



## **IDENTIFICATION**

<b>Department</b>	<b>Position Title</b>	
Health and Social Services	Health Care Services Team Lead	
<b>Position Number</b>	<b>Community</b>	<b>Division/Region</b>
49-3372	Inuvik	Health Services Administration

## **PURPOSE OF THE POSITION**

The Health Care Services Team Lead is responsible for providing technical guidance, support and mentorship to other unit staff on a day-to-day or project basis.

The position also performs regular ongoing unit work reviews and data audits, and by suggesting procedural updates of the business processing and system update activities for the unit to the Manager.

This position operates within applicable legislation, regulations, policies, procedures and guidelines.

## **SCOPE**

Located in Inuvik, the Health Care Services Team Lead reports to the Health Care Services Manager.

The Health Care Services Team Lead provides knowledge, advice, guidance and support concerning health care registration applications and/or requests for information, insured services and benefits offered through the Department of Health and Social Services for the Northwest Territories, to a variety of clientele, including physicians, billing personnel, NWT residents, and provincial and territorial jurisdictions throughout Canada.

The Health Services Administration office is the sole provider of Health Services administration services for the NWT. This position is responsible for providing Health Care to eligible residents of the NT in accordance with policies, guidelines, regulations, acts and legislation. The incumbent will contribute to the administration on average, 15,000 health

care applications processed annually. The unit team is also responsible for overseeing the administration of accurate payments for Insured services and Supplementary Health Benefits rendered in accordance with the *Medical Care Act, Territorial Health Information System (THIS) Act, Hospital and Medical Reciprocal Billing Agreements, Provincial/ Territorial Physician Fee Schedule* and GWNT Supplementary Health Benefit policies. On average 1,400 prior approvals will be reviewed annually.

The position is expected to provide specialized information on health services questions to the health centers, the private clinics, various dental clinics, numerous visiting specialists and the 45,000 residents of the N.W.T., as well as individuals within the Department of Health and Social Services. Other Territory/Provincial Agencies such as other health service providers, Government Departments, Statistics Canada, Elections Canada, etc. rely on the data collected at the Health Services Administration division to verify health care coverage. Other jurisdictions throughout Canada rely on the processing of payments for all medical services rendered outside of the Northwest Territories.

The position is required to perform regular ongoing unit work reviews and data audits and or data accuracy, and completeness on an ongoing basis.

The incumbent must also maintain an intimate working knowledge of the Health Management Information System (HMIS) computerized system which captures all health service encounters. Frequent technical questions, regarding the HMIS data, are directed to the position to ensure that the appropriate information is retrieved for budgeting, planning and analysis for other divisions within the Department of Health and Social Services.

## **RESPONSIBILITIES**

- 1. Gather and exchange information related to health care eligibility and insured services.**
  - Complete insured service surveys for territorial/provincial health departments.
  - Contact other jurisdictions to obtain information on their insured service programs.
- 2. Maintains the integrity of the Health Service components of the HMIS system and collaborates with systems personnel and Manager to ensure accuracy and reliability of the system.**
  - Consults and collaborates with computer staff concerning system problems and changes.
  - Reviews system reports to ensure the accuracy and reliability of the data entered into the System.
  - Works with system personnel and Manager to implement enhancements to the HMIS system.
- 3. Provides information regarding health services in accordance with the *Access to Information and Protection Privacy Act* and *Data Release Guidelines*.**

- Provides information to medical clinics, medical referral units, and the general public regarding services eligible for coverage under the Territorial Health Insurance Program.
  - Responds to concerns/complaints
  - Responds to inquiries from Law firms regarding third party claims.
  - Provides advice and interpretation to the staff, physicians, etc., regarding regulations and legislation.
  - Updates information materials for the public and/or interjurisdictional use, as directed
- 4. Assist the Manager with compiling program expenditures in order to provide commentary and recommendations to identify and/or correct problems and potential problems.**
- Compiles and analyzes information, as required, in order to identify trends,
  - Makes recommendations and solves potential problems in regard to budget projections and variances.
- 5. Responsible for providing operational process guidance, mentorship, and support to unit team members.**
- Participates in the orientation of employees to the workplace, including processes and procedures and the HMIS, HRIS/SAM systems
  - Assists the manager in developing general training resources, such as checklists and desk manuals
  - Provides process feedback and suggestions for the Manager's consideration
  - Leads team implementations of procedural changes
  - Assists the Manager with organizing day-to-day work activities and planning execution of longer-term goals and objectives
  - Provides troubleshooting support, operational guidance, and technical advice to other unit staff
- 6. Monitor, review and audit processing of Health Care applications, Newborn Applications, Extended Health Benefit and Metis Health Benefit applications, and all other requests in accordance with the applicable Inter-Provincial/Territorial Eligibility and Portability Agreement and NWT Health Care Guidelines.**
- Monitor the application process to ensure accuracy, efficiency, and data integrity
  - Provides action options to Manager regarding applications that are not within program guidelines
  - Liaises with Inter-provincial jurisdictions regarding eligibility and update of information for the clients
  - Verifies and reviews work of staff periodically to ensure client registrations are consistent with current governing legislation
- 7. Monitors and reviews claims and payments/reimbursements are consistent with acts, regulations, policies, directives and agreements and they are processed in an accurate and timely manner.**
- Provides guidance regarding the payment of unusual claims.

- Monitors and reviews the weekly Medicare and THIS pay runs to ensure payments are correctly and appropriately issued.
- Performs random checks Electronic Claim Submission claims, and Out of Territory claims to ensure validity and accuracy.
- Address concerns with billings directly with the Physicians and/or their representatives, and Hospitals and advise them when adjustments must be made.
- Consults with the appropriate medical personnel regarding claims not within program guidelines.
- Ensures the monthly reciprocal billing invoices are processed correctly and in a timely manner.
- Monitors payments made for the program, ensuring that service providers are paid in an accurate and timely manner, that information critical to planning and budgeting is accurately captured, that legislation is current, and that information is gathered to aid in decision making.
- Checks the validity of all personal reimbursements.
- Verifies claim assessments periodically.
- Maintains Electronic Claims Agreements appropriately for physicians.

**8. Monitor and audit prior approval requests from physicians for Out of Territory Insured Services/private facilities to the Chief Medical Advisor.**

- Provides knowledge, advice and guidance and support concerning the process for requests for services out of the Territory.
- Review and assist with communications to the clinic

**9. Compiles appropriate backup and reviews invoices to other provinces for their clients who have received services in the NWT, and initiates invoices to insurance companies and law firms for third party liabilities to ensure the GNWT collects monies due them.**

- Reviews reports for monthly reciprocal billing and recommends and verifies request for invoices.
- In accordance with Health Information Act (HIA) and Access to Information and Protection of Privacy Act (ATIPP), reviews and compiles appropriate client histories and provides law firms with a statement of benefits.

**WORKING CONDITIONS**

**Physical Demands**

No unusual demands.

**Environmental Conditions**

No unusual conditions.

**Sensory Demands**

No unusual demands.

## **Mental Demands**

The incumbent may travel approximately twice a year, for 2 to 4 days per trip. The incumbent is often faced with tight deadlines and urgent situations.

## **KNOWLEDGE, SKILLS AND ABILITIES**

- Knowledge of Generally Accepted Accounting Principles.
- Leadership and team building skills and ability to motivate and guide unit colleagues.
- Interpersonal communication and client service skills.
- Ability to analyze and compile data.
- Time management and organizational skills.
- Ability to work in a independently.
- Working understanding of various policies, *Acts* and Regulations
- Ability to maintain strict confidentiality.
- Ability to react to multiple demands within set time frames.
- Ability to operate efficiently in various computer applications (work processing, spreadsheets, data base, Internet, and Email programs).
- The ability to review pertinent information and make rational decisions and/or recommendations based on available information.
- The ability to analyze problems and prioritize/re-prioritize workload as needed.
- Knowledge of records management procedures to secure, maintain and archive files.

## **Typically, the above qualifications would be attained by:**

The knowledge skills and abilities for this position would generally be acquired through completion of a relevant diploma and three years related work experience. Work in a health care setting and project lead experience would be considered assets.

## **ADDITIONAL REQUIREMENTS**

### **Position Security (check one)**

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

### **French language (check one if applicable)**

- French required (must identify required level below)  
Level required for this Designated Position is:  
ORAL EXPRESSION AND COMPREHENSION  
Basic (B)  Intermediate (I)  Advanced (A)   
READING COMPREHENSION:  
Basic (B)  Intermediate (I)  Advanced (A)   
WRITING SKILLS:  
Basic (B)  Intermediate (I)  Advanced (A)
- French preferred

**Indigenous language:** Indigenous Language - Not Specified

- Required
- Preferred