

ALAMO NAVAJO SCHOOL BOARD, INC.
POSITION DESCRIPTION

TITLE: Pharmacy Billing Technician **EMPLOYEE TERM:** 12 month Full-time

DIVISION: Health Services **DEPARTMENT:** ClinicPharmacy

EXEMPT/NON-EXEMPT: Non-Exempt **FUNDING SOURCE:** IHS

QUALIFICATIONS:

1. High School diploma
2. Speaks both Navajo and English fluently and translates between languages in a Medical/pharmacy setting
3. Writes and reads English
4. Must be 18 years of age
5. **Successful completed the Pharmacy Technician Certification Board (PTCB) exam and must be registered with the New Mexico Board Pharmacy as a Certified Pharmacy Technician-Upon hire, employee has a year to complete this requirement.**
4. Working knowledge of hospital computer systems and software, including Greenway, Pharmaserv, PharmASSIST. McKesson prime vendor software (Mckesson Connect) Microsoft Office – Outlook, Excel, Word. Possess and maintain knowledge of operation, process, repair, and capabilities of all automated equipment within the pharmacy department.
6. Special qualification requirements include knowledge of drug and medication brand names, generic/chemical names, general and specific storage requirements, expiration date requirements, manufacturer/distributor sources, dosage forms, systems of weights and measures, and medical terminology in order to interpret physicians orders and verify that correct drug, dosage form, strength, and dose are prepared and dispensed.
7. Knowledge of the Federal & State laws, regulations, policy and procedures of pharmacy practice. Knowledge of the quality improvement (QI) process and the skills to participate in the process to improve patient care.
8. This position requires regular and recurring physical exertion, involving standing for long periods of time, lifting/carrying of pharmaceutical supplies weighing up to 40 pounds and bending and stooping.

INDIAN PREFERENCE: Preferential consideration for employment will be given to persons of documented Navajo, American Indian, or Alaska Native Tribal membership who meet the qualifications above in accordance with the requirement of P.L. 93-638 and the Navajo Nation Tribal Code.

SUPERVISED BY: Chief Pharmacist

SUPERVISES: None

PAYRANGE: General Salary Scale, Range G
Placement on Salary Range E - prior to Formal Certification

WORKING HOURS: Monday – Wednesday 8am to 5pm; Thursday 7am to 7pm, Friday 8am – 3pm

POSITION GOAL: The employee serves as a Billing Technician and Pharmacy Technician performing a combination of duties in both areas of billing and pharmacy. As a Billing Technician, the employee processes claims (billing and collection) on-line to health insurance carriers for the cost of pharmaceuticals furnished to patients who are covered by health insurance policies and have received treatment at the facility. The employee also provides claim processing for non-beneficiaries who receive medical services at the facility. As a Pharmacy Technician, the employee receives medication orders, interprets the orders, calculates and compounds the dosage, and dispenses the medications.

DUTIES AND RESPONSIBILITIES:

Creation of Claims: 35%

1. Receives patient medical records from the outpatient clinics daily reflecting care patient provided and medication prescribed/dispensed.
2. Receives the pharmacy prescription dispensing reports electronically via on-line billing system. Determines if the prescription written by the provider is billable as defined by IHS guidelines and inputs data into the system accordingly. Verifies prescription amount dispensed for reimbursement by Pharmacy Benefits Managers.
3. Ensures that prescription dispensed are entered into the system with the correct brand name or generic name, for this information is the key to the charge generated per visit and maintained in the accounting records.
4. Requests and obtains prior authorization for various pharmaceutical products from insurance companies. Receives and completes authorization forms providing all data required, obtains signatures, and returns as needed for processing of collection.
5. Contacts the healthcare provider for additional information when services rendered to patient and prescription written for the patient are not clear, or when more details are needed to complete the forms for the episode of care.
6. Retrieves medical records. Researches patient records, reconstructs incorrect or missing medical information required to prepare a valid insurance billing when data received is incomplete.
7. For new registrants, obtains medical charts from Medical Records and enters necessary data to identify insurance and benefits to start billing activities into the on-line billing system. Researches new insurance registrants for appointment history report to capture new and old billable visits. Calls insurance carriers to obtain overwrites for old visits.

Post-Billing, Accounting, & Follow-Up Functions: 25%

Researches and follows-up on rejected claims on-line in order to ensure maximum reimbursement to the facility. Works with the various Pharmacy Benefits Managers help desks to fix rejects within specified time frames. This includes telephone contacts and any steps necessary for satisfactory resolution of the claim. Documents all information in the EHR, Pharmaserve and on-line system package.

Develops and maintains files for the tracking of billing and reimbursement. Initiates inquiries either telephonically or by any viable means of written correspondence with insurance companies after pre-established time frames in order to determine why claims were rejected.

Post checks received from the insurance companies to the RPMS Accounts Receivables Package. Prepares end of month and quarterly status reports which list amounts billed, collected, and not

collected.Coordinates with Finance and Accounting Office to ensure reconciliation of accounts.

Maintains records and files in accordance applicable regulations and guidance. Responsible for maintenance of general files of directives, instructions, regulations, notices and correspondence related to Pharmacy Benefits Manager Program. Ensures there is documentation of all action(s) taken for adequate audit trails. Provides documentation to the insurance companies when requested for an audit.

Maintains records of each claim billed detailing history, noting what action was taken on each claim; the amount collected and percentage paid; the amount resolved as invalid billings; and the final account disposition. Posts checks received from insurance carriers, or patients (i.e., non-beneficiaries) to proper accounts.

Maintains on-line billing accounts to ensure validity of patient charges which constitute the major portion of the facility's accounts receivable. Reimbursements from these accounts are budgeted as a portion of the facility's operating fund. Maintains the interface between the various billing software and the Pharmaserve system. Processes payments received by pulling billing for accounts verification purposes, making appropriate annotations and submitting to the collection clerks.

Maintains and updates Pharmacy Benefit Managers contracts.

Serves as a technical resource for the on-line billing system program, provides on-going or orientation and training to staff personnel.

Pharmacy Technician Duties: 15%

Interviews patients and/or family member to obtain pertinent patient registration information i.e., demographic and alternate resource information. Obtains third party coverage information i.e., Medicare, Medicaid, and private insurance. Registers all data into Pharmaserve.

Receives and validates insurance registration information received at the time of the patient's visit and other beneficiaries of the patient's insurance. Calls numerous insurance companies to verify insurance coverage, amount of coverage, existing rules and regulations pertaining to patient's policy.

Explains and clarifies the importance of obtaining third party information. Explains options, entitlements, billing procedures, benefits and rights.Provides information on the process of on-line billing system.

Liaison Duties: 10%

Periodically liaisons with patient registration clerks/medical support assistants, and medical records technicians to provide initial or refresher training on their responsibilities to collect insurance information from beneficiaries at the point of service.

Acts as a liaison with the Indian Health Services and private insurance companies in order to inform them of billing methods and regulations.

Explains and answers questions regarding the on-line billing system to patients, physicians, pharmacists, insurance carriers, other facilities, and federal/state agencies (i.e., Medicaid/Medicare).

Monitors the patient data input into the Pharmaserve system. Coordinates corrections or changes to the patient data with the Patient Registration Office and the Medical Records. Assures the accuracy of patient data so that correct billing documents are produced. Locates discrepancies and determines source of error, and takes necessary remedial action. Ensures that accounts are established for non-beneficiaries in Pharmaserve and the patients are billed appropriately. Coordinates with other work units to resolve problems pertaining to the on-line billing system/Pharmacy Benefits Managers Program.

SPECIAL CONDITIONS:

1. This is a child sensitive position subject by law to finger printing and a criminal/character background investigation.
2. Pursuant to Resolution #R81029, the Employee is authorized by the Board to provide services to non-Indians living within or near the Alamo Navajo community boundaries on a fee-for-service or third party payment basis, provided that provision of such service does not interfere with the primary responsibility of the Alamo Navajo Health Center to meet its service obligations to Alamo Navajo community members and other eligible Indian beneficiaries.
3. The Employee is deemed to be an employee of the Federal government while performing work under the Board's Indian Self-Determination Agreement for purposes of Federal Tort Claims Act coverage. This status is not changed by the source of the funds used by the Board to pay the Employee's salary and benefits unless the Employee receives additional compensation for performing covered services from anyone other than the Board. The Employee's status for Federal Tort Claims Act purposes is also not affected by the Provision of services to non-IHS beneficiaries.
4. The Board's designated tort claim liaison with the Federal government is the Executive Director. Any tort claim (including any proceeding before an administrative agency or court) filed against the Employee or the Board that relates to performance under this Employment contract and the Board's Indian Self-Determination Agreement, should be reported by the Employee immediately to the Executive Director so that notification can be made to the Secretary of the Department of Health and Human Services pursuant to 25 Code of Federal Regulations 900.188.

EVALUATION: Will be evaluated in accordance with the Alamo Navajo School Board, Inc., policies and procedures.

BOARD APPROVAL: January 30, 2018

CERTIFICATION: “I have carefully reviewed the above description of the qualifications, duties and responsibilities of this position and certify acceptance of this description as completely accurate”.

Employee

Date

Immediate Supervisor

Date