



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



HUMAN RESOURCES

EXAMINATION ANNOUNCEMENT NO. 25-056

POSITION: **Patient Access Supervisor** OPENING DATE: **05/07/2025**
NO. OF VACANCIES: **1** CLOSING DATE: **05/20/2025**
SALARY: **\$35,682.40 P/A**
PAY LEVEL: **06/01**
The salary given will be determined by the qualifications of the appointee.
LOCATION: Patient Financial Services, Revenue Cycle Management
Lucia "Chiang" Villagomez Arizapa Health Center
(LCVAHC), Commonwealth Healthcare Corporation, Tinian

NATURE OF WORK:

Under the direct supervision of the Lucia "Chiang" Villagomez Arizapa Health Center (LCVAHC) Resident Director, and under the general supervisor of the Director of Revenue Cycle, the Patient Access Supervisor is responsible for coordination and supervision of the Registration, Scheduling staff, and all financial services. This position requires a detailed knowledge base in registration, outpatient, and ancillary department scheduling protocols, billing practices, as well as understanding of how these areas impact the flow of work throughout the departments and organization. The Supervisor is responsible for developing and enforcing policies and procedures, monitoring the accuracy of registration and scheduling data entered by associates, ensuring that proper patient experience protocols are followed, monitoring work queues, and clearing issues in various registration and billing work queues, and managing the overall training and coordination of work for the department. Including in the supervision of these areas is preparation of staffing schedules and recommendation and coordination of program-related improvements and changes. The individual will have knowledge in the hospital procurement process and cost containment methods of the Patient Access Department. The position requires the ability to independently plan, schedule, organize and respond appropriately on a wide variety of subjects and situations. The ability to perform the duties of the staff supervised is required. As hospital reimbursement, patient experience, and provider schedules are dependent upon the activities of the Patient Access Department, timely completion of duties and follow-up is critical. Involvement in departmental and interdepartmental process improvement teams would also be expected of the individual. A substantial portion of the normal duties requires proper judgement, sensitivity, and strict adherence to Commonwealth Healthcare Corporation (CHCC) policy on confidentiality.

DUTIES AND RESPONSIBILITIES:

- Meets and greets clients and visitors in a courteous, pleasant, and approachable manner.
- Participates and assists in the coordination, data collection, and monitoring of all CHCC business office activities.
- Interviews patient, relatives, or their representatives to secure personal data, insurance coverage and financial responsibility.
- Ensures confidentiality, security, and safety of all records according to current CHCC policies and procedures and Health Insurance Portability Accountability Act (HIPAA).
- Explains to patients or representatives about their rights.
- Provides onsite supervision demonstrating the proper use of approved policies and procedures.
- Provides business office orientation to new employees.

CHCC is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, sex, disability, age, mental or veteran status, the presence of a non-job related medical condition or disability, or any legal protected status.

- Completes all management and patient care reports accurately and in a timely manner.
- Register patients for ambulatory or emergency care; interview patients to obtain necessary information for billing; perform financial screening of patients, and process documents to establish source of payment or to determine placement on sliding fee scale; prepare registration packets.
- Obtains patient referral and authorization number, if required by insurance for out of network or specialty services.
- Collects and documents insurance co-pays and deductibles at the time of check-in.
- Verifies and records patient demographics.
- Determines sliding fee discounts.
- Refers patient to billing, Care and Resource Assistant office, insurance enrollment, or other departments as necessary.
- Collaborates with medical staff to ensure smooth patient flow and provides needed documents for visit.
- Ensures that the needs of patients in waiting area are met including prompt processing.
- Complete forms for hospital admission or pre-admit; review personal, financial and insurance details with patients; explain available coverage plans and calculate treatment costs under selected plan.
- Enter admitting, registration and billing information into a personal or on-line computer system, following specific guidelines and instructions; retrieve data and may prepare a variety of reports related to patient census and/or patient insurance and financial status.
- Maintain records of unit productivity, patient location, unit transfers, registration, admissions and discharges.
- Perform Quality Assurance (QA) on all accounts, maintain QA statistics (including patient wait times, etc.) and report results to management.
- Be accountable for the efficient coordination of unit activities, including scheduling, and coordination with other departments for patient care services and the effective dissemination and prioritization of information.
- Respond to patient inquiries in a professional manner regarding CHCC patient care services in person or by telephone; advise patients of services available, billing procedures, regulations and other related information.
- Operate standard office equipment including RPMS software application.
- Imbue the staff with a commitment to Customer Service and helpfulness to our patients.
- Maintain knowledge of policies and procedures for CHCC.
- Develop staffing calendars and assure staffing needs are met.
- Implement alternative staffing patterns as needs arise, taking into consideration department budgetary constraints and performance requirements and restrictions.
- Review and process time cards in an accurate and timely manner.
- Maintain accurate employee attendance files.
- Encourage and commend staff for excellent performance.
- Provide timely performance improvement feedback and coaching.
- Discipline staff when warranted by inappropriate employee behavior or inadequate work performance.
- Conduct timely training assessments, reclassification exams, and performance reviews.
- Solicit feedback from other staff and managers as appropriate.
- Respond to employee questions/concerns on an individual basis as needed.
- Participate in on-call rotation for off-hours staffing issues, escalations, and staff questions.
- Develop, recommend and implement policies and procedures for the department.
- Monitor adherence to policies and established procedures.
- Propose methods which assure effective execution of program responsibilities.
- Update policy and procedure manuals as required.
- Apprise staff of changes.
- Personally perform functions supervised.
- Ensure that patient experience and service standards are met.
- Uses reports and dashboards to monitor the daily productivity of the department and individuals.
- Monitor the accuracy of the data entry of demographic and insurance information obtained by staff for patient registration.
- Investigate errors, suggest changes and/or implement solutions to encountered problems.
- Report statistical findings to Access Services leadership.
- Monitors accuracy of scheduling functions, provider templates and makes recommendations on template changes to best utilize providers time, while ensuring patient satisfaction.
- Enforces established policies and procedures, including work rules, safety procedures, confidentiality standards, and Center for Medicare & Medicaid Services (CMS) standards.

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- Monitors work queues and reports to ensure accurate and timely registration, scheduling and claims submission.
- Maintains a solid understanding and knowledge of payer requirements, registration and scheduling workflows, as well as referral requirements to ensure staff follows established procedures to maximize reimbursement.
- Tracks common issues and provide training to staff to prevent the issue from reoccurring.
- Gather and analyze departmental and program specific productivity and quality of service statistics.
- Work collaboratively with CHCC counterparts, Patient Financial Services, and other departments on issues relating to patient registration, scheduling, patient flow, insurance verification, referrals and reimbursement issues.
- Represent the department in meetings and on committees relating to these issues.
- Serve as the knowledge expert and information source for staff.
- Keep abreast of insurance, referral, and billing requirements.
- Request system enhancements as needed to facilitate accurate registration and scheduling.
- Serve as an escalation point for patient issues and questions.
- Assist staff with complex and disgruntled patient situations requiring intervention from a higher authority.
- Participate in process improvement teams as assigned.
- Assist with application implementation, upgrades, enhancements, and usability testing.
- Assure equipment is in working order.
- Develop and/or update training modules.
- Keep accurate records of personnel training schedules as well as training checklists.
- Train and delegate appropriate training responsibilities for new and current staff.
- Schedule and facilitate cross-training of employees.
- Observe and modify training schedules as needed to include new methodologies and concepts.
- Conduct training review sessions.
- Monitor trainee progress and trainer effectiveness based on feedback.
- Participate in training/development programs as agreed upon with the Patient Access leadership.
- Recommend the purchase of new equipment as required.
- Provide backup for patient services support staff as assigned.
- Provide off hours support as required.
- Performs other related duties as assigned.

QUALIFICATIONS:

EDUCATION: Any combination equivalent to graduation from a recognized college or university with a Bachelor's degree in Business Administration or related field.

EXPERIENCE: Plus, one (1) year registration experience in a health system or clinic with basic understanding of medical coding and billing rules and regulations.

OTHER: Ability to carry out business office duties, functions and responsibilities, as listed above. Broad knowledge of administrative and technical functions or activities in hospital. Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments to meet practice timelines. Ability to deal in an organized manner with problems involving multiple variables within the scope of the position.

KNOWLEDGE/SKILL/ABILITY:

- Customer and Personal Service — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.
- Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Near Vision — The ability to see details at close range (within a few feet of the observer).
- Oral Comprehension — The ability to listen to and understand information and ideas presented through spoken words and sentences. See more occupations related to this ability.
- Static Strength — The ability to exert maximum muscle force to lift, push, or carry objects.
- Trunk Strength — The ability to use your abdominal and lower back muscles to support part of the body repeatedly or continuously over time without 'giving out' or fatiguing.
- Extent Flexibility — The ability to bend, stretch, twist, or reach with your body, arms, pull, or legs.

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- Manual Dexterity — The ability to quickly move your hand, your hand together with your arm, or your two hands to grasp, manipulate, or assemble objects.

CONDITIONAL REQUIREMENTS:

Employment is contingent upon successful clearing of pre-employment health screening and drug screening in accordance with CHCC policy.

OTHERS:

This position is a Full-Time employment status and requires at least 40 hours per week. This position is “**NON-EXEMPT**” or is eligible to receive overtime compensation pursuant to the Fair Labor Standards Act (FLSA) of 1938 Federal Law. Regular operating hours of the Commonwealth Healthcare Corporation will be Monday to Friday from 7:30am to 4:30pm. This work schedule however is subject to change with or without notice based on the Employer’s business requirement and/or by the demands of the employee’s job. This position is paid on a bi-weekly basis (2-week period). CHCC adheres to all applicable deductions such as C.N.M.I. Tax, Federal Tax, Medicare and Social Security.

Note(s):

- *Three-fourths 20 CFR 655, Subpart E: “Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.”*
- *Employer-Provided Items 655.423(k): Requires Employer provide to the worker, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.*

INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:

Office of Human Resources

Commonwealth Healthcare Corporation

1178 Hinemlu’ St. Garapan, Saipan, MP, 96950

Office Hours: Monday through Friday, 7:30am to 4:30pm; **CLOSED** on weekends and holidays.

Employment Application Forms are available at the hospital facility’s Main Cashier Office or online at www.chcc.health.

E-mail: apply@chcc.health

Trunk Line: (670) 234-8951 ext. 3427/3444/3556

Fax Line: (670) 233-8756

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Note: *Education and training claimed in Employment Application must be substantiated by diploma, certificate or license. Failure to provide complete application form or the required documents will result in automatic disqualification.*