
Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270



Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Vacancy Announcement

Title: Data Entry Analyst I or II

Reports to: Business Office Manager

Location: Happy Camp, or Orleans

Analyst I: Starts at \$10.00 per hour with future incentive of \$11.00 per hour upon obtaining CPC or CCS-P Certification and an additional \$1 per hour increase one year after obtaining Certification.

Analyst II: \$12.00 to \$14.00 per hour, depending on experience

Classification: Full Time, Regular, Non-Entry Level, Non Exempt

Summary: The Data Entry Analyst shall work in the health department under the direct supervision of the Business Office Manager. Shall be responsible for the maintenance, confidentiality and security of all Patient Care Component (PCC)/Patient Health data. Shall be responsible to audit/enter Resource Patient Management System/Electronic Health Record (RPMS/EHR) Data in an efficient and timely manner. Shall work closely with the CQI department to assure compliance with applicable Healthcare standards. Shall oversee ICD, CPT, and HCPC coding for all the medical visits at the assigned clinic location. Shall work closely with Medical Providers, other coders, and Business Office Staff.

Job Posting Closes on April 22, 2016 at 5PM

Applications are available at all Tribal Offices or on the Internet at www.karuk.us The Karuk Tribe's **(TERO) Preference and Drug & Alcohol Policy** apply. If selected applicants must successfully pass a drug screening test and be willing to submit to a criminal background check.

Job descriptions are available online at: www.karuk.us or by contacting the Human Resource Department, Telephone (530) 493-1600, Fax: (530) 493-5322, Email: dlibernal@karuk.us

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Responsibilities:

1. Accurately and consistently, in a timely manner, audits/enters all Patient Health data into the RPMS/EHR system in accordance with IHS requirements.
2. Continually strives to ensure the confidentiality, security, and safety of patient records and demonstrates compliance with Medical Records Policy and procedures as well as the requirements of the Privacy Act.
3. Exhibits responsibility for all ICD, CPT, E/M and HCPC coding, health factors, and education codes for all medical visits for assigned clinic location.
4. Consistently assists with all coding activities, updates and education for all clinic locations.
5. Politely communicates with providers regarding deficiencies found on visit records and ensures deficiencies are corrected.

6. Accurately enters information received from outside sources on selected labs, radiology, exams, etc. into the RPMS/EHR data system.
7. Accurately verifies the information in the RPMS/EHR coding queue that will enable a “clean claim” to pass forward to billing, and ultimately the insurance company.
8. Consistently and accurately reviews all CPT and ICD codes along with the nurse and provider to determine which codes will be downloaded into the RPMS/EHR data system.
9. Consistently reviews and keep up to date on recent codes and coding regulation changes.
10. Capably assists with development of coding training for staff and medical providers.
11. Capably assists with conducting coding audits to determine accuracy and compliance with applicable regulations.
12. Routinely assists with coordinating meetings with nurses, coders and providers to review questions and codes.
13. Capably available to work closely with Business Office Manager and other appropriate Medical staff to assure accuracy of Patient Records in the RPMS/EHR data system.
14. Sufficiently enters and retrieve data as requested or required by appropriate Medical Staff.
15. Exhibits ability to work closely with PI department to assure accuracy and compliance with all appropriate Healthcare standards and collect and monitor PI data as required.
16. Consistently attends and participates in all meetings and functions as requested to assure coding and RPMS/EHR data accuracy.
17. Consistently completes any PI activity involving the accuracy of Patient Health data entered into the RPMS/EHR data system.
18. Exhibits accurate and timely entry of all patient registration information including verification of patient insurance coverage at time of original registration or registration updates as necessary.
19. Sufficiently provides support to the billing department as needed.
20. Capably available for local and out of the area travel as required for job related training.
21. Is polite and maintains a priority system in accepting other position related job duties as assigned.

Qualifications:

1. Have the ability to work effectively with Native American people in culturally diverse environments.
2. Have the ability to manage time well and work under stressful conditions with and even temperament.
3. Have the ability to establish and maintain harmonious work relations with other employees and the public.

4. Have the ability to understand and follow oral and written instructions.

Requirements:

1. Must have a high school diploma or equivalency.
2. Must have a minimum of three to five years of experience in an ambulatory setting.
3. Must possess or be willing to obtain certification as a Certified Professional Coder (CPC) or Certified Coding Specialist-Physician (CCS-P), as courses are available.
4. Must be proficient with CPT, ICD, HCPC, modifier codes, and E/M coding for optimal reimbursement or have a willingness to learn.
5. Must have basic office skills to include tele-communications, typing, telephone, filing, keyboard, copiers, computers, etc.
6. Must demonstrate excellent communications skills, both oral and written.
7. Must demonstrate good time management skills.
8. Must have basic knowledge of the Resource Patient Management System (RPMS)/Electronic Health Record (EHR) data system or a willingness to learn.
9. Must have one-year experience with data processing procedures and computer data entry capability or willingness to learn.
10. Must possess valid driver's license, good driving record, and be insurable by the Tribe's insurance carrier.
11. Must adhere to confidentiality and HIPAA policies.
12. Must provide documentation of immunity to measles and rubella or become vaccinated with the recommended vaccines and Hepatitis B vaccine and test annually for TB. Must have annual physical.
13. Must successfully pass a pre-employment drug screen and be willing to submit to a criminal background check.

Tribal Preference Policy: In accordance with the TERO Ordinance 93-0-01, Tribal Preference will be observed in hiring.

Veteran's Preference: It shall be the policy of the Karuk Tribe to provide preference in hiring to qualified applicants claiming Veteran's Preference who have been discharged from the United States Armed Forces with honorable and under honorable conditions.

Council Approved: May 12, 2011

Chairman's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____