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: cskt.org/personnel
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: Paid Healthcare Patient Account Representative

LOCATION: Tribal Health Department – St. Ignatius, MT

SALARY: $17.92 - $20.60 per hour plus benefits (May be employed under contract)

CLOSING DATE: Monday, August 10, 2026 at 5:30 p.m. (MST)

This is not a Testing Designated Position (TDP) within the definition of the CSKT Drug Testing policy. **The successful applicant, if not already employed by the Tribes must pass a pre-hire drug test and serve a mandatory six (6) month probationary period.**

- Responsible for examining all claims for Tribal Health Paid Care (THPC) eligibility and coordinating informational data with Tribal Health Department (THD) Patient Registration and Alternate Health Care Resource (HRC) eligibility programs.
- Responsible for generating purchase order (PO) authorizations for approved medical services.
- Maintains interface with Patient Registration and HCR eligibility determinations- ensuring all recipients are properly registered/updated and have been screened for other alternate resources.
- Responsible for ensuring compliance with established budgets, policies and practices.
- Responsible for reporting and processing reports as needed during each fiscal year (FY). This includes exchanging/sharing of PO's, insurance and pertinent data that is necessary information to complete the task.
- Responsible for processing medical claims within a five (5) day goal. This includes but is not limited to obligating funds, contacting providers, medical billing departments, doctor offices, nurses, recipients, and issuing PO's or denials.
- Responsible for researching and processing all medical claims using RPMS and EPIC software.
- Responsible for contacting and sharing information with providers and Fiscal Intermediary (FI) regarding healthcare/insurance information to process the claims accurately and in a timely manner.
- Responsible for pended /aged claims resolutions- including communication with recipient and Patient Registration with progress reports to THPC Division Manager on a bi-weekly basis.
- Accountable for the annual FY end review that includes but not limited to: reconciliation of authorized services, reports of paid, open, pended and/or cancellation of PO's.
- Responsible for following all program regulations (Federal, State & Tribal), implemented here at the local level (THD-THPC)- including eligibility review, HCR review, payment of contracted provider rates, and timely processing of all authorized and/or denied payments.
- Establishes and maintains knowledge of local medical providers and their networks in order to process the authorized medical claims in a timely manner.
- Ability to advocate for the recipient while working with the provider, Patient Registration staff and/or Collection Agencies in all efforts to process and pay claims.
- Responsible for referring recipients to HCR for Medicaid, Medicare, VA, ACA insurance etc.
- Responsible for issuing denial letters for unauthorized claims and entering denial reasons into RPMS system for I.H.S. reporting. Letters will include reason for denial and information regarding THPC appeal process.

- Responsible for providing quality customer service to recipients, providers, and other THD staff.
- Mentors other THPC staff for excellent customer service and coordination of care.
- Maintains and responds to all current communication systems (ie. Phone, Voicemail, E-Mail, faxes) by taking complete and accurate information according to HIPAA rules and regulations. Responsible for gathering and sharing information with other Tribal Programs, providers, and FI to accurately process claim for payment.
- Maintains appropriate work area OSHA and HIPAA compliant.
- Maintains appropriate filing system for claims processing.
- Responsible for running morning and closing reports daily when assigned in the RPMS system.
- Responsible for the day-to-day clerical support of opening daily mail, date stamping all incoming documents, checking fax machines, as well as, separating documents and routing to appropriate staff.
- Responsible for attending community and Tribal Health staff meetings when requested.
- Complies with all applicable Tribal Health and CSKT Policies.
- Responsible to interpret and clarify rules, regulations, and policies with understanding to immediate supervisor.
- Establishes work flow, process and maintains consistent completion of all daily assignments.
- Provides feedback to supervisor for insight to policy change suggestions.
- Other duties as assigned.

- *Request a copy of position description for full details.*

MINIMUM RECRUITING QUALIFICATIONS AS REFLECTED ON TRIBAL EMPLOYMENT APPLICATION:

- AA or three (3) years' experience in a medical field
- College coursework in Health Services, Public Health, Business Administration, Human Resources or another relevant field preferred
- Experience with CHS/IHS program policies and procedures
- Experience with the RPMS computer system, and FI system
- Experience with the EPIC computer system for medical review
- Experience with computers, as well as Excel and Word
- Must possess a valid driver's license.

SUBMIT:

1. Completed Tribal employment application.
2. Copy of academic transcripts, certifications, licensure, etc.
3. Copy of 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 IMMEDIATE DISQUALIFICATION DURING THE SCREENING PROCESS

FOR MORE INFORMATION: Contact Rhonda Hendren at THD (406) 675-2700 Ext. #5029