

DESCRIPTION: Under limited supervision, provides professional direction to the health information services at facilities to include planning and organizing operations, and supervising assigned staff and others engaged in the preparation and maintenance of medical, clinical, statistical records and reports in conformance with State and federal laws and requirements; OR provides professional/technical guidance, analyses, and assessments to health and medical staff at facilities concerning technical coding and record keeping activities, operational improvements, and revenue cycle management in accordance to State and federal laws and regulations, and agency policies; performs related work as assigned.

DISTINGUISHING CHARACTERISTICS: (A position is assigned to this class based on the scope and level of work performed as outlined below.)

This is a full performance classification where each position reports to either a facility administrator or agency program manager and is responsible for planning, organizing, and administering comprehensive, integrated health information and medical records operations at the facility level or administering program administration functions at the statewide level. Work may vary between positions with most having some staff supervision responsibility and others overseeing technical and operational aspects of health information, billing databases, file management systems and practices, and reporting.

Positions with facility-wide responsibilities will supervise assigned records keeping and coding staff and ensure facility compliance with established State, federal, and agency information management standards and practices. Positions with statewide responsibilities will participate in and lead the development and administration of health information management functions such as technical abstracting and coding practices, training/education, quality assurance, record deficiency reviews, or managing claims processing and payment to ensure conformance with State and federal law, accrediting and regulatory mandates, and agency policies.

EXAMPLES OF WORK: (A position may not be assigned all the duties listed, nor do the listed examples include all the duties that may be assigned.)

Develops, implements, and maintains policies and procedures for health information units or program operations in accordance with federal and State requirements, and established professional practice.

Design, implement, and maintain automated and manual health information systems. Monitors record keeping activities to ensure the accuracy, security of electronic/manual health records, and compliance with accreditation and licensing standards and facility policies.

Develops procedures, monitors, and maintains medical records to facilitate efficient retrieval and proper storage; develops record retention schedule, destruction plan, and permanent information storage media.

Develops and maintains billing structure in an Electronic Medical Record system. Determine coding definitions, adjustment codes, procedures and diagnosis codes. Ensure accuracy, consistency, and efficiency in coding for reimbursement, compliance, and reporting purposes

Review medical records to determine eligible medical services to be billed to insurance providers or other federal or state health programs.

A02202 – HEALTH INFORMATION MANAGER (continued)

Supervises health information/medical records staff to include hiring, termination, discipline, performance evaluation, and training of employees; leads work groups to study changes in record management practices; supervises, trains, and evaluates the clinical experiences of interns/students in health related programs as needed.

Develops time sensitive education; trains and provides guidance on proper documentation of care provided to healthcare professionals. Create forms as needed to ensure compliant documentation for billing to federal and state payers.

Maintain current knowledge base to ensure that the providers and facilities are up to date with federal and state mandates regarding documentation, billing, and payment procedures. Disseminates this information in meaningful ways to providers and staff; conducts audits to ensure compliance.

In conjunction with Information Services and Technology staff, serves as an onsite security officer to ensure access to electronic medical records is at the minimal level necessary for staff to perform duties.

Appeals denied claims; provides training to staff and clinical professionals regarding billing functions. Identify areas of non-compliance in coding, claims documentation, and revenue cycle data collection to improve claim payment process.

Ensure appropriate release of Patient Health Information/Personally Identifiable Information.

Audits medical records for qualitative and quantitative analysis relative to established criteria to ensure completeness, accuracy, and internal consistency.

Communicates with clinical staff to ensure medical record documentation standards are met.

Testify in court hearings in response to court orders and subpoenas.

Provide assistance to performance improvement staff in preparation for and during surveys.

Coordinate and compile reports for special studies at the request of administrators, physicians, and other staff; answers correspondence and responds to requests for information concerning medical records.

Provides insurance benefit consultation to members and members' family; assists members with bills received from outside medical providers.

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED: (These are needed to perform the work assigned.)

Knowledge of: medical terminology; the International Classification of Diseases-Clinical Modification (ICD-CM); Current Procedural Terminology (CPT) codes; computer operations and information management systems; confidentiality and other legal aspects of health information management; records and files security and privacy procedures; reimbursement and recovery processes; medical and disease coding protocols; accreditation standards, and Medicare, Medicaid, State, and federal regulations governing health information/medical record keeping processes; disease processes and medical procedures; collection and interpretation of administrative and clinical statistics; agency information management policies and practices.

A02202 – HEALTH INFORMATION MANAGER (continued)

Skill in: planning, prioritizing, and organizing work assignments and operational functions; maintaining accurate medical records; compiling and presenting information to various levels of staff; evaluating the impact of changes in medical record documentation practices and licensure requirements.

Ability to: communicate effectively with professional medical staff, facility operations staff, patients, and insurance representatives; maintain confidentiality and security of medical records/files; advise facility administrators and program managers on patient health information protocols and processes; manage health information operations; analyze and verify appropriateness timeliness, completeness, and accuracy of data and data sources (e.g., patient care, management, billing reports, and databases); abstract data from indices-databases-registries for quality assurance, utilization, risk management, and other patient care related studies; use personal computers, mainframe terminals, imaging technology and software packages (e.g., spreadsheets, databases, word processing, graphics, presentation, statistical, e-mail); design forms, computer input screens, and other record documentation tools.

MINIMUM QUALIFICATIONS: (Applicants will be screened for possession of these qualifications. Applicants who need accommodation in the selection process should request this in advance.)

Three years of coursework, training, and/or experience in compiling, processing, maintaining, billing, coding health or medical information and records OR one year in supervising health/medical records staff and managing health information administration processes.

SPECIAL NOTES:

Specific positions may require possession of Registered Health Information Technician (RHIT) credentials, Registered Health Information Administrator (RHIA) credentials, and/or certification as a professional coder from the American Association of Professional Coder (AAPC).

State agencies are responsible to evaluate each of their positions to determine their individual overtime eligibility status as required by the Fair Labor Standards Act (FLSA).