Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950

HUMAN RESOURCES

Promotional Announcement

EXAMINATION ANNOUNCEMENT NO. 26-121

POSITION:	**Oncology Patient Navigator**	OPENING DATE:	**09/15/2026**
NO. OF VACANCIES:	**1**	CLOSING DATE:	**09/21/2026**
SALARY:	**$35,628.40 P/A**		
PAY LEVEL:	**UNGRADED** *The salary given will be determined by the qualifications of the appointee.*		
LOCATION:	Oncology Center, Commonwealth Healthcare Corporation, Saipan		

NATURE OF WORK

Under the direct supervision of the Nurse Unit Manager, the employee in this position serves as a non-clinical member of the oncology care team and functions as a primary point of contact for patients and families requiring assistance in navigating cancer care services. The incumbent supports access to care by coordinating off-island and external referrals for services not available locally; facilitating insurance-related processes, including verification of benefits and prior authorization activities in coordination with the Patient Access Manager due to system access and process requirements; and assisting patients in accessing financial assistance programs and other support resources. The incumbent focuses on reducing barriers to care and promoting continuity across the oncology care continuum through coordination, communication, and tracking of non-clinical services. The Oncology Patient Navigator does not provide direct clinical care or make medical decisions, but collaborates with physicians, nurses, front desk staff, referral offices, ancillary departments, and external agencies to support timely access to medically necessary services and improve patient understanding of care processes and available resources. The incumbent may also assist with patient access or registration-related functions, as needed, to support uninterrupted clinic operations.

DUTIES:

- Interview oncology patients and/or family members, as appropriate, to obtain necessary demographic, insurance, and financial information related to navigation, referrals, assistance programs, and continuity of care.
- Track and coordinate medical referrals for oncology patients to off-island or external specialty services not available locally, ensuring referral orders, supporting documents, and required communications are completed accurately and in a timely manner.
- Monitor the status of off-island and external referrals, communicate updates to patients and appropriate staff, and escalate delays or issues that may affect access to needed care.
- Verify insurance coverage and benefits for oncology-related services and initiate, submit, and follow up on prior authorization requests for chemotherapy, imaging, procedures, medications, and other ordered services.
- Maintain documentation and tracking of prior authorization requests, approvals, denials, appeals, and related correspondence, and communicate status updates to the appropriate members of the care team.
- Enroll eligible patients in patient assistance programs, copay assistance programs, and other available financial support resources to help prevent cost or insurance limitations from becoming barriers to treatment.
- Assist uninsured or underinsured patients with payment plan applications, financial assistance processes, and insurance enrollment or renewal applications, as applicable, and refer patients to the appropriate office or program when needed.
- Guide patients and families in understanding insurance requirements, authorization processes, referral steps, and available non-clinical support services related to their oncology care.
- Assist patients in accessing community resources and support services, including transportation, housing, psychosocial support, charitable programs, and other services that may improve continuity of care and treatment adherence.
- Coordinate with physicians, nurses, front desk staff, ancillary departments, referral offices, and outside providers to support efficient care transitions and timely completion of non-clinical navigation activities.

- Provide assistance with appointment coordination and scheduling when needed to support the completion of referrals, authorizations, and access to oncology-related services, while recognizing that routine scheduling functions may primarily be performed by front desk staff.
- Support oncology program development and clinical trial readiness by assisting with coordination needs, tracking patient navigation data, and maintaining records relevant to referrals, authorizations, assistance enrollment, and other operational workflows.
- Collect, maintain, and report data related to referrals, prior authorizations, assistance programs, and navigation activities for operational monitoring, quality improvement, and leadership reporting purposes.
- In the absence of a Patient Access Registrar and when no other coverage is available, perform patient access or registration-related duties as assigned, including verification of demographics, insurance, signatures, and required documents in the appropriate system.
- Answer patient and family questions related to referrals, insurance processes, assistance programs, and available support services, and explain policies and procedures in a clear, courteous, and professional manner.
- Ensure that forms, authorizations, consents for release of information, and other required non-clinical documents are obtained, completed, filed, scanned, or uploaded in accordance with organizational procedures.
- Maintain confidentiality of patient information and comply with all applicable organizational policies, procedures, and regulatory requirements.
- Attend required meetings, in-service presentations, and mandatory education programs, including those related to patient safety, quality improvement, infection control, and workplace standards.
- Performs other related duties as assigned.

QUALIFICATION REQUIREMENTS:

Education: Graduation from high school, General Education Development (GED), or equivalent required. College coursework in health sciences, social sciences, business, or a related field preferred. Equivalent combination of education and relevant healthcare experience, such as three to five years of experience in patient registration, scheduling, financial counseling, or care coordination in a hospital or clinic setting, may be considered in lieu of college coursework.

Experience: Minimum of three (3) years of experience in a clinical or healthcare setting required, preferably in oncology, patient registration, prior authorization, case management, or a related patient access role. Direct experience with medical terminology, insurance verification, and prior authorization processes is strongly preferred. Experience working with electronic health records and patient registration or scheduling systems is desirable.

Other: Demonstrated understanding of patient confidentiality and privacy requirements, and ability to protect the patient and the corporation. Ability to collect, synthesize, and research complex or diverse information, including medical, insurance, and financial data, and to communicate findings clearly. Strong interpersonal, organizational, and communication skills, with the ability to work effectively with patients, families, and multidisciplinary staff in a fast-paced environment.

Licenses/certifications: None required at time of hire. Completion of the American Cancer Society Leadership in Oncology Navigation (ACS LION™) program within three (3) months of hire is required. Other relevant navigation, patient access, or oncology-related training or certifications are preferred but not mandatory.

KNOWLEDGE/SKILL/ABILITIES:

- Customer and Personal Service – Knowledge of principles and processes for providing patient-centered services, including needs assessment, meeting quality standards for care coordination, and evaluating patient satisfaction.
- Healthcare Systems and Insurance – Basic understanding of healthcare delivery in clinic and hospital settings, medical referrals (including off-island referrals), health insurance coverage, prior authorization processes, and patient assistance programs.
- Medical Terminology – Knowledge of common medical and oncology terminology related to diagnostics, treatments, procedures, and medications sufficient to navigate referrals and authorizations.
- English Language – Knowledge of the structure and content of the English language including meaning and spelling of words, rules of composition, and grammar.
- Computer and EHR Use – Intermediate experience with computer software, including Microsoft Word and Excel, and ability to learn and use electronic health records and registration/scheduling systems; typing speed sufficient to perform documentation and data entry duties.
- Active Listening – Giving full attention to what patients, families, and staff are saying, taking time to understand the

points being made, asking questions as appropriate, and not interrupting at inappropriate times.

- Communication – Strong verbal and written communication skills, including the ability to explain processes (referrals, prior authorizations, assistance programs) clearly, demonstrate emotional intelligence, and respond to patient concerns professionally.
- Attention to Detail – Carefully reviewing referrals, authorizations, forms, and supporting documents to ensure completeness and accuracy, and identifying inconsistencies or missing information.
- Time Management – Strong organization, prioritization, and multitasking skills to manage multiple referrals, prior authorization requests, follow-ups, and patient inquiries within required timeframes.
- Data and Documentation – Skill in accurate data entry, maintaining tracking logs, and preparing basic reports related to referrals, authorizations, assistance enrollment, and navigation activities.
- Empathy and Cultural Sensitivity – Ability to interact in an empathetic, respectful, and non-judgmental manner with culturally diverse populations and persons experiencing a wide range of social and financial conditions.
- Critical Thinking and Problem Solving – Ability to use sound judgment to identify barriers to care, evaluate options, and respond appropriately to patient issues, insurance problems, and referral or authorization delays.
- Literacy – Ability to read and write in English and understand written materials such as medical orders, insurance policies, and program eligibility criteria.
- Adaptability – Ability to adapt to changing environments, new processes (including clinical trials and program changes), and receive constructive feedback.
- Confidentiality and Ethics – Ability to use discretion, maintain patient confidentiality, and uphold ethical conduct in all interactions and documentation.
- Teamwork and Collaboration – Ability to work effectively with all levels of staff, including physicians, nurses, front desk, billing, referral offices, and external providers, establishing and maintaining collaborative professional relationships.
- Independence – Ability to work independently with minimal supervision while also functioning as part of a multidisciplinary oncology team.

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) 234-8951ext. 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.*

****Promotional Announcement is open only to current employees of the Commonwealth Healthcare Corporation****

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.