



**Spirit Lake Tribe**  
**P.O. Box 359**  
**Fort Totten, North Dakota 58335**  
[mkeo@spiritlakenation.com](mailto:mkeo@spiritlakenation.com)

**Job Title:**

**Billing Technician**

**Open Date:**

**May 2, 2025**

**SL Program:**

**Spirit Lake Health Center**

**Close Date:**

**May 16, 2025**

**Position Objective:** This position is responsible for a full range of billing technical including: the submission of properly executed claims on a timely basis to third party payers and responsible parties; and, rebilling or correcting billing of accounts previously billed.

**Work is performed and duties are carried out in accordance with established policies, procedures, and SLHC core values: VALUES.**

### **Major Duties & Responsibilities**

- Edits and approves medical claims for the SLHC on the Resource Patient Management System (RPMS).
- Researches and verifies patient insurance for Medicaid when encountering errors during edit of claims in RPMS.
- Completes insurance data for patient claims; processes, researches and corrects accounts; verifies diagnosis and authorization codes; identifies liability and guarantors; reviews and adjusts account balances; interprets Explanation of Benefits (EOBs); and, analyzes billing components.
- Prepares and submits electronic and paper claims to third party payers, intermediaries, and responsible parties according to established policy and procedures.
- Coordinates benefits, verifies data and secondary payer billing.
- Reviews all denied claims to determine if a claim was denied incorrectly based on the diagnosis, coding, Medicaid categories, and other erroneous denials; adequately follows up on denied claims and resubmits.
- Verifies the patient medical record contains proper documentation; provider signature, accuracy in dates of service; and, that primary care providers are in compliance with attestation and billing requirements.
- Answers questions from patients, staff, and insurance companies.
- Responsible for daily Billing Productivity Report.
- Perform daily batching, posting, adjustments and denials after receipt of payment; follows up on all denied claims and notifies the Billing Office Manager of patterns in denials and requests.
- Answers all correspondence requesting additional provider or patient information.
- Meets the expectations of internal control policies as dictated by Medicare/Medicaid and financial management guidelines.
- Conducts aged claims follow-up every 45, 60 and 120 days. Claims are corrected and resubmitted, appeals prepared and sent within an established timeframe. Maintains an aged account at or below the agencies acceptable percentile.
- Works with Dentrax program to edit, approve, adjust dental claims. Understands dental coding and regulations to ensure clean claims process.

- Completes and understands provider enrollments to payers for third party billing. Keeps accurate data for revalidations for providers, pharmacy and facility.
- Serves as back up for Patient Registration and other position as directed.
- Must comply with federal laws and regulations as required by the Health Insurance Portability and Accountability Act (HIPAA) and the Privacy Act of 1974.
- Performs related duties.

### **Knowledge Required**

- Knowledge of billing requirements and functions.
- Knowledge of all third-party claims submission process and ability to keep current on changes in policies, regulations of eligibility.
- Knowledge of ICD-10 and CPT 4 and HCPCS coding procedures.
- Knowledge of the Resource Patient Management System [RPMS] and the accounts receivable management program or equivalent.
- Knowledge of medical terminology.
- Knowledge of basic accounting principles.
- Knowledge of computers and job-related software programs and office equipment.
- Ability to work with personal computer and utilize a variety of software applications.
- Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, and percentages.
- Skill in prioritizing and organizing work.
- Skill in the provision of customer services.
- Skill in the maintenance of files and records.
- Skill in the use of such office equipment as a computer, scanner, fax machine, and copier.
- Skill in oral and written communication.

### **Supervisory Controls**

The supervisor makes specific assignments that are accompanied by clear, detailed, and specific instruction. The supervisor checks completed work for compliance with procedures with instruction, accuracy, adequacy and timeliness.

### **Guidelines**

Guidelines include SLHC Business Office policies and procedures, Medicare and Medicaid guidelines, and HIPAA regulations. These guidelines are generally clear and specific, but may require some interpretation in application.

### **Complexity/Scope of Work**

The work consists of related specialized duties. Strict regulations and the need for accuracy contribute to the complexity of the position.

The purpose of this position is to perform specialized duties in support of the SLHC's medical billing functions. Successful performance helps ensure the accuracy, compliance and timeliness of medical billing.

### **Contacts**

Contacts are typically with coworkers, patients, insurance company representatives, Medicare and Medicaid representatives, health care providers, and the general public.

Contacts are typically to exchange information, justify matters, resolve problems, and provide services.

### **Physical Demands/Work Environment**

The work is typically performed while sitting at a desk or table or while intermittently sitting, standing or stooping. The work is typically performed in an office and the noise level in the work environment is usually quiet.

While performing the duties of this Job, the employee is regularly required to sit; use hands and fingers to manipulate, handle, or feel; and, talk or hear. The employee must regularly lift and /or move light objects. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

#### **Supervisory and Management Responsibility**

None.

#### **Minimum Qualifications:**

- High school diploma or equivalent and three (3) years of experience in the occupational field, sufficient to understand the major duties of the position.
- Must successfully pass a criminal and background check.
- Must successfully pass a pre-employment drug screen.

<b>Job Role:</b>	Billing Technician	<b>Company Industry:</b>	Spirit Lake Health Center
<b>Employment Status:</b>	Full- time	<b>Supervision</b>	Spirit Lake Health Center Business Office Manager
<b>Grade:</b>	10	<b>Manages Others:</b>	No
<b>Number of Vacancies:</b>	1		

#### **Please Send Application to:**

<b>Name:</b>	Spirit Lake Human Resource Department	<b>Email:</b>	<a href="mailto:mkeo@spiritlakenation.com">mkeo@spiritlakenation.com</a> or <a href="mailto:BL.Snider@spiritlakenation.com">BL.Snider@spiritlakenation.com</a>
<b>Address:</b>	P.O. Box 97	<b>State</b>	North Dakota
<b>City:</b>	Fort Totten, North Dakota	<b>Zip/Postal Code:</b>	58335
<b>Phone:</b>	701-381-0204 or 701-381-0361	<b>Fax:</b>	701-766-1272

#### **Application Procedure**

Complete application/Completed resume/Application materials must clearly explain how experience and education are related to minimum qualifications and job duties. Copy of Credentials /License/Copy of college transcripts/copy of valid driver's license/Names, addresses, phone numbers and permission to contact three references/If seeking Indian Preference a copy of Tribal Enrollment must be attached/ If seeking

	Veteran's preference must include Form DD214/Authorization signature will be required for background check and drug testing.