



Klamath Tribal Health & Family Services

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EXEMPT _____
NON-EXEMPT X

POSITION DESCRIPTION

POSITION: PATIENT BENEFITS COORDINATOR

RESPONSIBLE TO: Patient Registration Supervisor

SALARY: GS-06 \$28,282 - \$36,364 Annual/Full Benefits
GS-07 \$31,080 - \$40,398 Annual/Full Benefits

CLASSIFICATION: Non-Management, Full-time, State Funded

LOCATION: Wellness Center, Chiloquin, OR

POSITION OBJECTIVES

The primary purpose of this position is to function as an advocate for patients in the effective utilization of alternate resources such as Medicare, Medicaid, Department of Veterans Affairs (DVA), Bureau of Employment Compensation (BEC), Private Insurance Billing (PIB), Children's Special Health Services, Aid to Families with Dependent Children (AFDC), Oregon Health Plan, etc. The primary responsibility of this position is to ensure that all patients who are eligible for alternate resources are identified, contacted and encouraged to apply for and maintain eligibility for available benefits.

MAJOR DUTIES AND RESPONSIBILITIES

1. Determine eligibility of patients referred from Klamath Tribal Health & Family Services' staff. Provide a response describing initial action taken to the referring staff within one working week upon receipt of referral. Maintain a log noting all actions taken regarding referral.
2. Work closely with Patient Registration, Third Party Billing, Contract Health Services and other front line staff to ensure all patient information is current, accurate and that all alternate resources are utilized.
3. This position will provide back up for Patient Registration and assist in maintaining current and accurate patient data in the Resource Patient Management System (RPMS). This will involve interviewing and screening new and existing patients and making appropriate changes to the RPMS system.

4. Ensure maximal identification of persons who have or are eligible for alternate resources by effectively implementing screening and interview methods.
5. Work closely with all facility staff in identification and proper utilization of all alternate resources available to all patients who utilize the Klamath Tribal Wellness Center, giving emphasis to those who reside in the Klamath Tribes' Health Service area (Klamath County).
6. Assist patients and their families with processing all applications for alternate resources. Provide interpretation of the rules and regulations from the organization supplying the benefit, as well as the rules governing Tribal/IHS services. Review with patients what is covered and how to use those services. This may require occasional travel to the patient's home to acquire documentation or to interview the patient for additional information.
7. Transmit all applications for alternate resources to the appropriate agency; track and monitor the processing of applications.
8. Develop a follow up system to track all applications for alternate resources and to monitor renewal/end dates. Follow up to ensure deadlines are not missed.
9. Follow up on all pending eligibility claims and work closely with families and agencies to see that patients are not discriminated against because of their dual role as a citizen and as a Tribal Health/IHS recipient.
10. Keep patients and staff up to date on regulatory changes by researching, updating and sharing information on alternate resources.
11. Document all work activities on finding/maintaining alternate resources on the "notes page" of the patient's chart in RPMS.
12. Continually research all alternate resources, exploring all available options for patient coverage. Share information obtained with other Klamath Tribal Health & Family Services' staff members.
13. Develop and maintain a network of contacts in local, state and federal agencies to better assist patients in developing other resources, including all agencies and organizations that provide alternate resources for health care. Work closely with the Social Security Administration (SSA), Department of Human Services and Tribal programs to establish eligibility for Medicare, OHP, AFDC, Supplemental Social Security Income (SSI), etc.
14. Responsible for maintaining an accurate daily log of activities; log of visits with patients noting the chart number, the time and what action was taken, (i.e. home visit to complete application, advocate work at the local DHS office, etc.); submit log to Patient Registration Supervisor for review each week.

15. Maintain a mileage log for GSA vehicle use and submit monthly to the Patient Registration Supervisor.
16. Submit monthly, quarterly, and annual reports to the Patient Registration Supervisor. Submit quarterly reports to the Office Of Medical Assistance Programs as agreed to by contract
17. Attend quarterly pre-tribal meetings hosted by DHS when requested by Patient Registration Supervisor.
18. Other duties as assigned.

SUPERVISORY CONTROLS

The Patient Benefits Coordinator works under the direct supervision of the Patient Registration Supervisor. Assignments are performed according to various established office procedures using set standards. New assignments are provided in detail, as well as changes in current procedures. Major or new issues are referred to supervisor. Work is checked for accuracy, adequacy, and timeliness.

After initial training, recurring assignments are completed independently. Completed work is spot checked for accuracy, adequacy and timeliness, and compliance with policies and procedures.

KNOWLEDGE, SKILLS, ABILITIES

Knowledge of and the ability to maintain strict confidentiality of medical and administrative records adhering to the standards for health record-keeping under HIPAA and Privacy Act requirements.

A working knowledge of Medicare/Medicaid, SSA, DSS and Tribal programs and other related agencies policies and procedures to assist patients in application for alternate resources.

Knowledge of the eligibility requirements for Medicare/Medicaid, SSI, OHP, in order to determine who is eligible for alternate resources.

A working knowledge of sensitivity communication practices and interview techniques in order to speak with and for the patient.

Possess basic knowledge of how to establish registers of eligible patients in various programs to determine who is eligible for alternate resources.

- Must be proficient in typing and computer skills including MS Word and Excel. *Must submit a 3-5 minute typing certification with application.*
- Must submit to and clear an Alcohol/Drug Screen and random testing as per policy.
- Indian Preference will apply, as per policy. *Must submit documentation with application to qualify for Indian Preference.*
- Must submit to and clear a Criminal Records Background Check.

Preferred Qualifications:

- Three (3) years experience working in a medical office is preferred.
- Experience working with Native American programs is preferred.
- Experience working with medical/records management is preferred.

ACKNOWLEDGEMENT

This job description is intended to provide an overview of the requirements of the position. It is not necessarily inclusive and the job may require other essential and/or non-essential functions, tasks, duties, or responsibilities not listed herein. Management reserves the sole right to add, modify, or exclude any essential or non-essential requirement at any time with or without notice. Nothing in this job description, or by the completion of any requirement of the job by the employee, is intended to create a contract of employment of any type.

Revised: 10/15/09