POSITION: **Care Team Coordinator**

Position Summary:

The Care Team Coordinator serves as a member of the interdisciplinary team, and will provide comprehensive and coordinated care to achieve optimal patient outcomes to meet the Patient-Centered Medical Home accreditation. The Care Team Coordinator assists with the coordination of community health care systems and HMS' resources to provide culturally and linguistically appropriate services with the goal of providing a seamless model of access and care that benefits the patients and family members based on their individual needs.

Position Accountabilities:

- Ensures understanding of the Patient-Centered Medical Home (PCMH) model to patients.
- Advocates or facilitates patient access to health care, specialty care or second opinions; assists in coordination of care under the direction of the primary care provider to meet the patient's goals.
- Identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care with interdisciplinary team.
- As part of the interdisciplinary team, assesses patients for health risk behaviors such as substance abuse issues, tobacco use, and high risk sexual behavior.
- Under the direction of the interdisciplinary team, educates and assists the patient with self-management tools and techniques based on the patient's planned outcomes.
- Assists the patient with enrollment services such as Medicaid, Medicare, HMS Sliding Fee, NM Health Insurance Exchange, and other insurance programs.
- Assists patients with enrollment in social service programs such as TANF, SNAP, housing, and other local agency programs.
- The Care Team Coordinator, as part of the interdisciplinary team, monitors the patient's progress towards achieving treatment goals.
- Assists the patient's application process for medication assistance.
- Encourages patients to follow clinical guidelines for care management by, reminding patients of appointments, coordinating non-clinical services and maintains appropriate documentation of patient contact.
- Follows up on patient referrals.
- Reviews Electronic Health Records to assure health needs are met in accordance to clinical guidelines.
- Performs miscellaneous job-related duties as assigned.

Patient-Centered Medical Home

- Participates in care team meetings and participates in follow up
- Provides a bridge between patients and their healthcare team
- Provides support and coaching for patient/planned care teams
- Works with team members to provide support to patients with chronic diseases
- Assists in outreach calls for health maintenance issues and chronic disease management
- Participates in community-based health fairs and outreach
- Works closely with patients and their planned care teams to facilitate community connections and access to range of psychosocial resources both within and beyond immediate network

- Performs a wide range of functions while safely, effectively, and efficiently supporting patients to address their personalized health goals
- Includes direct interface with patients and members of site based care teams with the purpose of facilitating access to resources and removing barriers to social supports that facilitate patient health and safety
- In the context of a supportive, short-term, problem solving relationship with patients effective resource utilization will improve patient experience of care, promote population health and wellness and ensure patient engagement and empowerment

Minimum Qualifications:

High School Diploma or equivalent. Will be required to complete job specific training within one year of employment. An eligible candidate without a high school diploma will be required to obtain a GED within one year of employment.
Must obtain State PE determiner certification within 90 days of hire to enroll patients in Medicaid programs.
Must obtain Federal Healthcare Guide certification within 6 months of hire to enroll patients in NM Health Exchange programs.

Required Skills:

Bilingual English/Spanish Preferred
Language Requirement: English
The Care Team Coordinator will have the skills and knowledge to communicate with the patient in a manner that meets the patient's oral and written communication needs
Self-directed, detail oriented, and able to organize and manage multiple tasks/projects simultaneously
Demonstrated skills in verbal and written communication
Ability to promote and build teamwork and multidisciplinary care concept
Candidates must be excited by the opportunity to provide a genuine public service
Must be a self-initiating and adaptable with ability to communicate to a variety of staff members
Must have a working knowledge of WORD and EXCEL
Must exercise excellent judgment
Must have the ability to maintain effective working relationships with all employees
Must be able to work individually or a part of a multidisciplinary team
Must have excellent customer service skills
Must maintain a high level of confidentiality
Must be able to work well under pressure and with minimal supervision
Must have a valid driver's license and current automobile insurance as required by law
Must maintain a clean driving record

SPECIAL REQUIREMENTS

Must be able to use personal vehicle over course of employment as needed. Must submit to HMS required background check, TB screen and drug/alcohol testing.

To Apply:

Completed HMS Employment Application may be emailed to jobs@hmsnm.org or
Dropped off or mailed:
301 W. College Street, Suite 18, Silver City, NM 88061
or
530 De Moss Street, Lordsburg, NM 88045

For more information call 575-534-0788 or 575-542-2326