

Position: Patient Benefits Coordinator
Department: Patient Benefits
Supervisor: Patient Benefits Manager
Supervises: None
FLSA Status: Non-Exempt

Position Summary:

The purpose of this position within the Black Hawk Health Center, Sac & Fox Nation is to obtain and verify alternate resources for health care coverage services for patients.

Patient Benefits is a collaborative process that encompasses screening and applying patients for alternative resources to include but not limited to Medicare, Medicaid, Marketplace insurance, Veterans Healthcare eligibility and benefits, prescription drug benefits, patient assistance programs and any and all other resources deemed necessary on an individualized basis.

Duties and Responsibilities:

- Assists patients in completing appropriate forms and interpret rules and regulations for Alternate Resources and how it impacts the Sac and Fox Nation Health Services.
- Contacts alternate resource agencies, conducts personal interviews with patient and/or family members to determine potential eligibility for any alternate resources.
- Educate and advocate on behalf of and in partnership with community members on various benefits, eligibility criteria and participate in Outreach Programs.
- Assist patients in filling out proper 3rd party resource applications, appropriate state, tribal and federal benefits including due process, and representatives for due process. Follow up to patients needing re-certification for alternate resources.
- Responsible for outreach to include but not limited to completing assessments, screening, applications and other patient benefit duties at offsite locations.
- Works closely with patients in relation to
 - Social Security Administration (SSA) local, regional and central offices
 - State Disability Determination Service
 - IHS, tribal health, and community health care providers
 - State and tribal public assistance offices/staff
 - Veterans' benefits and services at the state and federal level
 - Affordable Care Act Marketplace Insurances
- Performs Medicare Part D eligibility check on each Medicare patient through the use of (POS) Point of Sale and work with Patient Registration, Pharmacy and Business Office regarding insurance entry for billing purposes.
- Coordinate and assist in insurance entry for billing purposes including verification, documentation and work closely with the Business Office and Pharmacy regarding Third Party Eligibility.
- Perform interviews to obtain specific demographic and insurance information in a confidential manner including screenings on all new patients

- Acquire and maintain current knowledge on information about IRS/tax policies concerning benefits, SSI, SSDI, Medicaid, Medicare, and Veterans Benefits, Section 8, Affordable Care Act and other HUD/tribal subsidized housing.
- Utilize policy resources (CD, paper, internet format) including but not limited to
 - SSA Code of Federal Regulations (CFR)
 - Medicaid CFR
 - State Medicaid Policy
 - VA CFR and policy
 - Affordable Care Act Marketplace Insurance Companies
- Carry out the work of the office and handle problems and deviations in accordance with established instructions, priorities, policies, commitments and program goals of the supervisor and accepted practices in the position.
- Maintains logs of all Medicaid applications listing approvals, denials and verifications.
- Prepare routine correspondence when appropriate to patients and providers.
- Work in coordination with the Contract Health Services Specialist and relevant Health and Human Services Program Staff. (Social Services, Behavioral Health, etc.)
- Enhances professional growth and development through participation in educational programs, meetings, and workshops.
- Performs other duties as assigned.

Knowledge, Skills, and Abilities:

- Must be computer proficient, excel application skills and must possess good communication skills. Ability to interact with patients and co-workers in a courteous and productive manner.
- Skill in the practical use of electronic systems to provide general clerical office support and proficient typing.
- Ability to participate in planning, implementation and improvements of Alternate Resources.
- Knowledge of established procedures, required forms, etc., associated with the various health insurance programs.
- Ability to work in an independent manner, self motivated and self driven.
- Knowledge of the nature and content of publications, forms, and other guidelines or informational material pertinent to carrying out or coordinating work and specific program activities.
- Must be courteous and demonstrate good public relation skills.
- Knowledgeable of HIPAA guidelines and 1974 Privacy Act involving confidentiality, Civil and Criminal penalties for unlawful disclosure of patient information.

Supervisory Controls:

- Work is performed under the general supervision of the Benefits Manager, who provides instructions on new or changed procedures, delegates and assigns tasks and duties.
- Work is primarily reviewed in terms of the overall accuracy of information obtained, patient satisfaction, increase in benefit and resource obtainment and compliance with various guidelines.

Complexity:

- Medicare, Medicaid, and/or private/commercial insurance) and Affordable Care Act Marketplace Insurance are available for all patients served within the Sac and Fox Nation Health Services.
- Incumbent must be able to effectively communicate to the patient what specific information is needed, the reason for requesting such information and be able to ascertain that it is accurate as possible.

Personal Contacts:

Personal contacts are with patients and families exchanging and providing factual medical information to determine eligibility for services and to serve as liaison to providers and recipients.

Physical Demands:

Work is mostly sedentary, typing, and usage of the telephone. Visual acuity is needed for computer monitor screens. Perform outreach services which may involve driving a vehicle to and from offsite locations. A valid Oklahoma State Driver's License is required.

Travel:

This position requires occasional travel to offsite locations for the purpose of carrying out the duties of the Patient Benefits Department.

Education and Experience:

Incumbent must have an Associate Degree or higher in a field relevant to the position. Excellent oral and written communications skills and a professional appearance. Previous experience on qualifying patients for Alternate Resources and communicating with Private Insurances for pre-certification preferred.

Employee's Signature

Date

Supervisor's Signature

Date

Director's Signature

Date