

PATIENT BENEFITS COORDINATOR – TRENTON COMMUNITY CLINIC JOB SUMMARY

Purpose

The Patient Benefits Coordinator will be responsible for identifying and assisting eligible beneficiaries with the enrollment and/or re-enrollment of alternate resources for the Trenton Community Clinic. Alternate resources are other sources of health care or health care that is available and accessible to an individual such as Medicare, Medicaid, and many other resources.

This position assumes responsibilities in providing quality customer and patient services in accordance with current clinical standards, policies and procedures while providing a commitment to quality healthcare and excellent customer service. This position will be full-time, Monday – Friday, 8:00 AM to 4:30 PM.

Responsibilities

- Promotes an organizational culture that embraces the values of respect, caring, support, effective communication, teamwork, collaboration, accountability, and responsibility; and works with all staff to create and maintain a workplace environment reflective of such values
- Assists patients in application for and use of alternate resources, works closely with medical reception and patient registration services and other staff in identifying all alternate resources available. Resources may include:
 - Medicare – Parts A, B, or D
 - Medicaid
 - Veteran’s Benefits such as CHAMPUS, CHAMPVA, and TRICARE
 - Sanford Medicaid Expansion
 - Crippled Children’s Services
 - Private Insurance
 - Auto Insurance (liability)
 - State Vocational Rehabilitation
 - State Maternal and Child Health Programs
- Provides information on rights and responsibilities, as well as advantages for these types of resources and at a minimum, the ‘requirement to apply’ if reasonable indication exists that a patient may be eligible for such resources. Refusal to apply for or refusal to utilize an alternate resource requires a denial for purchased referred care (PRC), and individuals will be eligible for ‘direct’ services only. Utilizing an alternate resource allows the Trenton Community Clinic to bill such resources for payment/reimbursement of related services.
- Visits with patients to finalize documents necessary for assistance approvals, obtaining relevant medical evidence, statements and all other documentation required for eligibility determinations
- Submits patient’s applications accurately and timely to appropriate agencies, follows application status to completion and updates account with verified information
- Performs continuous research and updating of information involving rules and regulations for alternate resources, which may include attending trainings, conferences, and workshops
- Tracks and creates reports to showcase program functionality such as a monthly report of total new applications, status of applications, approved, denied, etc. and other reports as needed or requested
- Partners and performs closely with the medical reception department ensuring accurate and current patient data is collected and maintained physically and electronically. Assisting with the creation, collection of eligibility documents, importing of personal information and documents, etc. Patient registration and the management of patient data is critical. Using the patient registration application ensures that the most accurate patient data is

maintained, and provides a means of tracking a complete, accurate, and current patient profile to assist in evaluation, and billing of patient care provided.

- Performs pre-visit insurance verifications for all healthcare related medical and dental services
- Ability and willingness to be cross trained within the dental department which may include dental assisting, Dentrix coding and billing, etc.
- Will be responsible for maintaining site access to the personal health record (PHR) and verifies identities to grant client access into the PHR system serving as the sites PHR Registration Clerk
- Demonstrates the utmost diplomacy and tact while providing excellent customer service
- Practices safe work habits in compliance with safety rules and regulations
- Utilizes clinic resources appropriately and adheres to all guidelines, policies, and procedures
- Adheres too, and upholds HIPAA regulations, requirements, and trainings
- Additional responsibilities may be assigned as appropriate, this summary is not considered to encompass all responsibilities

Physical Demands

- Regularly required to stand, talk and hear
- Frequently required to walk; use hands to finger, handle, or feel; and reach forward with hands and arms.
- Fine motor skills
- Visual acuity

Qualifications

- High school diploma or GED equivalent
- Two (2) years of experience in a healthcare patient benefits coordinating setting preferred
- Previous experience with dental billing and coding specifically Dentrix applications preferred
- Ability to demonstrate excellent observation, problem solving, verbal and written communication skills
- Ability to utilize electronic health record systems, related applications and computer systems, software's, phone systems and other standard office equipment
- Must be detailed oriented and demonstrate strong organizational and interpersonal skills
- Valid driver's license with acceptable motor vehicle record
- Must be willing to travel as needed and requested
- Demonstrate awareness, sensitivity, and appreciation of Native American culture, traditions, customs and needs
- Ability to successfully pass all pre-employment requirements including a drug/alcohol test and background investigation

Application Details

If you are interested in being considered for employment with the Trenton Indian Service Area, please visit the Trenton Indian Service Area Website. Applications can be printed from the website or picked up from the Trenton Indian Service Area.

Applications can be delivered to the Trenton Indian Service Area Receptionist or emailed to Lacey Hippe, HR Director at lacey.hippe@mytisa.org.