Director of Client Access

Overview

The Director of Client Access is responsible for timely and continuously improved client (patient) access to services at this $30M organization with three fixed sites, a Convalescent Care Program and mobile program. They oversee a small call center, a benefits eligibility team, and client scheduling across all operations. The Director of Client Access ensures exceptional customer service while meeting budgetary, revenue cycle and performance goals. They design, implement and evaluate strategy for improvement in close collaboration with peers on the Management Team and with guidance from clients.

Key Role Responsibilities

* Trains and coaches managers, sets clear expectations, monitors outcomes, creates a culture of open communication and helps team members solve complex problems through individual supervision and team meetings. Fosters a collaborative, supportive and collegial environment across departments to ensure a high quality experience for clients and high staff morale.
* Leads the centralized delivery of several service lines in scheduling, benefits enrollment, and general assistance by phone and in-person. Engages with staff and clients as a core function of process improvement across these service lines.
* Maintains positive, collaborative relationships with providers and practice operations professionals to continuously improve client access, provider efficiency and care coordination. Standardizes processes that leverage technology, simplify workflow and result in coordinated care delivery in multi-disciplinary care teams. Partners to create and enforce clear standards of practice, policies and procedures.
* Collaborates in goal setting during strategic and operational planning. Analyzes and presents data for performance measurement, reporting and decision-making. Implements best practice standards to continually improve service utilization, customer service, referrals, and efficient revenue cycle processes. Creates action plans to improve processes towards attaining programmatic and budgetary goals. Informs the development of a dashboard with key performance indicators.
* Ensures coordinated, consistent and continuous process improvement to achieve ideal patient and family experience. Track, report and resolve/participate in resolution of client satisfaction issues and maintain ongoing review processes of such issues.
* Monitors and ensures administrative practices are in compliance with local, state and federal laws. Formalizes and monitors contracts and MOUs.
* Cultivates administrative relationships with host sites and community partners that improve clients’ quality of care and access to specialty care and support. Develops relationships with community partners and governmental agencies to improve client access to care and community knowledge of available services.
* Coordinates with IT and Facilities to ensure optimal performance of information systems, communication systems and other technology needs.

Key Agency Responsibilities

*In addition to role responsibilities, each staff member of Health Care for the Homeless has the following responsibilities as a part of their employment:*

* Models and reinforces the Health Care for the Homeless core values of *dignity, authenticity, hope, justice, passion* and *balance*
* Actively participates in performance improvement activities and advocacy activities that support the agency mission
* Performs other duties on an as-needed basis
* Protects clients’ confidentiality by maintaining compliance with HIPAA and other health care related IT security regulations

Knowledge, Experience and Skills

**Formal Education and Training**

* + Bachelor's degree in Health Care Administration or directly related field required
  + Master’s degree in Health care administration or directly related field preferred
  + Demonstrated knowledge of data analysis, reporting and interpretation
* Proficiency with MS Office, including Outlook, Word, PowerPoint and Excel
* Proficiency within an electronic health record, practice management system and/or insurance system

**Experience**

* Five years of managerial experience within a community health center (FQHC), ambulatory care setting or equivalent. FQHC experience is highly desirable.
* Three years of team supervisory experience
* Significant experience managing practice scheduling, health care insurance and revenue cycle
* Experience with writing and managing medical office policies/procedures
* Experience working with a call center highly preferred
* Applied knowledge of trauma-informed care and harm-reduction philosophy and practices
* Experience working with people who are experiencing homelessness or from low-income backgrounds

**Skills**

* Highly skilled at problem-solving; helpful to others in making ethical decisions in the workplace
* Knowledge of trauma-informed care and harm-reduction philosophy and practices
* Knowledge of data analysis, reporting and interpretation.
* Demonstrates good listening skills and a non-judgmental attitude
* Is dependable and calm in challenging situations; skilled in resolving conflicts in a constructive manner
* Willingly admits mistakes, self-corrects and gains insight from experiences
* Instills energy and optimism in staff for the future of the organization
* Strong communication skills

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**Health Care for the Homeless is an equal opportunity employer and is committed to racial equity and inclusion. We make a particular effort to recruit and promote Black, Indigenous and People of Color (BIPOC) for open positions. BIPOC, LGBTQIA+ individuals, people with disabilities, and people with other marginalized identities are encouraged to apply.**