

## **POSITION DESCRIPTION**

<b>Title:</b>	Data Entry Clerk/Certified Medical Coder
<b>Reports to:</b>	Database Administrator
<b>Location:</b>	Happy Camp or Yreka depending where vacancy is located
<b>Starting Salary:</b>	Starting at \$11.00 per hour
<b>Future Incentive:</b>	Additional \$1 per hour increase one year after obtaining CMC Certification
<b>Classification:</b>	Non-Entry Level

**Summary:** The Data Entry Clerk/Certified Medical Coder shall work in the health support services department under the direct supervision of the Database Administrator. Shall be responsible for the maintenance, confidentiality and security of all Patient Care Component (PCC)/Patient Registration forms. Shall be responsible to enter PCC 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, E/M, and HCPC coding for all the medical visits at the clinic location she is assigned. Shall work closely with other data entry staff, Medical Providers, and other coders.

### **Responsibilities:**

1. Accurately and consistently, in a timely manner, enters all PCC data into the RPMS system in accordance with IHS requirements.
2. Continually strive 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 visit's for assigned clinic location.
4. Consistently assist with all coding activities, updates and education for all clinic locations.
5. Accurately verifies the information on the PCC/PCC+ form that will enable a "clean claim" to pass forward to data entry, billing, and ultimately the insurance company.
6. Consistently and accurately reviews all CPT and ICD codes along with the nurse and provider to determine which codes will be downloaded onto the PCC+ form.
7. Consistently review and keep up to date on recent codes and coding regulations.

8. Capably assist with development of coding training for other data entry staff and medical providers.
9. Capably assist with conducting coding audits to determine accuracy and compliance with applicable regulations.
10. Routinely assist with coordinating meetings with nurses, coders and providers to review questions and codes.
11. Capably available to work closely with Database Administrator and other appropriate Medical staff to assure accuracy of Patient Records in the RPMS.
12. Sufficiently enters and retrieve data as requested or required by appropriate Medical Staff.
13. Consistently review and proof read data for accuracy before entry.
14. 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.
15. Consistently attend and participate in all meetings and functions as requested to assure coding accuracy and PCC data accuracy.
16. Consistently complete any PI activity involving the accuracy of PCC data entered into the RPMS..
17. Exhibit accurate and timely entry of all patient registration information.
18. Sufficiently provide support to the billing department as needed.
19. Is capably available for local and out of the area travel as required for job related training.
20. Is courteous in accepting other 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 to understand and follow oral and written instructions.

**Requirements:**

1. Must have a high school diploma or equivalency.
2. Must possess CPC, CCSP, RHIT, and RHIA license or be a certified coder.
3. Must have a minimum of three to five years experience in an ambulatory setting.
4. Must be proficient with CPT, ICD, HCPC, modifier codes, and E/M coding for optimal reimbursement.
5. Must have basic office skills to include tele-communications, typing, telephone, filing, keyboard, ten-key adding machine, copiers, computers, etc.

6. Must demonstrate excellent mathematical skills and 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).
9. Must have one-year experience with data processing procedures and computer data entry capability or willingness to learn.
10. Must have working knowledge of Medical Terminology, ICD, CPT, and HCPC coding rules and guidelines, anatomy, and physiology as it relates to patient treatment/services.
11. Must possess valid driver's license, good driving record, and be insurable by the Tribe's insurance carrier.
12. Must adhere to confidentiality policy.
13. 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.
14. Must successfully pass a drug screening test and criminal background check.

**Indian Preference Policy:** In accordance with the Indian Preference Act of 1934, (Title 25, USC, Section 47), and the TERO Ordinance 93-0-01, Indian Preference will be observed in hiring.

**Council Approved:** \_\_\_\_\_

**Chairman's Signature:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**\*\* Employees must sign position descriptions annually, during their evaluation.**