TRIBAL PERSONNEL DEPARTMENT



JOB ANNOUNCEMENT

JOB TITLE: Referral Services Coordinator

SUPERVISOR: Business Office Supervisor LOCATION: Peter Christensen Health Center

POST DATE: November 5, 2025 CLOSING DATE: November 19, 2025

General Description: The primary responsibility of this position is to understand and apply guidelines to coordinate prior authorizations processing with third party billers, physicians and patients/families to obtain pre-certification and authorization for most inpatient and outpatient services.

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. Experience with insurance referral and authorization processing preferred.

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

How to Apply: Submit your application for employment, and <u>notarized release of information</u> <u>form by the deadline.</u> Applications and detailed job descriptions can be located on our website <u>www.ldftribe.com</u> 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: Referral Services Coordinator

B. DEPARTMENT: Peter Christensen Health Center

C. SUPERVISOR'S TITLE: Business Office Supervisor

- **D. DESCRIPTION OF DUTIES:** The primary responsibility of this position is to verify eligibility, ensuring pre-certification, authorization, and referral requirements are met prior to the delivery of inpatient, outpatient and ancillary services. Specific responsibilities include but are not limited to the following:
 - 1. Initiates precertification and authorizations online, phone or written documentation for all day procedures, therapies, ancillary services and other direct care related services for all patients: tribal, direct or private. In addition, performs the same for private and direct patients for referrals outside of PCHC.
 - 2. Contacts insurance companies, primary care physicians, and patient families to coordinate services for out of network or denied services.
 - 3. Coordinates closely with Business Office Supervisor and billing staff for accuracy of documentation needed for 3rd party billing.
 - 4. Identifies the need for signature required for consent for treatment and financial agreements to pay per the status of patient.
 - 5. Inputs all pre-certification and authorization denied or approved into EHR/Practice Management accurately.
 - 6. Helps educate patient/guardian/parent about the managed care process and means of obtaining valid referrals and authorizations.
 - 7. Interpret Federal rules an regulations following explicit guidelines in order to determine patient eligibility for various referral health services.
 - 8. Answers inquiries from patients on non-PRC and refer to PRC eligibility and various health services.
 - 9. Process provider Durable Medical Equipment (DME) requests and assures appropriate documentation is available for payment coverage.
 - 10. Answers telephone and written inquiries regarding eligibility requirements, payments, outstanding charges and other questions concerning referrals that are non-PRC.
 - 11. Maintains strict confidentiality in responding to inquiries using various electronic and manual communications methods.
 - 12. 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.
 - 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 and Direct Care services to allow for maximization of patient, PRC and clinic resources.
- 15. Verified patient registration and insurance information, correcting patient records.
- 16. Assist in developing departmental policies as necessary.
- 17. Maintains strictest confidentiality according to HIPAA standards and upholds confidentiality working with sensitive patient data.
- 18. Participates in mandatory trainings and completes assigned trainings.
- 19. Understands the principle of Quality Improvement and participates in appropriate QI projects.
- 20. Works toward achieving implementation of AAAHC certifications and conducts appropriate follow up.
- 21. Performs additional duties as requested.

E. POSITION RELATIONSHIPS:

- **1. Internal:** Frequent contact with PCHC staff, patients.
- **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 and at times, the Health Director.
- **H. EDUCATION:** High School Diploma or equivalency required.
- **I. EXPERIENCE:** Experience in working with the public, with a demonstrated ability to maintain confidentiality required. Experience in a 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 within 6 months of employment and maintained as offered by PCHC.

J. SKILLS:

- 1. Excellent customer service, organizational, analytical, and prioritizing skills necessary to work in a fast-paced environment with multiple tasks done simultaneously.
- 2. Excellent communication and interpersonal skills necessary to gather and share information with families and team members in a courteous, professional and confidential manner.
- 3. Strong phone etiquette skills and ability to use phone communication for prolonged periods of time.
- 4. Ability to type forms accurately.
- 5. Understand medical referral processes and prior authorizations.
- 6. Ability to interpret Explanation of Benefits statements.
- 7. Knowledge of standard format for memos, letters, and reports.
- 8. Knowledge of basic health insurance concepts and patient reporting.
- 9. Ability to work under stress, be helpful to apprehensive patients, providers and vendors, and be firm in a professional way when necessary.

- 10. Ability to be organized, efficient, and timely in work habits, maintain a neat work area and meeting deadlines.
- 11. Demonstrated ability by past work experience to be conscientious and reliable.
- 12. Demonstrated ability to maintain confidentiality, understanding and practicing the principles of HIPAA.
- 13. Must be willing to attend training as required.
- 14. Ability to keep accurate records of referrals and generate reports for expenditures of funds.
- 15. Must be capable of presenting self in an amiable and professional manner on the telephone when conversing with patients and/or outside agencies.
- 16. Ability to interpret health insurance, Medicare and Medicaid to assist in coordination of benefits and to know what resources will pay in regard to medical services.

K. WORKING ENVIRONMENT:

- 1. Work Conditions: Fast paced medical office setting.
- **2. Exposure to Hazards:** May be potentially exposed to patients with communicable diseases. May be exposed to situations where a patient's behavior may create undesirable conditions.
- **3. Physical Requirements:** Prolonged sitting with occasional standing and walking. Lifting up to 10 pounds occasionally.
- L. BEHAVIOR: The vision, goals and objectives of the Lac du Flambeau Band of the Lake Superior Chippewa Indians requires the Referral Services Coordinator to perform in both a professional and personable manner. The manner in which the employee relates to fellow employees, customers and visitors is considered parallel in importance to technical knowledge and ability. Respect and consideration given to the dignity of each customer, visitor and fellow employee is a requisite of successful job performance. Any attitude or behavior that will tarnish the name or reputation of the Lac du Flambeau Tribe will not be tolerated and is subject to disciplinary action.
- M. OTHER: Demonstrate a strong commitment to cultural beliefs and values of the Lac du Flambeau Band of Lake Superior Chippewa Indians and the governing Tribal Council. Practices cultural sensitivity at all times, recognizing the respective diverse work styles within the organization and the Lac du Flambeau community. Must submit to a drug test prior to commencing employment and random testing thereafter. Criminal background check required applicable to the job description. Employee must provide proof of immunity to measles, mumps, rubella, at the time of employment. As an employee of the Tribe, he/she will be subject to the Policies and Procedures of the Lac du Flambeau Band of Lake Superior Chippewa Indians.

N. SIGNATURES:

| Employee | Date | Manager | Date |
|----------------------|------|-------------------------|------|
| Previously signed | | _Previously signed_ | |
| Tribal Administrator | Date | Human Resource Director | Date |