees supervised.
* Conducted staff meetings, and ensured staff were aware of all processing guidelines.
* Worked as a team to project a positive image for both the patient and/or family.
* Educated and overseen the financial counseling discussions to patients and families, especially in up-front collections.
* Developed policies and procedures detailing departmental functions as necessary.
* Conducted initial interviewing and screening of potential employees with the final decision to be shared with the Patient Access Manager.
* Adjusted and prepared payroll system for supervised employees.
* Kept regular communication with other departments.
* Monitored staff to ensure they were portraying excellent customer service.
* Performed other duties as assigned.
* Contributed to the accomplishment of department and hospital objectives.
* Projected a positive and professional image of the Patient Access department and hospital.

**Norton Healthcare** Louisville,KY 2019-2021

Authorization Management Lead

* Worked in work queues and coordinated workflow to ensure timely resolution of accounts and maintain departmental goals (3 days out).
* Served as resource contact and provided/coordinated training for new hires and current staff.
* Performed quality reviews on new hires and existing staff, which identified training needs, and improved overall departmental quality.
* Provided feedback to manager regarding training needs, quality, and other issues as identified.
* Created training material for payer websites and kept updated process for the insurance verification team.
* Worked closely with Care Management staff and Patient Access staff at all five facilities to help update authorization of payer information for patient.
* Worked closely with management on the Norton Children’s High Dollar report and the department’s preventable denial spreadsheet.
* Sent out morning assignments via e-mail to insurance verification team with most current staffing issues and assignment details.
* Proficiency in Microsoft Office, PowerPoint and Excel

**Norton Healthcare** Louisville, KY 2017-2019

Authorization Management Associate

* Uploaded medical approvals and denials received via fax from payers.
* Secured accounts with eligible insurance and authorization and completed patient pre-registration for scheduled procedures within Norton Healthcare’s adult and pediatric facilities.
* Initiated authorizations for status changes and inpatient admissions
* Verified the patient’s payer eligibility, benefits/coverage.
* Confirmed authorization requirements and secured them on the account.
* Completed pre-registration phone interviews to obtain necessary pre-registration information, including demographics, insurance, and Medicare MSPQ, with documentation completed in the electronic medical record account
* Notified patients of potential financial responsibility and collected payment via phone, reviewed Medicare ABN (Advance Beneficiary Notification), provided direction to facility and registration desk, and educated the patient regarding what items are required as part of the facility registration process.

**Norton Healthcare** Louisville, KY 2015-2017

Registration Representative

* Greeted and interviewed patients or their representatives, to obtain all necessary information and signatures required for treatment.
* Prepared and distributed all required patient informational material while maintaining HIPPA guidelines.
* Directed and/or escorted patients to the appropriate department or floor.
* Adjusted and prepared payroll system for supervised employees.
* Communicated regularly with other departments.
* Monitored staff to ensure they are portraying excellent customer service.
* Performed other clerical duties as assigned.
* Contributed to the accomplishment of department and hospital objectives

KSA Inventory and Learning Narrative

**Introduction**

I have always wanted to be a part of the healthcare system but was unsure of what opportunities were available outside of nursing, and how I fit into that equation. After high school I found an entry-level job as a registration representative with Norton Healthcare, a major healthcare organization here in Louisville, Kentucky. Throughout my time in healthcare, I have held various positions related back to the revenue cycle. Each time building on the knowledge and skills I had obtained from my prior position. I have compiled seven years in patient access, climbing my way from that entry-level position all the way to supervisor of the Outpatient Registration Department a UofL Health. With the help of O\*Net and the KSA inventory I have found that there is common ground between all my jobs that I have held in the healthcare system. With the help of the KOLB Experiential Learning Process, I will be able to showcase how my work experience is equivalent to college level credit.

**Concrete Experience**

In 2015, I started my healthcare journey as a registration representative at Norton Healthcare. As a registration representative, I **worked** to gather information from patients such as their mailing address, contact information, and insurance coverage. It is important to accurately document this information into the electronic medical record system as it will be used by multiple departments. If information is entered incorrectly, it could create barriers for the patientor the claims on their medical services to be denied resulting in a financial burden for the patient. I have **worked** with providers from inside and outside of the system to complete outpatient testing. Our department scanned outside orders and created appointments for those patients. I reviewed the hospital consent form with each patient and had them sign acknowledgement. I then escorted the patient to their necessary location, while striving to build a positive repour with the patient in the process. Finally, I **worked** with patients on point of service collections for their outpatient testing. Either payment for service was collected or I would help the patient sign up for our financial assistant program, which included collecting their financial information. This information was sent to the corporate office to determine whether they meet the financial guidelines for their services to be paid for by Norton.

Around 2017, I decided to advance within the organization by joining the authorization management team. In this position I **prepared** accounts for the nursing team to obtain medical authorization for inpatient and surgical admission. I evaluated patient’s insurance information to determine whether their coverage required an authorization for that stay. If an authorization was required, I used the insurance company’s provider portal and called them to initiate the authorization. This position required me to learn payer guidelines and standards to obtain authorizations in a timely manner without penalties to the payment. I learned how to read and understand insurance payer’s fax replies. Whether approved or denied and how to address both responses and accurately input this information into the medical record system. I communicated responses with the nursing staff so they could take the appropriate actions. I was eventually promoted to team lead of the department where I **implemented** many new standards such as updated guidelines on turnaround times and helped cross train the insurance verification team so they could work all areas of the department. I created tip sheets for common errors among my team members and created universal training manual for the insurance verification department so everyone would follow the same steps and procedures.

In 2021, I joined UofL Health to become the supervisor of the outpatient registration department. There I learned how to effectively communicate progress and goals with my team, while also becoming a critical thinker who was able to respond to issues that arose throughout the day. I **worked** to establish and maintain interpersonal relationships with my team and with other managers throughout the organization so that information from my department could be communicated with other areas.

**Observe and Reflect**

Throughout my time in healthcare, I have **noticed** I have added a lot to my toolbelt that has helped me become a more effective communicator and a better critical thinker. I have strengthened my ability to analyze data and derive outcomes from that data. As I continue to grow my healthcare career, I will be able to expand on the knowledge that I have already obtained. During my time as supervisor, I **observed** the importance of being an effective communicator and critical thinker. When information is clearly and effectively communicated it makes work easier for everyone involved, leaving minimal room for errors to occur, I **discovered**. I **noticed** when you want change to happen, sometimes you must be the one to create it. I **discovered** when processes no longer worked for the department, I identified the source of the problem, so I could come up with a game plan to implement change. I then had to communicate this change to my team and work with them through the bumps to have the best outcomes. My prior experiences have made me successful in my roles, which assured my department that I was someone who they could put their faith in making the necessary changes to make the department a happier and more productive environment.

**Abstract Conceptualization**

I have **concluded** that the experience I have gained in the seven years I have spent in healthcare could translate into college credit. I **found** that this hands-on experience has given me interpersonal, leadership and strategic thinking skills that can’t easily be learned in a classroom. I have **realized** how important strong interpersonal relationships are for gaining trust, whether that be with different service areas of the hospital, insurance payers, doctors, nurses, or my own team.

It has allowed me to share my expertise in areas that I have perfected over time. I have been able to build on these skills by learning from leaders and other co-workers I have worked under and with. I have **found** I have continued education through work compliance programs at current and pervious employers.

**Active Experimentation**

I have truly evolved the way I think and communicate after holding different positions within patient access over the years. With each position I’ve tried to **implement** what I have learned from the previous position as each area I worked in was a steppingstone that helped me get to this moment in my career. Each position allowed for different learning opportunities that I have **used** to future my learning and career. I have tried to fully immerse myself in the culture of each department. Connecting with different people from around the organization has allowed me to advance my career into leadership. I would like to continue to grow my career and knowledge and **apply** it to future career choices. Everything that I have learned and built upon is transferable to other positions. I would eventually like to make it into HR where I could take all that I have learned and **apply** it to a new field within healthcare. I’m ready to build on what I’ve learned as I continue to grow my career.

**Conclusion**

In conclusion, I found that I have learned a lot over the last seven years in healthcare.

I did not realize how much I truly have learned from my work experience until taking this class. With the help of O\*Net I was able to see for the first time the growth and development of myself. As I continue my time in healthcare, I would like to keep expanding on the knowledge that I already have so I can keep moving myself up the ladder. I want to continue to make a difference for the patients we serve.

**References**

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