



# 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:** PRC Billing and Claims Specialist III  
Purchased & Referred Care (PRC)

**OPEN:** May 4, 2026

**EXEMPT:** No

**SALARY:** (9) \$26.48-\$29.82/hr. DOE

**SHIFT:** Day

**LOCATION:** 2592 Kwina Rd.

**DURATION:** Regular Full-Time

**CLOSES:** May 8, 2026

**JOB CODE:**

**DIVISION:** Health & Human Services

**DEPARTMENT:** Healthcare Business Office Dept

**SUPERVISOR:** PRC Supervisor

**VACANCIES:** 1

**JOB SUMMARY:** The Purchased & Referred Care (PRC) Specialist III screens and processes patient bills, claims, and explanation of benefits for payment or denial based upon PRC Policy. Incumbent will verify insurances and other eligibility criteria to determine PRC eligibility.

## **ESSENTIAL JOB DUTIES AND RESPONSIBILITIES**

### **Administrative**

1. Answer incoming calls and return call messages.
2. Checks emails, voicemails, and EPIC in-basket daily.
3. Screen patient billing statements for insurances on insurance websites & update insurance EPIC.
4. Check and screen patient PRC eligibility as it pertains to PRC policy & procedures
  - a. Send 90-day PRC Letters to patients as needed from the EPIC software.
  - b. Updates PRC eligibility within EPIC.
  - c. Checks EPIC in-basket messages daily.
  - d. Sends secure messages via EPIC in-basket, when needed.
  - e. Verifies referrals within EPIC.
5. Notify vendors of patient's other insurance if any by mail or fax
6. Review CMS-1500, ADA, or other claim forms and ensure the appropriate vendor is selected by name of business and address provided.
7. Understands what Explanations of Benefits (EOBs) is, and how to review and process patient responsibility on claims.
8. Apply Medicaid, Medicare, and Private insurance benefits/laws/regulations to understand PRC responsibility on patient bills processed.
9. File processed claims and patients bill statements
10. Check patient referral on file
11. Responsible for ensuring timely notification to patients and vendors of denials and/or of payment in accordance with LTHC governing contract.
12. Process & Pay Dental Claims and/or Hospital, ER, and/or Same Day/Walk-in Clinic Claims
13. Identify claims paid upon request by a provider. Keep providers informed of PRC billing procedural requirements, and LTHC/PRC liability.

14. Responsible for updating a directory of the PRC staff vendors assigned to each employee, as needed by the PRC Supervisor.
15. Request new W-9 forms, if needed and then provide to supervisor to provide to LIBC finance.
16. Prepare all boxes that need to be archived.
17. Participate in meetings and trainings, as requested.
18. Must have reliable internet service at home, if a schedule is established to work from home.
19. Other Duties as Assigned

### **Plexis**

20. Process claims through the new software Plexis either electronically or via paper.
21. Review and calculate Medicare Like Rate/RVRBS/other applicable fee schedules/contracted rates for facilities and professional fees on outpatient claims for all hospitals & professional services.
22. Check information will be entered into Plexis to Finance's accounting software, then Finance accounting data will be exported to the Plexis software.
23. Update medical group and provider information, as claims come into Plexis.
24. Notify the PRC Supervisor and Business Office Director when there are errors in Plexis to add to the PRC benefits contract, such as a missing CPT/HCPCS/ADA codes or benefits contract issues.
25. Adds hospital related referrals within Plexis.

### **Accounting**

26. Utilize Work Order (WO), the Internal Purchase Order Form or Plexis Internal Purchase Order, and the Accufund report to process checks requests from Finance.
27. Create checks, balance checks before they print in Accufund, then send a secure email to Finance with the request to release the checks.

### **MINIMUM QUALIFICATIONS**

- Must have High School Diploma or GED.
- Must have reliable internet service
- Four (4) years of experience in medical office
- Four (4) years of experience with claims management software medical claims processing software
- Three (3) years of experience with billing or PRC claims processing; OR
- Four (4) years of experience working with Medicaid, Medicare, and Private Health Insurance requirements and regulations.

#### **OR**

- Associate's degree in medical Billing, Medical Coding or related field
- Four (4) years of experience in medical billing or PRC claims processing
- Four (4) years of experience with claims management software medical claims processing software
- Two (2) years of experience in medical office
- Four (4) years of experience working with Medicaid, Medicare, and Private Health Insurance requirements and regulations

#### **OR**

- Bachelor's degree in accounting, Healthcare Administration, Healthcare Information Management, or related field with two (2) years of experience in a medical office, working with a claims management software, and billing or PRC claims processing.
- Two (2) years of experience in medical billing or PRC claims processing

- Two (2) years of experience with claims management software medical claims processing software
- One (1) years of experience in medical office
- Two (2) years of experience working with Medicaid, Medicare, and Private Health Insurance requirements and regulations
- Lummi/Native American/Veteran preference policy applies

**KNOWLEDGE, ABILITIES AND SKILLS:**

- A basic knowledge of the PRC Program and LTHC policies procedures and regulations.
- Knowledge of provider service program and PRC problems encountered.
- Knowledge of PRC 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., to supplement budget as much as possible from outside sources.
- Knowledge of PLEXIS Claims Management process
- Understanding of Purchased and Referred Care Regulations
- Proficient in Microsoft Word and Excel
- Skilled in using PLEXIS, EPIC and RPMS or other healthcare software
- 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.

**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 requires regular contact with or control over Indian children and is therefore subject to successful and extensive criminal background check, CAMIS background check.

**TO APPLY:**

To obtain a Lummi Indian Business Council (LIBC) application go to: <https://www.lummi-nsn.gov/widgets/JobsNow.php> or request by e-mail [libchr@lummi-nsn.gov](mailto: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.