



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



HUMAN RESOURCES

EXAMINATION ANNOUNCEMENT NO. 25-109

POSITION:	Patient Coordinator	OPENING DATE:	<u>08/29/2025</u>
NO. OF VACANCIES:	1	CLOSING DATE:	<u>09/12/2025</u>
SALARY:	\$26,626.08 - \$27,957.28 P/A		
PAY LEVEL:	04/01 - 04/02		
LOCATION:	<i>The salary given will be determined by the qualifications of the appointee.</i> Health Network Program, Commonwealth Healthcare Corporation, Saipan		

NATURE OF WORK

This position is under the general supervision of the Chief Operations Officer for Business & Quality Assurance and direct supervision of the Health Network Program (HNP) Care Coordination Manager. The Patient Coordinator serves a critical role within the Health Network Program (HNP) by providing advanced coordination of all patient referral services outside the CNMI. This position ensures the seamless integration of administrative, clinical, and financial processes to optimize patient access to specialty healthcare services not available locally. The Patient Coordinator will liaise directly with referring providers, external healthcare facilities, insurance entities, and patients to manage complex logistical and administrative processes while ensuring compliance with regulatory standards and organizational policies. This role requires a high level of independent judgment, strong clinical understanding, excellent interpersonal communication, and advanced administrative competencies to ensure that patient care transitions are executed effectively, timely, and with patient-centered sensitivity.

DUTIES:

- Manages the full spectrum of patient referral coordination for off-island medical services, ensuring accurate and complete documentation for eligibility determination under the HNP.
- Collaborate with physicians, external medical facilities, case managers, and insurance providers to schedule appointments, manage follow-up care, and coordinate patient travel and logistical arrangements.
- Review and verify patient eligibility based on program criteria, ensuring compliance with HNP guidelines and applicable healthcare regulations.
- Maintain strict confidentiality of all patient information and medical records in compliance with Health Insurance Portability and Accountability Act (HIPAA) and applicable CNMI and federal privacy regulations.
- Serve as primary liaison and advocate for patients throughout the referral process, providing counseling, education, and support to patients and families regarding scheduling, documentation requirements, and travel logistics.
- Ensure timely and accurate processing of referrals, including coordination of medical records, prior authorizations, insurance pre-certifications, and contractual arrangements with external providers.
- Establish and maintain strong relationships with local and off-island healthcare partners, third-party payers, government agencies, and transportation vendors to facilitate efficient and high-quality patient care.
- Prepare and maintain comprehensive documentation of all coordination activities, including detailed progress notes, patient files, and communication logs.
- Support compliance audits, internal program evaluations, and quality assurance activities by providing accurate records, data, and reports as requested.
- Participate in interdisciplinary care team meetings to discuss patient needs, barriers to care, and collaborative care planning.
- Support the continuous improvement of referral management processes through participation in training, policy reviews, and workflow redesign.
- Performs other related duties as assigned.

CHCC is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, sex, disability, age, mental or veteran status, the presence of a non-job-related medical condition or disability, or any legal protected status.

QUALIFICATION REQUIREMENTS:

Education: Any combination equivalent to graduation from an accredited college or university with an Associate's degree in healthcare administration or related field.

Experience: Plus, two (2) years' experience in clinical coordination.

KNOWLEDGE/ SKILL/ ABILITIES:

- Comprehensive understanding of referral management processes, patient advocacy, healthcare delivery systems, and medical terminology.
- Strong working knowledge of healthcare insurance authorization processes, eligibility determinations, and third-party payer requirements.
- Principles and practices of patient-centered care coordination, customer service, and cultural competency.
- Federal and local healthcare regulations, HIPAA, and confidentiality practices.
- Proficiency in electronic health records (EHR) systems and healthcare management software.
- Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Exceptional organizational and multitasking abilities to manage multiple concurrent cases.
- Strong interpersonal and communication skills to interact effectively with patients, providers, and external stakeholders.
- Conflict resolution and problem-solving skills to address barriers to care coordination.
- Advanced documentation, recordkeeping, and report writing skills.
- High proficiency in Microsoft Office Suite and data management systems.
- Ability to analyze complex patient cases and make sound eligibility and scheduling decisions.
- Ability to work independently while also functioning effectively within a collaborative team structure.
- Ability to maintain strict confidentiality and handle sensitive information with discretion.
- Ability to demonstrate compassion, empathy, and cultural sensitivity to diverse patient populations.
- Ability to maintain attention to detail while working in a fast-paced, deadline-driven environment.

CONDITIONAL REQUIREMENTS:

Employment is contingent upon successful clearing of pre-employment health screening and drug screening in accordance with CHCC policy.

OTHERS:

This position is a Full-Time employment status and requires at least 40 hours per week. This position is “**Non-Exempt**” or is eligible to receive overtime compensation pursuant to the Fair Labor Standards Act (FLSA) of 1938 Federal Law. Regular operating hours of the Commonwealth Healthcare Corporation will be Monday to Friday from 7:30am to 4:30pm. This work schedule however is subject to change with or without notice based on the Employer's business requirement and/or by the demands of the employee's job. This position is paid on a bi-weekly basis (2-week period). CHCC adheres to all applicable deductions such as C.N.M.I. Tax, Federal Tax, Medicare and Social Security.

Note(s):

- *Three-fourths 20 CFR 655, Subpart E: “Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.”*
- *Employer-Provided Items 655.423(k): Requires Employer provide to the worker, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.*

INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:

Office of Human Resources

Commonwealth Healthcare Corporation

1178 Hinemlu' St., Garapan, Saipan, MP, 96950

Operation Hours: Monday Through Friday 7:30 AM – 4:30 PM and CLOSED on weekends/holidays.

Employment Application Forms will be available 24/7 at the employer's hospital facility's Main Cashier Office (entrance/exit point for all)

E-mail: apply@chcc.health

Direct Line: (670) 234-8951 ext. 3444/3410/3427/3583/3584

Trunk Line: (670) 234-8950

Fax Line: (670) 233-8756

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Note: Education and training claimed in Employment Application must be substantiated by diploma, certificate or license. Failure to provide complete application form or the required documents will result in automatic disqualification.

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