CONFEDERATED SALISH AND KOOTENAI TRIBES
OF THE FLATHEAD NATION
PO BOX 278
PABLO MT 59855
(406) 675-2700
PERSONNEL OFFICE FAX: (406) 226-2562
WEBSITE ADDRESS: csktribes.org
E-mail melanie.piedalue@cskt.org

****V A C A N C Y   A N N O U N C E M E N T****

TITLE: Certified Medical Coder I or II

LOCATION: Tribal Health Department – Location Negotiable

SALARY: Salary per hour, plus benefits
                     Coder I **-** $18.30 – $21.04
                     Coder II - $20.88 – $24.00

CLOSING DATE: Thursday, June 6, 2024 at 5:30 p.m. (MST)

SPECIAL CONDITIONS:

Certified Medical Coder I

Under close supervision, provides support and services for the HIMs coding staff. The Medical Coder I incumbent will interpret, analyze, and assign diagnostic and procedural codes. The coding function provides the primary source for data and information used in health care, promotes continuity of medical care, and ensures compliance with third party reimbursement policies, regulations and accreditation guidelines, by staying current with official coding guidelines and regulations. Certified Medical Coder I will undergo stringent weekly coding audits during the probationary period, followed by monthly audits for a total of one (1) year from start date, unless audits do not meet quality standards as described below.

Certified Medical Coder II

Under minimum supervision, provides support and services for the HIMs coding staff. The Medical Coder II incumbent will interpret, analyze, and assign diagnostic and procedural codes. The coding function provides the primary source for data and information used in health care, promotes continuity of medical care, and ensures compliance with third party reimbursement policies, regulations and accreditation guidelines, by staying current with official coding guidelines and regulations. Certified Medical Coder II will undergo monthly audits and must maintain quality standards as described below:

CSKT Tribal Health Coder Audit Quality Standards:

Coder I –

Must meet diagnostic code assignment accuracy of 90% within first twelve (12) months of hire.

Must maintain monthly diagnostic code assignment accuracy of 95% thereafter.

Must meet CPT/HCPCS Level II, and CDT coding accuracy of 90% within first twelve (12) months of hire.

Must maintain monthly meet CPT/HCPCS Level II, and CDT coding accuracy of 95% thereafter.

<u>Coder II</u> –

Must meet diagnostic code assignment accuracy of 95% on quarterly audits.

Must meet CPT/HCPCS Level II, and CDT coding accuracy of 95% on quarterly audits.

REPRESENTATIVE DUTIES
Demonstrates competence using standard operating office equipment, electronic computer information systems, and the EHR to meet daily department and employee performance goals. Must be able to meet and maintain productivity, quality, and accuracy standards within six months of hire.

Uses critical thinking skills to assist with prioritization, organization, and execution of daily activities in accordance with department guidelines.

Maintains the confidentiality of patient records.

Performs quantitative analysis by reviewing records to assure the presence of all component parts such as patient and record identification, signatures and dates where required, and the presence of all reports which appear to be indicated by the treatment rendered and charges applied by medical provider.

Performs qualitative analysis by evaluating the record for documentation consistency and adequacy. Ensures that the final diagnosis accurately reflects the care and treatment rendered. Reviews the records for compliance with established third party reimbursement agencies and special screening criteria.

Makes the final determination that medico-legal requirements of the record are complete, accurate, and reflects sufficient data to justify the diagnosis and warrant treatment and end results.

- **Request copy of full position description for a detailed description of job duties.**

MINIMUM RECRUITING QUALIFICATIONS AS REFLECTED ON TRIBAL EMPLOYMENT APPLICATION:

- <u>Coder I -</u> Certification from an accredited Professional Coding Institution (AHIMA or AAPC); CPC at a minimum. Six (6) months outpatient coding experience.
- <u>Coder II -</u> More than one certification from an accredited Professional Coding Institution (AHIMA or AAPC). Two (2) years of outpatient coding experience.
- Valid and unrestricted driver's license.

SUBMIT:
1. Completed Tribal employment application.
2. Copy of academic transcripts, certifications
3. Copy of valid driver's license.
4. Proof of enrollment from a federally recognized Tribe if not from CSKT.
5. If claiming veteran's preference, a copy of the DD214 must be submitted.

SUBMIT ALL OF THE ABOVE TO: Personnel Office, PO Box 278, Pablo MT 59855, Telephone (406) 675-2700 Ext. 1040, or personnel@cskt.org

FAILURE TO SUBMIT ALL OF THE ABOVE INFORMATION WILL RESULT IN DISQUALIFICATION DURING THE SCREENING PROCESS

FOR MORE INFORMATION: Contact Lisa Hawley at THD (406) 867-1385