



Lummi Indian Business Council

2592 Kwina Road · Bellingham, Washington 98226 · (360) 312-2492

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

JOB ANNOUNCEMENT

JOB TITLE: Claims Processor/ Data Entry/ MLR Adjuster III
Contract Health Services (CHS)

OPEN: August 8, 2018

EXEMPT: No

SALARY GRADE: (6) \$16.50-\$18.48

SHIFT: Day

LOCATION: LTHC

DURATION: Regular Full Time

CLOSE: August 14, 2018

JOB CODE:

DIVISION: Health & Human Services

DEPARTMENT: Business Office Dept.

SUPERVISOR: CHS Supervisor

VACANCIES: 1

JOB SUMMARY: Working in the Financial Division of the Health Center, individual is primarily responsible for repricing health claims for Hospital services. This position may serve as a delegate for the CHS Supervisor, when requested.

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

1. Screen patient claims for eligibility, including other insurances, adjust & process claims from vendor list.
2. Work hand in hand with patients in understanding CHS and alternate resources available, also work with patients on referral and bill pay issues.
3. Must be able to interface with LTHC personnel; health care professionals; representatives of state county and federal welfare agencies; health care agencies; patients and their families; Contract Health providers, tribal representatives in a courteous and informative manner.
4. 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.
5. 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.
6. Coordinate the methods and systems established for identifying and referring patients for use of third-party resources; coordinate operation of the CHS Program; provide technical CHS advice and assistance to LTHC staff and providers; provide information to patients about CHS services and regulations.
7. Checks and verifies health insurances online.
8. Will send any updates on patient demographic information to Patient Registration or to another CHS staff, if needed.
9. Keep updated on Excel Spreadsheet for vision expenditures.
10. Process & pay claims assigned by vendor, A-M, N-Z, or All hospital.
11. Create invoice (P.O.), pay invoice (P.O.), print EOB's in RPMS.
12. Create checks, balance checks before they print in Accufund.
13. Send claims out to appropriate companies for readjusting on a timely manner.
14. Send denials to patient and vendor, keep copy for records.
15. Input ER data into excel for data statistics / patient statistics.
16. Input Outpatient cost data into excel for monthly savings statistics.

17. Review and calculate DRG claims and repricing on all inpatient claims for all hospitals.
18. Review and calculate Medicare like Rate for facilities and professional fees on outpatient claims for all hospitals bills.
19. Prepare CHS vouchers at proper payment dates, attach proper documentation and input to the computer. Balance accounts payable printout to batch tape.
20. Enter check numbers in RPMS system; file invoices.
21. 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.
22. Notify vendors of patient's other insurance if any, by phone or mail.
23. Enter adjustments for payment in RPMS and Accufund for processing of payments.
24. Attach copies of checks to EOB and mail to CHS vendors.
25. Coordinate CHS medical review committee in reviewing all referrals, helping in writing policies and procedural updates, as needed.
26. Process payment from Referrals-looking at medical necessity, eligibility, patient status.
27. Process Appeals as they come in and attach all information required to route to appropriate person for approval or uphold denial.
28. CHEF Case filing and tracking – patient tracking nearing CHEF case status.
29. Work with vendors and staff in billing, payment issues.
30. Maintain good working relationship with co-workers.
31. Keep track of W-9 forms, then put them in Vendor list & send a copy to Finance.
32. Supervision of Contract Health Services staff in the absence of the CHS Supervisor
33. Other duties as assigned.

MINIMUM QUALIFICATIONS:

- Must have High School Diploma or GED.
- 2 to 3 years experience with verifying health insurances, *required*
- Accufund or accounting software programs, *preferred*
- 3 to 4 years Experience in RPMS program, *required*.
- 3 to 4 years Previous CHS work experience, *required*
- Must obtain the MLR Training within 1 year, *required*.
- 3 years Microsoft Outlook, Word and Excel experience *required*
- Lummi/Native American/Veteran preference policy applies.

KNOWLEDGE, ABILITIES AND SKILLS:

- Ability to maintain a good working relationship with co-workers
- 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.
- Previous CHS work experience preferred
- Knowledge of Medicare Like Rates
- Understanding of Contract Health Service Regulations
- 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.
- Proficient in Microsoft Word and Excel
- Must operate ten (10) 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.

- Must have the ability to maintain strict confidentiality in all work related areas and must be consistent with the Lummi Nation's Policies

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.
- LIBC Drug Free Workplace policy applies
- Must attend all relevant training for Billing Certification, and as requested by immediate supervisor

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.