

**PURCHASE REFERRED CARE COORDINATOR**

Position Description

<b>Department:</b>	Business Office
<b>Job Code:</b>	
<b>Pay Range:</b>	
<b>Hours/Week:</b>	40 hours
<b>Position Type:</b>	Full-Time

<b>Reports To (Title):</b>	Chief Operations Officer
<b>Classification:</b>	Non-Exempt
<b>Effective Date:</b>	February 04, 2022
<b>Revised Date:</b>	

**PERFORMANCE EXPECTATIONS**

In performance of their respective tasks and duties all employees of the Canoncito Band of Navajos Health Center Inc. (CBNHC) are expected to conform to the following:

- Uphold all principles of confidentiality and patient care to the fullest extent.
- Adhere to all professional and ethical behavior standards of the healthcare industry.
- Interact in an honest, trustworthy and dependable manner with patients, employees and vendors.
- Possess cultural awareness and sensitivity.
- Maintain a current insurable driver’s license.
- Comply with all CBNHC policies and procedures, as well as all applicable laws.

**POSITION PURPOSE**

The Purchased Referred Care Coordinator administers and manages the purchasing of health care services for patients with non-CBN Health Center providers and facilities. Identifies medical and dental care services for the patient outside the CBN Health Center as referred by the provider; determines eligibility for funds, benefits and alternate resources available to supplement the patient’s health care resources. Serves as a liaison between the patient, CBN Health Center staff, health and dental providers, private sector health, fiscal intermediaries, vendors and contractors. Ensures patient demographics and payer information is correct and updated in Patient Registration System to assure timely coordination of care and benefits.

**ESSENTIAL DUTIES, FUNCTIONS AND RESPONSIBILITIES**

- Determines patient eligibility for Purchased Referred Care.
- Conducts on-site patient interviews to establish eligibility and completes and maintains application for medical care.
- Verifies records of residence for applications by addressing inquiries to a variety of sources.
- Maintains sufficient records, authorizations or clinic information, eligibility forms and standard forms.
- Initiates medical authorizations to include hospitalization and professional fees for eligible patients; maintains denial correspondence files assuring that all appropriate documentation is included in file.
- Processes procurement orders for requested contract health services.
- Assures funds have been obligated within deadlines and unused obligations are cancelled; making sure transactions affecting funds are promptly processed.
- Obligates funds in automated data system (RPMS).
- Assists with the reporting of Catastrophic Health Emergency Fund (CHEF) cases by obligating these funds as soon as possible.
- Keys data into the CHS/MIS data system for issuing purchase orders.
- Maintains obligation and expense records regarding PRC funds for inpatient and outpatient services.
- Defines alternate resources available to patients; determines patient eligibility for resources; helps patients with alternate resources compliance.
- Contacts state agencies and other outside organizations to determine medical eligibility.
- Cross compares proposed authorizations with sources prior to obligating funds for contract health services.
- Creates, maintains and reviews correspondence related to PRC authorizations for payment or non-payment.
- Inputs daily into the RPMS, PRC data notifications information, referral information, patient registration, PRC denial information and any other appropriate PRC program data necessary to meet established mandatory guidelines and deadlines.

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- Reviews incoming invoices to determine if authorizations have been issued and if not, researches and takes appropriate action.
- Assures appropriate use of CHS services, verification of claims, utilization and review of available services, examination of unpaid bills to assure the maximum utilization of all potential and available third-party reimbursement resources.
- Provides technical support assistance regarding the patients accounts of bills submitted for payment by providers and provides support for improving the rate, promptness and amount of payment.
- Track allocation of PRC funds to assure the program stays within budget; assures effective and maximum, utilization of PRC funds; provides the supervisor informal reports on fund status expenditures on a periodic basis.
- Coordinates activities associated with PRC; coordinates referral services and payment efforts with clinic and business office staff; communicates with vendors, contractors and third parties. Responds to inquiries and requests through telephone, correspondence and personal visits. Identifies errors in data and take corrective action.
- Provides PRC orientation to health services vendors, and recipients, as well as CBN Health Center staff to insure they have a good understanding of the program methods, policies, procedures and regulations; assist healthcare and other professional staff members in understanding elements and requirements of the PRC program.
- Supports Patient Registration, Medical Records and Patient Benefits.
- Answers telephone and written inquiries regarding eligibility requirements, payments, outstanding charges, and other questions concerning the PRC program; maintains strict confidentiality in responding to inquiries.
- Performs other duties as assigned.

### **MINIMUM MANDATORY QUALIFICATIONS**

#### Experience

- Two (2) years of similar or related experience in a healthcare setting.

#### Education

- High School Diploma

#### Mandatory Knowledge, Skills, Abilities and Other Qualifications

- Must be able to carry out the essential duties, functions and responsibilities.
- Knowledge of applicable federal, state, county and local laws, regulations and requirements.
- Knowledge of medical insurance claims procedures and documentation.
- Knowledge of the precertification requirements, procedures and documentation of third-party medical insurance payors.
- Ability to gather data, compile information, and prepare and maintain written records and reports.
- Strong working knowledge of computers and software applications.
- Knowledge of Medicaid, Medicare, Social Security, Tribal, and Department of Human Services and private health insurance.
- Knowledge of a body of standardized rules, procedures, or operation that require considerable training and experience to perform the full range for a Patient Benefits Advocate and resolve recurring problems.
- Excellent knowledge of a healthcare setting.
- A team player with excellent communication and interpersonal skills.
- Ability to communicate clearly and effectively with patients and other external parties in a courteous and friendly manner at all times.
- Must be able to maintain confidentiality at all times.
- Ability to perform other duties as assigned.

### **PREFERRED QUALIFICATIONS**

- Bilingual skills in English and the Navajo language.
- Bachelor's degree in Business Administration.
- Three to five years of clinical setting or equivalent experience as a Patients Benefits Coordinator.

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#### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the primary functions of this job. Normal office conditions exist, and the noise level in the work environment can vary from low to moderate. Limited overnight travel may be required from time to time. This position may be exposed to certain health risks that are inherent when working within a health center facility.

#### Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the primary functions of this job. While performing the duties of this job, the employee may be required to frequently stand, walk, sit, bend, twist, talk and hear. There may be prolonged periods of sitting, keyboarding, reading, as well as driving or riding in transport vehicles. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include reading, distance, computer, and color vision. Taking and hearing are essential to communicate with patients, vendors and staff.

#### Mental Demands

There are a number of deadlines associated with this position. The employee must also multi-task and interact with a wider variety of people on various and, at times, complicated issues.

#### **OTHER**

- All employees must uphold all principles of confidentiality, HIPAA and patients care to the fullest extent. This position has access to sensitive information and a breach of these principles will be grounds for immediate termination.
- Disclaimer: The information on this position description has been designed to indicate the general nature and level of work performance by employees in this position. It is not designed to contain, or be interpreted as, a comprehensive inventory of all duties, responsibilities and qualification required of employees assigned to this position. Employees will be asked to perform other duties as needed.

#### **APPLICATION INSTRUCTIONS**

- Read instructions prior to completing application form; incomplete applications will not be considered.
- Submit an application, resume and letter of interest to one of the following methods:
  1. E-mail to [Humanresources@cbnhc.org](mailto:Humanresources@cbnhc.org)
  2. Mail to Canoncito Band of Navajos Health Center Inc., ATTN: Human Resources, P.O. Box 3338, To'Hajiilee, NM 87026
  3. Deliver to the CBNHC Human Resources Office, 129 Medicine Horse Dr., To'Hajiilee, NM 87026
- For more information, contact Berlin Rodriguez at (505) 908-2307 ext. 119

Canoncito Band of Navajos Health Center Inc. is a Navajo Preference Employer. As required by the Navajo Preference in Employment Act, preference will be given to qualified Navajo applicants. If there is no qualified Navajo applicant, preference will be given to qualified American Indian applicants consistent with the Indian Self-Determination Act Indian preference provision.