



TRIBAL PERSONNEL DEPARTMENT

JOB ANNOUNCEMENT

JOB TITLE: **PRC Payment Coordinator**
SUPERVISOR: Business Office Supervisor
LOCATION: Peter Christensen Health Center
POST DATE: October 6, 2025
CLOSING DATE: October 20, 2025

General Description: The primary responsibility for this job is to understand and apply IHS PRC guidelines to coordinate and process vendor payments, DME processing, applying Medicare like rates and assisting billing staff.

Qualifications: High School Diploma or equivalency is required. Experience in working with the public, with a demonstrated ability to maintain confidentiality required. Experience in clinical or office setting preferred.

Salary: \$17.00-\$21.00/per hour depending on qualifications.

How to Apply: Submit your written request for a job transfer to the Supervisor/Manager. The request should indicate the reason for the transfer and title of the position. An updated application for employment, and notarized release of information form by the deadline. Applications and detailed job descriptions can be located via website www.ldftribe.com or are available at the William Wildcat Tribal Center in the Human Resources Department. Please submit your application materials to:

Human Resources Department
P.O. Box 67
Lac du Flambeau, WI 54538
715-588-3303
Email: hr@ldftribe.com

Native American preference will be applied to hiring of this position as defined in Title 25, U.S. Code, Chapter 14, Subchapter V, subsection 273 & 274. We are an equal opportunity employer with preference given to qualified Native American applicants in accordance with federal law and tribal policy.

Lac du Flambeau Band of Lake Superior Chippewa Indians
Nonexempt Position Description

A. TITLE OF POSITION: PRC Payment Coordinator

B. DEPARTMENT: Peter Christensen Health Center

C. SUPERVISOR'S TITLE: Business Office Supervisor

D. DESCRIPTION OF DUTIES: The primary responsibility for this job is to understand and apply IHS PRC guidelines to coordinate and process vendor payments, DME processing, applying Medicare like rates and assisting billing staff. Specific responsibilities include, but are not limited to the following:

1. Reviews incoming claims and Explanation of Benefits (EOB) to determine if referrals have been issued and if not, researches appropriate staff to contact the patient for information.
2. Review insurance deductibles and balances for accuracy and payment.
3. Interprets Federal rules and regulations following explicit guidelines in order to determine patient eligibility for various referral health services.
4. Answers inquiries from patients on PRC eligibility and various health services.
5. Process provider Durable Medical Equipment (DME) requests and assures appropriate documentation is available for payment coverage.
6. Answers telephone and written inquiries regarding eligibility requirements, payments, outstanding charges and other questions concerning the PRC program.
7. Maintains strict confidentiality in responding to inquiries using various electronic and manual communications methods.
8. Creates patient or vendor communications to resolve billing/payment issues.
9. Process pertinent information from documents and billing forms such as issuing authorization numbers, entering information into record books, entering information into the computer in a timely manner, photocopying, cross referencing, and other related tasks.
10. Maintains electronic payment information in the patient's records, including check numbers, dates, covered invoices, etc. within one week of processing the check.
11. Enters information accurately into the patient's electronic health record.
12. Maintains clinic Accounts Payable charges for vendors to less than 45 days.
13. Educates providers as to appropriate methods to assure standards are achieved for maximum benefit allowance to patients and the clinic.
14. Interpret various alternate health funding resources outside of Purchased Referred Care to allow for maximization of patient, PRC and clinic resources.
15. Submit hospital/professional claims for repricing for Medicare like rates (MLR) prior to submitting payments for invoices.
16. Verifies and posts insurance payments to all patient accounts and forwards to all other billable resources needed to complete the process of payment in full.

17. Reconcile accounts receivable of corrected claim and reprocess as needed to complete transactions for all billable and reimbursable services within the clinic.
18. Verified patient registration and insurance information, correcting patient records.
19. Assist in developing departmental policies as necessary.
20. Maintains strictest confidentiality according to HIPAA standards and upholds confidentiality working with sensitive patient data.
21. Participates in mandatory trainings and completes assigned trainings.
22. Understands the principle of Quality Improvement and participates in appropriate QI projects.
23. Works toward achieving implementation of AAAHC certifications and conducts appropriate follow up.
24. Perform additional duties as assigned.

E. POSITION RELATIONSHIPS:

1. **Internal:** Frequent contact with PCHC staff.
2. **External:** Occasional contact with patients. Frequent contact with medical facilities, vendors and vendor support staff.

F. SUPERVISORY RESPONSIBILITIES: None

G. SUPERVISION RECEIVED: Performs work functions independently with minimal supervision received from the Business Office Supervisor.

H. EDUCATION: High School Diploma or Equivalency required.

I. EXPERIENCE: Ability to maintain organized and efficient work habits, experience in working with the public, with a demonstrated ability to maintain confidentiality required. Experience in clinical or office setting preferred. Should be conscientious, reliable, and require minimal supervision. Must possess a pleasant demeanor working with staff, patients, vendors and clients. HeartSaver certification required upon hire or to be obtained with 6 months of employment and maintained as offered by PCHC.

J. SKILLS:

1. Ability to type forms accurately.
2. Understand Indian Health Services Purchased/Referred Care Program.
3. Ability to interpret Explanation of Benefits statements.
4. Knowledge of standard format for memos, letters and reports.
5. Knowledge of basic health insurance concepts and patient reporting.
6. Ability to work under stress, be helpful to apprehensive patients, providers and vendors, and be firm in a professional way when necessary.
7. Ability to be organized, efficient, and timely in work habits, maintain a neat work area and meeting deadlines.
8. Demonstrated the ability by past work experience to be conscientious and reliable.
9. Demonstrated ability to maintain confidentiality, understanding and practicing the principles of HIPAA.
10. Must be willing to attend training as required.

