



# Bois Forte Band of Chippewa

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

## BUSINESS OFFICE / PURCHASE REFERRED CARE MANAGER

### Position Description

<b>Opens: August 10, 2021</b>			
<b>Closes: August 24, 2021</b>			
<b>Department:</b>	Health	<b>Reports to (title):</b>	Health and Human Services Director
<b>Job Code:</b>	E-14	<b>Job Location:</b>	Bois Forte Tribal Government
<b>Pay Range:</b>	Negotiable	<b>Supervises:</b>	Billing Specialist Certified Medical Coder Medical Registration Clerk Clinic Administrative Assistant Patient Benefits Case Managers
<b>Hours/week:</b>	40	<b>Classification:</b>	Exempt
<b>Type of Position:</b>	Full-Time	<b>Effective Date:</b>	05/22/2017
		<b>Revised Date:</b>	08/09/2021

### 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 Business Office/ Purchased Referred Care Manager manages the payments, co-pays, denial or any other services that may be provided by the following programs: Medical, Surgical, Dental, Behavioral Health, and clinical services for all eligible beneficiaries in conjunction with, or in lieu, of Purchased Referred Care (PRC) and or private insurances. This position supervises the Patient Benefits Case Managers, and oversees the Purchased Referred Care program, to include the referral process, compliance with federal eligibility rules, with the objective of ensuring prompt payment of claims. Coordination and development of operating policies and procedures, and participation in operational planning are key aspects of this position. The Business Office / Purchased Referred Care Manager facilitates and provides secondary support for the implementation, integration, and ongoing use of multi-services clinical software applications used in the electronic health records system. This position additionally oversees all ongoing activities related to the development, implementation and maintenance of the organization’s privacy policies in accordance with the applicable federal and state laws.

### ESSENTIAL DUTIES, FUNCTIONS, & RESPONSIBILITIES

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1. Manages the Business Office and the employees responsible for this function. Develops billing policies and procedures, and reviews the processing of insurance billing, accounts receivable collection, billing rejections and resolutions, and point of sale denials on a timely basis.
2. Researches and resolves aged claims and accounts receivable. Analyzes and evaluates processes related to information flow and operational tasks. Serves as a liaison and facilitates coordination between service lines involved in these processes.
3. Creates a positive environment for reporting application and/or system deficiencies and suggestions for system improvements and enhanced functionality.
4. Manages, coordinates and provides training to clinical staff on current software applications and new features, and ensures training is scheduled for new users.
5. Promotes an awareness of the importance of data validity and data security.
6. Coordinates correction activities to eliminate deficiencies and errors occurring in electronic records.
7. Collaborates with IT staff and other application coordinators to implement integrated software packages, and resolve conflicts; provides secondary support on related software modules to ensure smooth operations in areas where package scope overlaps or is integrated with other services' functions.
8. Maintains up-to-date expertise and knowledge of healthcare billing laws, rules, and developments necessary for the organization to make informed business decisions.
9. Implements and submits required documentation for the Catastrophic Health Emergency Fund (CHEF) to the Bemidji Area Indian Health Service office.
10. Manages the Purchased Referred Care Program and supervises employees supporting this function, to include: providing oversight for Tribal Sponsorships, performing both recurring and special assignments, and demonstrating knowledge of the PRC Program and services including an awareness and understanding of the purpose, objectives, commitments and priorities.
11. Supervises the receipt of all alternate managed care resources claims to ensure claims are complete with appropriate supporting documents, to include utilization review certifications.
12. Verifies the accuracy and authorization of health claims, determines that services billed are allowed by appropriate regulations, decisions, directives and other controlling guidelines, identifies errors, omissions, duplications in documentation, and contacts the appropriate individuals to resolve problems.
13. Identifies inconsistencies and/or discrepancies in medical documentation, and notifies the appropriate providers and/or other departments within the facility for complete charge capture and abstraction.
14. Manages the credentialing and health plan contracts and provider enrollment for Medical, Dental, Mental Health, and Pharmacy.
15. Acts as the primary contact person and liaison for insurance billing companies, notifies the insurance carrier to ensure timely service and reimbursement processing, and contacts insurance billing representatives when an error in payment or provider write-offs is identified.
16. Develops, implements, and monitors billing policies and procedures for programs involved in the billing process.
17. Implements provider enrollments and updates for medical, dental, pharmacy, CD, and mental health, ensuring all providers are added to all appropriate billing systems.
18. Prepares comprehensive management reports to aid in the timely analysis of revenue generated.
19. Follows HIPAA and data privacy guidelines and safeguards for reimbursement claims and medical records, maintains confidentiality and professional ethics at all times.
20. Maintains current knowledge of applicable federal and state privacy laws and accreditation standards, and monitors advancements in information privacy technologies to ensure organizational adaptation and compliance.
21. Performs other duties assigned.

### **MINIMUM MANDATORY QUALIFICATIONS**

#### Experience:

- Five years of experience in medical third party billing
- Three years supervisory experience

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- Education:
- Associate's Degree in Business Management or related field
- License/Certification:
- None
- Mandatory Knowledge, Skills, Abilities and Other Qualifications:
- Knowledge of various third party requirements to include: Medicare, Medicaid, private insurance, availability of health care resources, rules of eligibility for medical and other available programs to assist in the payment of health care costs.
  - Knowledge of broad range of patient care activities, working knowledge of a clinic or hospital environment and how the different services and functions interact.
  - Must be familiar with the IHS (Indian Health Services) procedures, PRC (Purchased Referred Care) applications, notifications, eligibility, denial/approval, and appeal processes with the ability to gather information from face-to-face interview or by telephone with patients, private contracted or open market providers such as medical records departments, business office personnel or collection agencies.
  - Knowledge of reconciling accounts from paid documents, Explanation of Benefits Records (EOBR), and SHR-424 Health Accounting System Financial Reports from NAIHS/Financial Management Brand and medical insurance providers.
  - Able to communicate effectively with peers and superiors, to speak in front of groups and to communicate in writing policies, procedures, memoranda's and training materials.
  - Capable of operating and communicating effectively while under pressure.
  - Experience serving as a liaison between groups within an organization, as an effective member of organizational teams, and in coordinating software implementation projects.
  - Ability to work independently, to plan, coordinate and implement projects and to complete projects on schedule.
  - Knowledgeable and able 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 all third party claims submission processes, and able to keep current on changes in policies and regulations pertaining to eligibility.
  - Knowledge of established procedures, required forms and processes, associated with the various third party payers.
  - 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.
  - Able to analyze complex medical and regulatory information to arrive at the most logical and advantageous method of billing.
  - Capable of exercising considerable tact in maintaining effective work relationships with various employees, clients and patients.
  - Position requires extreme accuracy and timeliness in all phases of work.
  - 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 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.
  - Knowledge of Bois Forte and its people, culture and customs.
  - Excellent communication skills, both verbal and written, with the ability to effectively communicate with the public, visitors and other delegates.
  - Ability to assemble, maintain records and present data in report forms.

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- Strong organizational skills and attention to detail and accuracy.
- Able to work with diverse groups effectively and establish solid working relationships.
- Capable of working independently, and resolving problems quickly and efficiently.
- Able to multitask in a fast-paced environment, with minimal supervision.
- Able to teach, speak, demonstrate and hold discussions effectively in front of and with various groups and individuals.
- Knowledge of Data Privacy Act and HIPAA regulations
- Knowledge of Microsoft Office Suite (Word, Excel, etc.), internet software and appropriate storage of electronic files.
- Working knowledge of current Electronic Health Records system, Dentrix, and Purchased Referred Care software is required.
- A record of satisfactory performance in all prior and current employment as evidenced by positive employment references from previous and current employers.

### **PREFERRED QUALIFICATIONS**

- Bachelor's 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 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**

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Confidentiality:	All employees must uphold all principles of confidentiality to the fullest extent. This position may have 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 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](http://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](mailto:hrgeneralist@boisforte-nsn.gov) Applications received after the closing date will not be accepted.**