

JOB DESCRIPTION/PERFORMANCE APPRAISAL

Job Title: Documentation & Reimbursement Specialist

Department: Pediatrics

Job Code:

Division: Compliance and Abstraction

Grade: SA11

Reports to: Planning Officer

Effective Date: xx/xx

Review Period – From: To:

Employee Name:

JOB SUMMARY – (Describe the job in general terms, as if someone just asked “what do you do for a living?” Incorporate the scope of responsibility. Use language as if you were speaking to someone who did not already understand the position, i.e.: no acronyms.)

The Documentation and Reimbursement Specialist is responsible for actively participating in the Billing Compliance Program through: investigating and responding to questions regarding documentation and coding issues, participating in the claims review process, providing documentation and compliance educational sessions to physicians and other staff, overseeing fee slip design and revision, overseeing billing dictionary updates related to CPT and ICD-9 coding, and conducting inpatient and outpatient chart reviews. He/she will work closely with the Abstraction Program Coordinator, the Director of Reimbursement and the Director of Operations, to ensure that communication regarding documentation and reimbursement issues is timely, accurate and complete.

Job Specific Responsibilities/Standards – (List most difficult components of job first, focusing on tasks performed rather than qualities of the employee. Use bullets to describe the steps of how the incumbent solves problems and completes tasks.)

<u>% of time</u>	<u>Responsibility/Standard</u> (“Enter” to generate additional bullets on detail listing)	<u>Essent Funct</u>	<u>Perf Rating</u>
30%	1. Investigate, respond to and communicate information regarding Departmental coding, documentation, compliance and reimbursement questions.	*	
	<ul style="list-style-type: none"> • Compile and analyze data. • Assist in identifying appropriate codes for specialized services. • Support, provide analysis for and advise senior management regarding revenue and reimbursement issues. • Work with Reimbursement to perform research and provide recommendations on fees and the use of procedure codes in a timely manner. • Analyze coding issues/questions from both a compliance and reimbursement perspective. • Develop and implement a system for documenting and communicating responses to all coding, reimbursement and compliance questions. • 		
15%	2. Provide compliance/documentation education sessions to physicians and other staff, as requested.	*	
	<ul style="list-style-type: none"> • Provide accurate and up-to-date information on regulatory and 		

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reimbursement requirements.

- Provide coding expertise for all compliance and reimbursement issues.
- Prepare reports and graphics for presentations.
- Maintain attendance lists for all presentations and logs of issues raised and identified for future research and response.
- Develop educational materials related to documentation, compliance and reimbursement, for physician and other staff.
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10% 3. Perform chart reviews for outpatient and inpatient physician services billed through --- *

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- In accordance with goals established by the Department's Compliance Committee, complete reviews within established timeframes, analyze results and prepare formal reports with findings and recommendations.
 - Consult with physicians for clarification of clinical data when ambiguous information is encountered.
 - Facilitate and improve physicians' understanding of payor and regulatory requirements by providing feedback related to documentation information.
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15% 4. Oversee the design and updates of divisional billing forms and billing system dictionaries to ensure that all ICD-9 and CPT4 codes are up-to-date from both compliance and reimbursement perspectives. *

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- Design and implement a system for the annual revision of divisional billing slips, working with appropriate representatives from the abstraction, reimbursement, billing and divisional areas.
 - Submit annual updates of the IDX BAR system CPT4 and ICD-9 code dictionaries, working with the Physicians Information Group and appropriate representatives from the abstraction, reimbursement, billing and divisional areas.
 - Develop and implement appropriate mechanisms for communicating all billing slip and dictionary changes to the relevant staff.

10% 5. Participate in the rejections and claims review process to ensure both compliance and the maximization of appropriate Departmental reimbursement. *

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- Participate in regular meetings with billing, abstraction and reimbursement staff to review claim rejections and develop appropriate strategies for addressing them.
 - Review requests from insurers and patient families for copies of patient medical charts and/or changes in codes/fees.
 - Participate in the development and implementation of

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systems/procedures related to rejection follow-up and strategies.

- 10% 6. Work closely with Abstraction Coordinator to ensure close collaboration and communication among abstraction, compliance, reimbursement and billing activities and with the Director of Medical Audits to ensure close collaboration where hospital and practice coding are linked. *
- Work with Abstraction Program Coordinator and abstractionists on identifying and addressing general and service-specific questions.
 - Ensure that issues identified by abstractionists are researched, addressed and communicated appropriately and in a timely fashion.
 - Work with the Abstraction Program Coordinator to provide training and educational materials for the abstraction team.
 - Coordinate review efforts with Hospital staff where appropriate.
- 10% Participate as an active member of both the Departmental Compliance Committee and the Institutional Professional Services Compliance Committee. *
- Attend regular meetings, reporting on projects and findings as requested.
 - Perform special projects/tasks/reviews as designated by the Committee.

Uniform Standards For Non-Managers

<u>% of time</u>	<u>Responsibility/Standard</u>	<u>Essent Funct</u>	<u>Perf Rating</u>
_____ 1.	Responds promptly and positively to patients, families, associates, and all others in a respectful, courteous and confidential manner. <ul style="list-style-type: none"> • Maintains identifiable/professional attire at all times, including using nametags and identification cards. • Answers telephone calls within three rings 95% of the time. • Respects confidentiality of patients and co-workers in all circumstances 100% of the time. • Greets patients, families, co-workers and others in a calm, professional, friendly manner; makes eye contact, initiates conversation, and identifies self by name. 	_____	_____
_____ 2.	Follows hospital and department procedures and policies. <ul style="list-style-type: none"> • Attends mandatory sessions/meetings/in-services 100% of the time. • Adheres to attendance policies and procedures. • Demonstrates knowledge and application of hospital and department policies and procedures. • Reviews policy and procedure updates from managers and the institution 	_____	_____
_____ 3.	Provides or facilitates a clean, safe, quiet and secure environment for all.	_____	_____

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- Reports any incident that seems unusual/deficient to supervisor and/or Security.
- Corrects and/or reports unsafe, unsecured or unclean environment to supervisor and/or Environmental, Health and Safety, or Facilities departments.
- Always takes breaks away from patient and family areas.
- Keeps self and work area neat and organized.

4. Participates collaboratively in staff meetings, committees, projects and teams to resolve conflicts and meet institutional goals.

- Attends staff meetings as requested 100% of the time. Is recognized as an “informed” participant or committee member by peers. Completes assignments on time 100% of the time.
- Reviews and contributes to the attainment of departmental and hospital goals annually.
- Participates and contributes to team projects.
- Demonstrates knowledge of constant quality improvement values and participates in hospital and departmental Quality Improvement initiatives.

5. Identifies own learning needs and obtains necessary education to meet requirements of position.

- Attends mandatory education programs 100% of the time.
- Documents and reports all necessary education and training.
- Attends CCD classes or pursues outside education.
- Applies education and training to daily work to enhance job knowledge and skills.
- Reviews learning needs with supervisor to set individual education and learning goals on an annual basis.

6. Follows hospital and departmental cost control standards: monitors usage of supplies and equipment to eliminate or minimize waste and/or misuse.

7. Demonstrates knowledge and ability to render age appropriate care and services based on patients’ developmental needs. If applicable, please state the specific age range of the patients (0-21): _____

POSITION SCOPE Indicators of the nature and degree of this position’s responsibility for income, expenses, assets and employees.

PEOPLE MANAGEMENT

- Number of direct reports: **Responsible for hiring, firing, performance management/goal setting, discipline, etc.** 2
- Job titles of direct reports:
Medical Auditor
Outpatient Coding Specialist
- # of indirect reports: **Employees reporting to direct reports –** 0

MONEY MANAGEMENT (\$)

- **Expenses:** N/A
 - Department Budget: **Staff and other operating expense attributable to the immediate department**
 - Other Expenses, e.g. **organization-wide expenses controlled/influenced by this position** N/A
- **Income:** **Revenues generated through patient care, grants, research funds, etc – specify source below.** N/A

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- # of outside/contractual reports: People who are not hospital employees –e.g., outside contractors, temps 0 **Assets:** Facilities, capital equipment or other property controlled/used by this position N/A

REGULATORY AGENCIES List any regulatory agencies that this position is subject to other than the Dept of Labor and JCAHO (i.e.: CBH).
HCFA, OIG, DPW

REQUIRED CERTIFICATES/REGISTRATIONS By either federal, state or local agencies or regulatory authorities or hospital policy.
Must maintain or achieve status as a Certified Procedural Coder within 6 months of employment.

EDUCATION & EXPERIENCE (Minimum required to adequately perform the position’s duties, or required before certification/registration. It is acceptable to list a preferred, higher requirement, but it should be so identified. It may also be acceptable to use the terminology “or equivalent experience.”)

BA/BS required. Knowledge of medical terminology and proficiency with diagnosis and CPT-4 coding required. Minimum of three years of experience in related field (physician billing experience preferred). Proficiency with third party billing and documentation standards, particularly the Evaluation and Management codes, is essential. Must be proficient in reading inpatient and outpatient medical records and billing directly from the same. Proficiency in Microsoft Word and Excel and familiarity with IDX preferred.

KNOWLEDGE, SKILLS & ABILITIES Qualities the incumbent must possess to effectively perform the duties of this position

- Outstanding verbal and written communication skills.
- Ability to interact effectively and as an advocate with physicians, staff and external parties.
- Able to work both as a team player and independently.
- Strong analytical abilities.
- Demonstrated aptitude for quantitative analysis and attention to detail.
- Able to identify problems and find creative, effective solutions.
- Able to balance multiple priorities.
- Proficiency with personal computers and related software.
- Attention to patient confidentiality.

PHYSICAL CAPABILITIES

- Activities include walking or standing to a significant degree; requires sitting much of the time. Overtime is required when necessary.
- Use of standard office equipment such as telephone, computer keyboard, photocopier, calculator etc..
- Able to access information in an office setting.

ENVIRONMENTAL CONDITIONS

Protection from weather conditions but not necessarily from temperature changes.
Office setting.

Note: This job description/performance appraisal may not describe all job functions. They may change from time to time.

Age Specific Competency Assessment and Summary and Goals sheet must accompany all performance appraisals.