



Lummi Indian Business Council

2665 Kwina Road · Bellingham, Washington 98226 · (360) 312-2000

'Working together as one to Preserve, Promote and Protect our Sche Lang en'

JOB ANNOUNCEMENT

JOB TITLE: CHS Claims Screener & Processor

Contract Health Services (CHS) Lummi Tribal Health Center (LTHC)

****READVERTISE****

OPEN: July 19, 2018

EXEMPT: No

SALARY GRADE: (5) \$14.35 - \$16.07

SHIFT: Day

LOCATION: LTHC

DURATION: Regular Full-time

CLOSES: July 25, 2018

JOB CODE:

DIVISION: Health & Human Services

DEPARTMENT: Healthcare Business Office

SUPERVISOR: CHS Supervisor

VACANCIES: 2

JOB SUMMARY: Screen CHS bill claims for payment or denial and CHS eligibility. Incumbent will verify insurance and other factors to determine CHS eligibility.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES include the following, and other related duties as assigned:

1. Open/Sort daily incoming mail and bill statements from patients.
2. Take all incoming phone calls and route call to appropriate CHS Processor
3. Screen patient claims for other insurances on insurance websites & update insurance information on RPMS/Moonwalk.
4. Check and screen their CHS eligibility as it pertains to CHS policy.
5. Notify vendors of patient's other insurance if any, by phone, mail or fax.
6. File processed claims and patients bill statements.
7. Check patient referrals on file.
8. Identify other possible alternate resources.
9. Identify claims paid upon request by a provider. Keep providers informed of CHS billing procedural requirements, and LTHC/CHS liability.
10. Send denials to patient and vendor, keep copy for records.
11. Responsible to ensure proper and timely notification to patients and others of denial services and of payment of services in accordance with LTHC regulations governing contract health care.
12. Keep track of W-9 forms, then put them in Vendor list & send to Finance.
13. Request W-9's for new vendors.
14. Prepare all boxes that need to be archived.
15. Cross Train to be able to assist other CHS staff with claims as needed to minimize backlog, when needed.

CROSS-TRAIN JOB DUTIES & RESPONSIBILITIES:

1. Input ER data into excel for data statistics / patient statistics.
2. Create invoice (P.O.), pay invoice (P.O.), print EOB
3. Prepare CHS vouchers at proper payment dates, attach proper documentation and input to the computer. Balance accounts payable printout to batch tape.
4. Input Outpatient cost data into excel for monthly savings statistics.

5. Identifies possible alternate resources, maintains CHS billing and payment records. Identifies claims paid upon request by a provider. Keeps providers informed of CHS billing procedural requirements, and LTHC/CHS liability.
6. Responsible to ensure proper and timely notification to patients and others of denial services and of payment of services in accordance with LTHC regulations governing contract health care.
7. Review and calculate DRG claims and repricing on all inpatient claims for all hospitals.
8. Review and calculate Medicare Like Rate for facilities and professional fees on outpatient claims for all hospitals & vendors.
9. Receive refund checks from vendors, apply charge line to check, attach batch slip and send to cash receipts for posting, wait for receipt and attach receipt to statement. Send refund request where applicable.
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11. CHEF Case filing and tracking – patient tracking nearing CHEF case status.
12. Process Appeals as they come in – attach all information required and route to appropriate person for approval or uphold denial.
13. Process & Pay Dental Claims.
14. Process third party checks entries.

KNOWLEDGE, ABILITIES AND SKILLS:

- A basic knowledge of the CHS Program and LTHC policies procedures and regulations.
- Knowledge of provider service program and CHS problems encountered.
- Knowledge of CHS eligibility and priority requirements.
- Knowledge of Medicare Like Rates
- Knowledge of third party reimbursement sources and their procedure, e.g., Medicare, Medicaid, Veterans Administration, private insurance etc., in order to supplement budget as much as possible from outside sources.
- Understanding of Contract Health Service Regulations
- Must operate ten key adding machine skills with speed and accuracy.
- Must have filing experience and good organizational skills.
- Must have good communication skills, both oral and written.
- Ability to sit for long periods at computer.

MINIMUM QUALIFICATIONS:

- Lummi/Native American/Veteran preference policy applies.
- Must have High School Diploma or GED.
- 1 Year experience with Microsoft Word/Excel.
- 1 year experience working in a healthcare or professional setting.
- Previous CHS work experience *preferred*
- 1 year Experience in RPMS program other healthcare software *preferred*.

REQUIREMENTS:

- Must pass pre-employment and random drug and alcohol test to be eligible for and maintain employment, as required by the LIBC Drug & Alcohol Free Workplace Policy.
- This position is subject to extensive Criminal Background Check.

TO APPLY:

To obtain a Lummi Indian Business Council (LIBC) application go to: <http://lnnr.lummi-nsn.gov/LummiWebsite/Website.php?PageID=376> or request by e-mail libchr@lummi-nsn.gov
For more information contact the HR front desk (360) 312-2023. Submit LIBC application, cover letter, resume & reference letters no later than 4:30 p.m. on the closing date listed above. If listing degrees or certifications include copies. Mailing Address: 2665 Kwina Road, Bellingham, WA 98226. Human Resource Fax number: 360-380-6991.