



## **Patient Access Specialist (Overland Park, KS)**

### **Description**

Shifts: full-time; Monday - Friday - multiple shifts available Hours of call center are 8a-8p

### **Primary purpose and function of this position:**

The purpose of this position is to help patients get access to the medications and therapies that they need. This role works with healthcare providers, patients, payors and pharmacies to gather information about a patient's insurance policy and the coverage provided by that policy for a specific pharmaceutical product. This position provides access and affordability services for an assigned caseload and helps healthcare professionals and patients navigate any challenges the patient will face to access medications. The work of the Patient Access Specialist helps make therapies more affordable for patients and gets patients on therapies faster. Provide day-to-day oversight for caseload to ensure all cases and tasks are completed in a timely manner.

### **Major duties and responsibilities that are critical and necessary for this position and its overall objective:**

- Ensure cases move through the process as required
- Conduct benefit investigations for patients by making outbound phone call to payors to verify patient insurance benefit information, navigate complex reimbursement barriers and seek resources to overcome the barriers
- Verify patient specific benefits and document specifics including coverage, cost share and access/provider options
- Identify any coverage restrictions and details on how to expedite patient access
- Document and initiate prior authorization process and claims appeals
- Report any reimbursement trends or delays in coverage to management
- Assign appropriate cost sharing solutions or assess and refer the patient to any special programs/services (as appropriate)
- Communicate the results of benefit investigations for patients to healthcare providers and patients in a timely manner and accurately
- Other duties as assigned

### **Requirements**

**Education required:**

- High School Diploma

**Education preferred:**

- Associate's or Bachelor's Degree in Science, Finance, or Business

**Years of experience required:**

- 3 to 5 years of benefit investigation involving the analysis and interpretation of insurance coverage
- 3 to 5 years of experience interacting with healthcare providers in regards to health insurance plan requirement
- Pharmacy background/call center or MD office experience preferred
- Exposure to enrollment, pre-assessment & benefits' processes
- Excellent verbal communication skills and grammar
- Computer literacy/competence

**Specific type of experience preferred:**

- 2 to 3 years of claims, health insurance benefits or health care billing experience.
- Salesforce system experience.

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