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Job Title: Claims Management Coordinator

Job Summary:
The Claims Management Coordinator is responsible for managing and coordinating all claims-related activities at the health center. This role includes preserving documentation, reporting to regulatory bodies, liaising with legal counsel, and implementing risk mitigation strategies. The Claims Management Coordinator ensures compliance with Federal Tort Claims Act (FTCA) requirements and promotes a culture of safety and accountability within the organization.

Key Responsibilities:

1. **Claims Documentation and Preservation:**
    - Maintain and preserve all files and documents related to actual or potential claims or complaints.
    - Ensure that documentation includes incident reports, court filings, demand letters, communications, investigation reports, and settlement agreements.

2. **Reporting and Notification:**
    - Promptly send all court filings, demand letters, or communications from patients or attorneys to the U.S. Department of Health and Human Services (HHS) Office of General Counsel (OGC).
    - Notify the HHS OGC within 7 days of receiving any potential claim or lawsuit documentation.
    - Ensure accurate and timely incident reporting to the Claims Coordinator.

3. **Claims Management:**
    - Serve as the main point of contact for all claims-related activities.
    - Manage all aspects of claims, including documentation, reporting, and communication with legal counsel and the HHS OGC.
    - Develop and maintain a system for tracking the status and outcomes of all claims.

4. **Patient Communication:**
    - Inform patients, using plain language, that the health center is a deemed Federal Public Health Service (PHS) employee via its website, promotional materials, and visible notices within the health center.

5. **Cooperation with Legal Authorities:**
    - Document any history of claims and the steps taken to mitigate risks.
    - Cooperate fully with the attorney general and other legal authorities in handling claims.
    - Implement steps to mitigate the risk of future claims based on past experiences.

6. **Risk Mitigation Strategies:**
    - Conduct quarterly risk assessments to identify potential areas of risk.
    - Develop and implement action plans to address identified risks.
    - Provide training to staff on risk mitigation strategies and the claims management process.

7. **Monitoring and Evaluation:**
    - Ensure risk management is an ongoing activity, not just a quarterly task.
    - Develop performance metrics to evaluate the effectiveness of the claims management process.
    - Conduct an annual review of the claims management process to ensure compliance and efficiency.
    - Implement improvement plans based on evaluation findings.

Qualifications:

- **Education:**
    - Bachelors degree in Healthcare.

- **Skills:**
    - Strong organizational and documentation skills.
    - Excellent communication and interpersonal skills.
    - Ability to analyze and interpret legal and regulatory information.
    - Proficient in using electronic health records (EHR).
    - Ability to develop and implement risk mitigation strategies.

- **Physical Requirements:**
    - Ability to sit for extended periods.
    - Ability to use a computer and telephone.

Salary and Benefits:

- None. This is a volunteer position.