

AUDITING SPECIALIST (MEDICAL RECORDS CODING)

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, an incumbent in this class is responsible for organizing and coordinating the coding audit activities of the Office of Compliance at the Westchester Medical Center and the Taylor Care Center. The incumbent develops and reviews procedures to ensure conformance and compliance with standards set by regulatory agencies, hospital policies, and rules, and monitors and assists with continuous quality improvement activities as required. The incumbent reviews and appraises the adequacy and efficiency of coding activities, conducts investigations and makes recommendations to improve effectiveness while ensuring compliance in the identification and reduction of fraudulent acts. Responsibilities include examining medical records, reports and reviewing data and acting as an advisor by reporting findings and making appropriate recommendations. Supervision is not normally a responsibility of this position. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Directs the auditing of Medical Records Coding activities for the Westchester Medical Center;

Conducts on-site audits and interviews coding staff;

Performs audit tasks and acts as liaison for the compliance division with administrators involved in coding activities;

Reviews the contents of medical records on a regular and periodic basis to ensure completeness, accuracy, and conformance to standards set by regulatory agencies;

Conducts data analysis, and prepares detailed abstracts and reports of non-compliance;

Conducts analysis of trends and conducts studies that seek deviation in a specific area over time;

Analyzes reports, compiles and interprets data to provide management staff with information regarding trends;

Develops and reviews policies and procedures of coding unit and provides input for appropriate revisions as it relates to compliance issues;

Conducts employee training in the accepted methods and procedures used in the coding of medical records;

Identifies non-compliance areas or potential non-compliance risks and reports findings to compliance officer with findings and recommendations for correction;

Manages multiple reviews simultaneously and ensures completion within established timeframes;

Accesses protected health information (PHI) in accordance with departmental assignments and guidelines defining levels of access (i.e. incidental vs. extensive);

EXAMPLES OF WORK: (Cont'd)

Keeps abreast of current trends in the Coding field;

Uses computer applications or other automated systems such as spreadsheets, word processing, calendar, e-mail and database software in performing work assignments;

May perform other incidental tasks, as needed.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Thorough knowledge of the principles, theories, techniques and practices of internal auditing; thorough knowledge of Federal and State Health Care statutes, regulations and Federal Health Care Program Requirements; thorough knowledge of the modern principles, practices, and procedures used in Medical Records Coding; good knowledge of the operation of a large hospital and its various divisions and their dependency on the Medical Records System; good knowledge of the laws, regulations and standards regulating and affecting the maintenance and dissemination of information from Medical Records; ability to identify problems and propose solutions; ability to gather and analyze data and draw conclusions; ability to analyze situations and arrive at an effective solution; ability to research laws, rules, regulations and procedures governing hospital operations; ability to prepare detailed factual and coherent written reports; ability to select and/or devise the appropriate auditing technique or method; ability to conduct interviews and investigations; ability to prepare oral presentations or audit findings; ability to establish and maintain effective working relationships with all levels of management; ability to effectively use computer applications or other automated systems such as spreadsheets, word processing, calendar, e-mail and database software; integrity; sound professional judgment; tact; physical condition commensurate with the demands of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: Bachelor's Degree* and four years experience where the primary function of the position must have been in auditing coding records for compliance or for the identification of fraudulent activities, in or for a hospital, and possession of one of the following certifications in the field of Medical Records: CCS, CCS-P, RHIA (formerly RRA), or RHIT (formerly ART).

SUBSTITUTION: Possession of certification as a Registered Health Information Administrator (RHIA) may be substituted for one year of experience as described above.

NOTE: Unless otherwise noted, only experience gained after attaining the minimum education level indicated in the minimum qualifications will be considered in evaluating experience.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.

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Job Group: XIII