Job Description Form

Job Title: Medical Referral Associate
Location: Philippines

Job Summary:

Reports directly to the Medical Referral Manager and responsible for collecting, processing and monitoring routine to moderate complex referrals and health care services data related to off-island medical referrals, responsible for verifying benefits to members in an effort to improve these services using established policies, procedures and guidelines and responsible for performing basic to routine medical management activities related to authorization of treatment requests to ensure efficient use of patient utilization systems, and quality care using appropriate medical resources.

Duties and Responsibilities:

1. Off-Island Medical Referral Coordination

   1.1. Inputs and processes authorization requests and authorizations per guidelines and according to defined time and accuracy standards.

   1.2. Reviews the health plan and other guidelines to ensure that services being provided to eligible members are within the scope of the benefit plan and contracted providers are being utilized.

   1.3. Issues letters of authorization and applies appropriate contracted or negotiated rates using established criteria.

   1.4. Provides members with verification of eligibility, interpretation of benefits, and appropriate contracted provider/facility.

   1.5. Screens and troubleshoots calls or walk-in’s regarding member care within scope of position. Routes members and provider concerns outside that scope to appropriate department or co-employees.
1.6. Maintains effective communication with members, providers, and other TakeCare staff to ensure adherence to company policies, guidelines and processes.

1.7. Corresponds with TakeCare Guam for coordination of members’ off-island referrals

1.8. Administers reports and maintains files of correspondence, medical records, and other documentation, as appropriate, to report status and to support workflow.

2. Medical Management

2.1. Reviews and analyzes medical information and provides assistance in reviewing, evaluating and determining the medical necessity of service treatment request to ensure that treatments are consistent with patient’s diagnosis.

2.2. Ensures correct and consistent application of decision support system i.e., Medical management Guidelines, Milliman Care Guidelines, etc.

2.3. Determines appropriateness of services based on consistent application of decision support system and takes responsibility in communicating this to providers, members and co-employees in a timely and effective manner.

2.4. Maintains ongoing database/documentation to monitor all activities/treatment and outcome plans for members. This should be in conformance with organizational policies and guidelines and compliant with government regulations.

3. Performs other duties that may be assigned from time to time.

**Job Specifications:**

1. Graduate of Bachelor’s Degree – RN License is required

2. Minimum of 3 years experience with impressive track record in collecting, processing and monitoring routine to moderate complex referrals and health care services data and performing basic to routine medical management activities related to authorization of treatment requests to ensure efficient use of patient utilization systems, and quality care using appropriate medical resources.


4. Effective team player. With very good interpersonal relationship skills and can work and relate well with co-employees, patients and customers.
5. Must have the behavioral sensitivity, maturity, diplomacy and tact in addressing complex situations and handling difficult customers.

6. Outstanding oral and written communication skills.

7. Strong ethics and a high level of personal and professional integrity.

8. Must have basic familiarity on government rules and regulations relating to healthcare management.

9. Computer literate and very highly proficient in using MS office programs.