

## Dental Access and Referral Coordinator

<b>Only open to candidates residing in California</b>	<b>Opportunity to make a difference in your community</b>	<b>Position not eligible for sponsorship</b>
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This position is responsible for performing a variety of work in the areas of dental referrals, authorizations, network access, and provider relations. Core work includes reviewing, processing, approving and matching members to the most appropriate dental providers and services, as well as tracking and coordinating dental provider network activities and needs. This position also provides customer service and general support to the Care Coordination, Customer Support, Claims, and Provider Services teams as needed.

### Position overview

- Receives and processes referral requests and authorizations from HPSM members, primary care dentists, HPSM medical providers, and other HPSM departments, matching members with the most appropriate dental network providers.
- Assures all needed information has been received to assess, evaluate, and complete referral request.
- Facilitate referral requests and authorizations per current policy and procedure and refer as needed to the HPSM Dental Director for clinical review.
- Refer members to specific dental network providers based on member needs and provider availability and criteria.
- Maintains rapport and relationships with the network to support workflows and timely referrals and appointment scheduling.
- Serves as a subject matter expert on dental health benefits and dental provider network access.
- Works with members, providers, and internal HPSM departments to remove barriers and resolve referral issues for members.
- Maintains and updates resources in dental coding terminology, such as CDT codes, as well as documented workflows and provider lists and availability.
- Tracks and reports general and specialty provider access; identifies, analyzes and escalates emerging barriers and trends to Dental Benefits Manager.
- Assesses limitations in capacity, utilization, and access to dental providers; offers solutions to program leadership and team members to improve utilization and access in underserved geographic areas and certain racial, ethnic, and linguistic categories.
- Removes barriers for members and providers through improvements in the referral process.
- Monitors the referral queue volume daily and implements defined escalation process as needed.
- Coordinate with Provider Services as needed. Work may vary and include tasks such as the following:
  - Supports and facilitates provider recruitment, contracting and onboarding; assists in recruitment of specialty providers as needed and as assigned.
  - Trains and orients dental provider offices staff to HPSM policies and procedures.
  - Performs site visits as needed, in response to complaints or as part of a provider improvement plan.
- Share voice of customer feedback (member, provider) with program leadership to improve referral processes and access to care.
- Assist in the resolution of elevated provider issues related to claims processing, authorizations, eligibility and other areas of need.

### Requirements

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

#### Education and experience:

- A Bachelor's degree in business administration, health care administration, social sciences, or related field.
- One to three years' experience in a clinical or health care setting.

**Knowledge of:**

- Principles and operations of managed care.
- Business practices, development, and operations specific to health care providers and networks.
- Principles of conflict resolution and process improvement.
- Billing practices in the health care, preferably related to dental services.

**Ability to:**

- Work cooperatively with others.
- Work as part of a team and support team decisions.
- Adapt to changes in requirements/priorities for daily and specialized tasks
- Understand, analyze, and make sound recommendations/implementations based on complex regulations.
- Serve as a resource to others on relevant laws and regulations.
- Represent HPSM in a variety of public settings.

**Salary and benefits**

**The starting salary range** depends on the candidate's work experience.

**Excellent benefits package** includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation)
- 12 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

**To apply, submit a resume to [careers@hpsm.org](mailto:careers@hpsm.org).**

*Health Plan of San Mateo (HPSM) is a local County-funded nonprofit manages the health care for over 140,000 low-income people San Mateo County, including all its Medi-Cal eligible residents. HPSM is proud to be an Equal Opportunity Employer and an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or Veteran status.*