



# Cow Creek Government Office

## Referral & Prior Authorization Coordinator

Job Code: 2270  
Department: CCH&WC  
Location: Roseburg/Canyonville, OR.  
Minimum Hourly: \$17.64

### POSITION PURPOSE:

The Clinic Referral & Prior Authorization Coordinator is the first impression patients and guests have of the Cow Creek Health & Wellness Center and the Cow Creek Tribe. Clinic Referral & Prior Authorization Coordinators assure an excellent experience for all patients, guests and staff. The position requires excellent organizational and motivational interviewing skills while providing outstanding customer service while gathering data, schedule appointments, providing accurate, helpful information to our patients and users. The employee will promptly, efficiently and accurately execute all aspects of the prior authorization and referral process in accordance with regulatory requirements in a timely manner and keep patient and primary care team informed when there are delays or denials from insurance or by provider referred to communicate all resolutions.

### ESSENTIAL FUNCTIONS:

- Working within a team environment, utilize medical office competencies, understand and apply written and verbal procedures and instructions.
- Support medical teams through managing consults, referrals, case management, patient reminders, follow-ups, and additional projects as required.
- Obtains and enters patient demographics; updates insurance and patient information with each visit to maintain accuracy for billing and patient health information.
- Understand and execute the principles of prior authorization to facilitate the right care at the right time. Able to solve complex prior authorization questions and issues.
- Ensures quality and accuracy of the patient insurance information and that listed certification periods, billing addresses, policy numbers, authorization numbers, etc. area all entered correctly.
- Refers authorization requests that require clinical judgement to the Nurse and/or PCP as directed.
- Respond to calls, emails and other inquiries regarding the status of outstanding referrals and/or authorization in a timely manner.
- Follow up and collect patient records from the referral source as needed.

- Follow up and ensure appointments are confirmed and patients know when their appointment is with the referral agency. Document in record when patient appointment is if the patient is making the appointment directly.
- Complete payer information form, payor change request forms, or patient referrals for Purchase and Referred Care team when needed for the purpose of meeting payer and client's needs to ensure accurate reimbursement.
- Maintain strict confidentiality; adheres to all HIPAA guidelines/regulations.
- Maintain a working knowledge of all programs offered by the Health & Wellness Center.

#### QUALIFICATIONS:

- High school diploma or GED, required.
- Two years Medical Office Experience required.
- Experience with scheduling referrals and consultation required.
- Experience with prior authorizations required.
- Strong working knowledge of office procedures, office equipment, word processing/computer experience and knowledge of government program rules and regulations.
- Proficient in Microsoft Office: Word, Excel, Outlook and Power Point.
- Must demonstrate proven effective interpersonal communication skills.
- Demonstrate the ability to work effectively with staff, local agencies and individuals from different cultural & ethnic backgrounds in a friendly and professional manner.
- Certified Medical Assistant, preferred.