



Bois Forte Band of Chippewa

5344 Lakeshore Drive ▪ Nett Lake MN, 55772 ▪ 218-757-3261/1-800-221-8129

PURCHASED REFERRED CARE AND BILLING SPECIALIST

Position Description

OPENS: June 2, 2021 CLOSES: June 9, 2021			
Department:	Health	Reports to (title):	PRC Coordinator and Billing Supervisor
Job Code:	N-10	Job Location:	Bois Forte Health Services Nett Lake, MN
Pay Range:	Negotiable	Supervises:	No
Hours/week:	40	Classification:	Non-Exempt
Type of Position:	Full-Time	Effective Date:	01/01/2017
		Revised Date:	01/03/2017

PERFORMANCE EXPECTATIONS

In performance of their respective tasks and duties all employees of Bois Forte Band of Chippewa are expected to conform to the following:

- Uphold all principles of confidentiality to the fullest extent.
- Adhere to all professional and ethical behavior standards of the tribal government (may also be referred to as “Band”).
- Interact in an honest, trustworthy, and respectful manner with employees, community, visitors, and vendors.
- Comply with Bois Forte Band of Chippewa policies and procedures.
- Maintain a current insurable driver’s license.
- Display respect and understanding of Bois Forte Band of Chippewa traditions and values.

POSITION PURPOSE

The Purchased Referred Care and Billing Specialist provides support and technical assistance for payments, co-pays, denials for the Purchased Referred Care Program. Also performs functions related to third-party billing services for Health Services to include the areas of Medical, Dental, and Family Services programs, which may result when health care services are delivered by the facility to consumer clients. Duties include the submission of properly executed claims on a timely basis to third-party payers and responsible parties and rebilling or correcting billing of accounts previously submitted.

ESSENTIAL DUTIES, FUNCTIONS, & RESPONSIBILITIES

1. Reports to TPBS/PRCC the information to submit the Catastrophic Health Emergency Fund (CHEF) cases as necessary.
2. Assist to ensure that patients keep alternate resource activities by serving as a contact for PRC Program.
3. Displays a positive and professional manner in promptly respond to all requests, complaints, and problems.
4. Demonstrates courtesy, respect and sensitivity to the needs of all others including visitors and co-workers.
5. Knowledge of the PRC Program and services including an awareness and understanding of the purpose, objectives, commitments and priorities to perform both recurring and special assignment.
6. Knowledge of various third parties such as Medicare, Medicaid, private insurance, etc., availability of health care resources, rules of eligibility for medical and other available programs to assist in payment of health care costs.

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7. Knowledge of medical terminology and medical care practice procedures.
8. Receives and examines alternate managed care resources claims to ensure claims are complete with appropriate supporting documents, which typically include utilization review certifications. Verifies accuracy of health claims and that that claimed amounts are authorized, that items of services billed are allowed by appropriate regulations, decisions, directives and other controlling guides. Identifies errors, omissions, duplications in documentation and contacts the appropriate individuals to resolve problems.
9. Identifies inconsistencies and/or discrepancies in medical documentation by notifying the appropriate providers and/or other departments within the facility for complete charge capture and abstraction. All providers and identified risk departments will follow-up to ensure completion, in compliance with the policy and utilization review/compliance program.
10. Prepares and distributes billing demands on third-party eligible patients receiving health care services.
11. Acts as a contact person for insurance billing companies; notifies the insurance carrier within the required timeframe to ensure service and reimbursement processing; and contacts insurance companies when an error in payment or provider write-off is identified.
12. Develops, implements, and monitors billing policies and procedures for programs that provide billing activities; transmits billing for reimbursement to the State for targeted case management services; and ensures all billing sheets are submitted for billing and paperwork sent for payment posting.
13. Implements provider enrollment and updates for medical, dental, pharmacy, CD and MH, ensuring all providers are added to all systems - Advantage, EHR, Dentrix and McKesson.
14. Documents insurance information on clients.
15. Prepares reports for management to aid in the analysis of revenue generated, and submits adequate and timely reports upon request and when necessary.
16. Follows data privacy guidelines and safeguards for reimbursement claims and medical records; maintains confidentiality and professional ethics at all times.
17. Updates all paperwork needed for medical and dental clinics.
18. Ensures all data entry is completed in a timely manner including data entry for medical, dental, CHR, PHN, MH, CD and referrals.
19. Contacts managed care companies for authorization when needed; tracks dates of services, paid and unpaid.
20. Works cooperatively as part of a team and promotes teamwork with co-workers.
21. Engages in on-going assessments to ensure quality of service is being provided.
22. Performs other duties as assigned.

MINIMUM MANDATORY QUALIFICATIONS

Experience:	<ul style="list-style-type: none">• One year of experience in medical third-party billing
Education:	<ul style="list-style-type: none">• High School Diploma
License/Certification:	<ul style="list-style-type: none">• None
Mandatory Knowledge, Skills, Abilities and Other Qualifications:	<ul style="list-style-type: none">• Knowledge of and the ability to apply the Alternate Resource regulations; P.L. 94-437, Title IV of Indian Health Care Improvement Act, Indian Health Service Policy and Regulations on Alternate Resources, CFR-42-36-21 (A) and 23 (F) and P.L. 99-272, Federal Medical Care Cost Recovery Act, Internal Control Policy and the Revenue Operations Manual.• Knowledge of the total Alternate Resources Program operations, priorities and goals.• Knowledge of all third party claims submission process and ability to keep current on changes in policies, regulations of eligibility. Knowledge of established procedures, required forms etc., associated with the various third party payers.

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- Knowledge of ICD-9, ICD-10 and CPT IHPCS coding procedures, Uniform Hospital Discharge Date definitions regarding diagnostic and procedural sequencing in order to interpret and resolve problems based on information derived from system monitoring reports and the UB-04 and CMS1500 billing forms submitted to third party payers.
- Knowledge of how to establish and maintain relationships with the third party payer community necessary for resolution of outstanding claims.
- Knowledge of the on-line input terminal equipment and automated electronic billing system(s).
- Knowledge of the EHR and the accounts receivable management program. Keeps abreast of current changes in government regulations, collection laws, FTC ruling, third party procedures and internal procedures.
- Knowledge of billing functions, exporting clean billable claims to third-party payers. Abstracting from the electronic health record to applying the appropriate CPT-4, ICD-9, ICD-10CDT-2, HCPCS codes for outpatient and inpatient encounter setting; knowledge of automated systems ability to type and operate a calculator.
- Ability to analyze complex medical and regulatory information to arrive at the most logical and advantageous method of billing.
- Ability to exercise considerable tact in maintaining effective work relationships with various employees, clients and patients. Position requires extreme accuracy and timeliness in all phases of work.
- Excellent communications skills are required for training of staff on changes through continuing education and communication with medical staff.
- Knowledge and familiarity with the utilization review/compliance program rules and regulations and various aspects of compliance issues, special coding and billing issues.
- Knowledge of how to establish and maintain relationships with the third party payer community necessary for resolution of outstanding claims.
- Experience in EHR, Dentrax and McKesson, and purchased referred care.
- Knowledge of Privacy Act of 1974, HIPAA, and the use of confidential information and health records as an integral part of the interviewing office function and the privacy of individuals, which must be protected to the fullest extent possible.
- Strong computer applications skills.
- Ability to deal with conflicting situations in a patient and sensitive manner.
- Ability to meet deadlines and prioritize workload.
- Strong verbal and written communication skills.
- Ability to work effectively with minimal supervision.
- Must have strong organizational skills.
- Must have valid MN driver's license and reliable transportation.
- Ability to travel in and out of state.
- Basic operation of a workstation (turning on/off, knowledge of basic functions and components) and general office equipment Use/storage/maintenance of multiple usernames

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and passwords. Computer-related problem-solving skills through the use of available trainings and help desk.

- Knowledge of Microsoft Office Suite (Word, Excel, etc.), internet software and appropriate storage of electronic files.
- Ability to perform other duties as assigned.
- A record of satisfactory performance in all prior and current employment as evidenced by positive employment references from previous and current employers.

PREFERRED QUALIFICATIONS

- Associates degree in Business Management or related field

WORK ENVIRONMENT

Work environment: The work environment characteristics described here are representative to 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, such as potential exposure to hazardous chemicals, sharps and infectious body fluids.

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, hear and perform repetitive motions. 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. Talking and hearing are essential to communicate with the community, visitors, employees, and vendors.

Mental demands: There are a number of deadlines associated with this position. The employee must be able to handle frequent interruptions and must also multi-task and interact with a wider variety of people on various and, at times, complicated issues.

TRIBAL AND INDIAN PREFERENCE

The Bois Forte Band of Chippewa has implemented a Tribal and Indian Preference in Employment Policy. Pursuant to this Policy, applicants who possess the knowledge, skills, and abilities required by this position, and who are enrolled members of the Bois Forte Band of Chippewa Tribe will be given primary preference in hiring and employment for this position. Members of other federally-recognized Indian tribes will be given secondary preference for hiring and employment after providing proof of tribal membership. Tribal and Indian preference is integrated into the interview and scoring process for candidates for job positions.

OTHER

Confidentiality: All employees must uphold all principles of confidentiality to the fullest extent. This position has access to sensitive information and a breach of these principles will be grounds for immediate termination.

Background Investigation: This position may be subject to a criminal history background check, a suitability background check and/or a Fair Credit Reporting Act (FCRA) check. In addition, some positions are subject to a 101-630 background check in an effort to ensure compliance with Public Law 101-630 "Indian Child Protection

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and Family Violence Prevention Act.” Candidates must be able to successfully pass all required background checks to qualify for this position.

Drug Screening: All applicants must successfully pass a pre-employment drug screening prior to beginning employment and will be subject to random drug testing.

PRE-EMPLOYMENT DRUG TESTING APPLIES. INDIAN PREFERENCE WILL APPLY. UPON PRESENTATION OF DD-214 WHICH REFLECTS HONORABLE DISCHARGE, APPLICANTS WILL RECEIVE VETERAN’S PREFERENCE POINTS. Please visit our website at www.boisforte.com to download an application. Applications are accepted via: Fax, Email, U.S. Mail, and In Person. Submit applications to: Human Resources Specialist 5344 Lakeshore Drive, Nett Lake, MN 55772, Fax: 218-757-3312, hrgeneralist@boisforte-nsn.gov Applications received after the closing date will not be accepted.