

MEDICAL RECORDS ADMINISTRATOR, GS-669-12
(Organizational Title: Chief, Health Information Management Services)
PX3413

INTRODUCTION

This position is located in Health Information Management, Division of Information Management at the Phoenix Indian Medical Center. The incumbent will serve as the Chief, Health Information Management Services by performing the full range of supervisory functions to include selection of staff, performance management, employee relations and full program accountability.

The incumbent performs highly technical and specialized functions for an outpatient and inpatient medical record; the work requires knowledge of medical records administration and management skills and abilities. The incumbent is responsible for the accuracy, appropriateness and timely completion of the health record.

MAJOR DUTIES AND RESPONSIBILITIES

Supervisory (25%)

Serves as the first line supervisor with responsibility for coordinating and distributing workloads, reviews the workload and progress of the office; has the authority to accept, reject or amend completed assignments based on established standards and instructions; establishes and maintains production controls. Assures that all internal reports are maintained for use in evaluating quantity, quality and compliance of all final work products. Maintains records of work accomplishments and time-expended reports as required. Supervisory duties include the following:

Develops major goals and objectives for departmental activities, establishes and maintains automated and manual systems, organizes effective and efficient processes and production efforts, recruits, develops and motivates staff, as well as implements changes necessary for effective Health Information Management operations.

Develops individual performance goals and objectives, sets priorities, delegates authority and provides direction to subordinates. Assigns work to be accomplished, set priorities and prepares schedules. **Evaluates employees' performance under his/her supervision and initiates personnel actions.**

Establishes appropriate organizational structure, defines functions and assigns responsibilities and authorities; assures Individual Development Plans, Staff Competencies, Privacy Act/HIPPA and other mandatory training and review of position descriptions are completed yearly.

Identifies developmental and training needs of employees and makes provisions for such development and training. Develops and maintains mentoring plan for department to encourage and promote upward mobility.

Initiates workgroups and teams to accomplish projects and objectives, assuring open communications between staff by use of routine staff meetings, interactions and interventions.

Program Responsibilities (75%):

ICD-9/10 CM Coding: Assures that the appropriate ICD-9/10 codes for all diagnoses and surgical procedures are assigned as required and documented by the provider for inpatient and outpatient visits. Assures that diagnoses are sequenced appropriately for medical necessity as it relates to ancillary services ordered by the provider.

Manages the abstracting of data from the inpatient record to ensure all appropriate co-morbid and secondary diagnoses are coded and the DRG calculation is correctly assigned. Correctly merges ancillary visits and updates the ADT file.

Works with automated record systems, encoding software, and other software applications. Has the ability to research coding issues and follow mandated guidelines for coding selection and third-party payer regulations. Knowledgeable in documentation requirements as it pertains to the electronic health record (EHR) and the medico-legal aspects of the medical record.

Understands the principles of coding guidelines and documentation by healthcare providers, and abstracts necessary data for coding, billing and GPRA indicators for reporting purposes (education, screenings, exams, health factors).

CPT-4 and HCPCS Coding: Manages the assignment and abstraction of appropriate CPT-4 and HCPCS code for all outpatient services, including physician services, professional surgical procedures, anesthesia, injections, supplies, durable medical equipment, ancillary services (laboratory, radiography, etc) and other services. Appropriately assigns modifiers to codes and verifies site, unit number and location of services based on the documentation of the record.

Provides technical assistance to subordinate staff with processing and maintaining CPT-4 coding, abstraction of services from the health record and complies with regulatory guidelines for coding. Assists with updating CPT file and serves as a resource person for CPT-4 and HCPCS codes.

Analysis/Performance Improvement: Manages the analysis of documentation and coding issues to Service Units regarding any areas of concern of the health record, including lack of documentation, legibility, system issues and other concerns that occur during course of duties.

Assists with formulation of query forms for providers that will be used at the Service Units for clarification and documentation.

Identifies inconsistencies within the medical record and participates in QA functions and peer reviews. Reviews the Electronic Health Record (EHR) to ensure the required documentation guidelines are met. Prepares reports for performance improvement recommendations to the service unit.

Assists with technical issues within the computer system. Assists in maintaining and updating the ADT file for inpatient and ambulatory surgery records, PCC error reports, monthly file export and orphan visits.

Attends meetings and serves as a resource person for coding. Assists with coding and education of co-workers, providers, contractors and other IHS employees. Serves as a resource for PCC data-entry staff, providing assistance with coding and documentation issues.

Equal Employment Opportunity (EEO): The incumbent supervisor is responsible to maintain an equal opportunity work environment that fosters recognition and respect of individual differences among his/her inclusive and diverse workforce and adherence to equal employment practices, always being fully aware of employees' class differences by race, color, gender, religion, national origin, disability status or genetic factors. Ensures equal opportunity principles are applied and follows personnel policies and procedures in any tangible employment action such as:

- Merit promotion of employees, recruitment and hiring;
- Fair and transparent treatment of employees;
- Employee development, recognition and discussion of training/development needs;
- Equitable leave management for subordinate employees;
- Equitable and timely performance management for subordinate employees;
- Prompt initiation of interactive process for reasonable accommodation once put on notice by an employee, by his/her relative or by a health provider; and
- Participates in recruitment outreach to the community that serves disabled individuals.

The incumbent is responsible to maintain a harassment-free work environment at all times. Initiates prompt management intervention through informal inquiry should he/she become aware of worksite harassment or conflict within his/her department. Reviews information collected from interviews of the involved parties, counsels the aggrieved party, harasser, and any witnesses, as appropriate. In a substantiated harassment, disciplines the harasser as appropriate. Seeks consultation from HR or EEO officials regarding preventive or corrective action as indicated. Maintains a positive attitude and remains tactful in all contacts. Ensures that new employees receive training on the "NO FEAR Act" and on the "Prevention of Sexual Harassment" within 90 days of appointment.

Performs other duties as assigned.

FES FACTORS

Factor 1 – Knowledge Required by the Position:

Level 1-7

Thorough knowledge of agency and governmental policies, procedures, applicable Federal statutes, and legislation governing medical records programs.

Advanced knowledge and understanding of health information management: including coding, medical terminology, documentation standards, electronic health record (EHR), and medico-legal issues of the health record.

Thorough knowledge of anatomy and physiology.

Advanced knowledge of ICD-9/10 CM, CPT-4 and HCPCS coding. Thorough knowledge and understanding of DRGs and APCs, and requires knowledge of encoding software applications.

Thorough knowledge of pharmacology, including ability to reference the PDR.

Knowledge of legal regulations and requirements pertaining to confidentiality and HIPAA regulations.

Thorough knowledge of the RPMS software program, specifically the PCC, ADT, Scheduling and EHR programs.

Knowledge and ability to use computers, scanners and digital imaging programs, and reference materials for day-to-day tasks within the MSO.

Abides by the Standards of Ethics for coding professionals and with the Compliance Plan of the organization and IHS.

Expert knowledge in developing procedures, planning, organizing and monitoring studies involving analysis of data and preparing reports.

Skills in communicating successfully, both orally and in writing, with a variety of people, health care professionals, and other IHS, state and local employees, and tribal health representatives.

A thorough knowledge of Public Law 94-437, Title IV of the Indian Health Care Improvement Act, P.L. 99-272, the Federal Medical Care Cost Recovery Act; hospital policies and procedures governing the recovery of the cost of medical care provided to certain individuals.

Knowledge of reimbursable insurance procedures and requirements including ability to interpret provisions of individual health plans and group plans.

Knowledge of the private insurance payment system, IHS medical records, policies and procedures pertaining to Medicare/Medicaid reimbursement.

A thorough knowledge of the Privacy Act of 1974 which mandates that the incumbent shall maintain complete confidentiality of all administrative, medical and personnel records, and all other pertinent information that comes to his/her attention. The Privacy Act carries both civil and criminal penalties for unlawful disclosure of records. Violations of such confidentiality shall be cause for adverse action.

Knowledge and experience with various health care delivery systems including inpatient, outpatient, emergency care and specialty care, diagnostic categories and current treatment modalities.

Factor 2 – Supervisory Controls:

Level 2-4

(GSSG - Factor 2, Organizational Setting, Level 2-1; Factor 3, Supervisory and Managerial Authority Exercised, Level 3-2c; Factor 5, Difficulty of Typical Work Directed, Level 5-4; Factor 6, Other Conditions, Level 6-3, Note: Special Situations apply, but only meet 2 of required 3 to elevate factor level)

The incumbent supervises approximately fifteen (15) clerical/technical support employees at the GS-4 through GS-11 grade level; this best characterizes the nature of the work performed in the unit. As such, the incumbent plans and schedules work to be accomplished by subordinates, sets and adjusts short-term priorities; adjusts staffing levels or work procedures; assigns work in consideration of employee skills and mission requirements; develops performance standards and evaluates subordinates' performance; advises employees on work and administrative matters; implements methods and procedures to improve organizational performance in concert with organization management team, such as office automation and information systems enhancements; justifies new equipment purchases; and identifies and provides for employee training and development. The employee also recommends selection of candidates for positions; recommends position structure changes; effects minor disciplinary actions and hears and resolves employee complaints and grievances as delegated by higher level management; and assesses and revises policies and procedures as needed to find ways to improve quality, timeliness, and efficiency of work.

The employee is accountable to the Associate Director, Patient Financial Services that is one level below the first SES official in the direct supervisory chain. The employee's supervisor sets the overall goals and resources available for the assignment. The incumbent and supervisor consult and reach mutual agreement on deadlines, new projects, and management approaches to the work. The employee, having gained expertise in medical records administration, operations, and systems, is responsible for independently planning the medical records component, resolving most of the conflicts which arise, coordinating the work with others as necessary, and interpreting policy. The employee keeps the supervisor informed of potentially controversial matters or decisions, which may have far-reaching implications. The supervisor assesses performance by evaluating the effectiveness of the medical records program, as it relates to revenue cycle, in meeting statutory, regulatory, and agency requirements or expected results. The supervisor reviews completed projects, reports, or recommendations for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives.

Additionally, supervision and total program responsibility requires coordination and integration of a number of work assignments and projects for complex technician work where the incumbent has final technical authority over the work. Provides leadership in developing, implementing, evaluating and improving the medical record coding process, consistent with the program guidelines. Supervision at this level requires technical decisions and actions, which have a direct and substantial effect on the Phoenix Area-wide health care delivery system. Various conditions contribute to the difficulty and complexity of supervisory work. The following are such conditions:

Shift Operations: The position supervises an operation carried out on a 24/7 fully staffed shifts.

Constantly Changing Deadlines: Frequent, abrupt, and unexpected changes in work assignments, goals, and deadlines require that the supervisor constantly adjust operations under the pressure of continuously changing and unpredictable conditions.

Factor 3 – Guidelines:

Level 3-4

Administrative policies and precedents are applicable but are stated in general terms. Guidelines for performing the work are scarce or of limited use.

The employee uses initiative and resourcefulness in deviating from traditional methods or researching trends and patterns to develop new methods, criteria, or proposed new policies to optimize program responsibilities and to enhance revenue generation that results from an improved and accurate medical coding program for a complex healthcare delivery system.

Factor 4 – Complexity:

Level 4-4

The work involves full responsibility for the technical aspects of Health Information Management (i.e. medical records functions) for a complex healthcare delivery system, which includes a wide variety of duties involving diverse and complex technical or administrative problems and considerations: for example, testing, refining, and implementing new methods in records processing, quality assurance, and medical care cost recovery; developing procedural manuals for processing of data and release of information; or establishing standards of acceptable performance that meet internal and external requirements and regulations.

Decisions regarding what needs to be done include the assessment of unusual circumstances, variations in approach, and incomplete or conflicting data.

The work requires making many decisions concerning such things as interpretation of considerable data, planning of the work, or refinement of the methods and techniques to be used. The work typically requires determining ways to extend the capabilities of the medical records systems, developing new or revised procedures and protocols using standard medical records techniques, or refining existing criteria for administering or evaluating medical records programs.

Factor 5 – Scope and Effect:

Level 5-4

(GSSG – Factor 1, Program Scope and Effect, Level 1-3)

The Health Record is a fundamental component to the MSO mission. The work involves developing new or improved solutions to complex technical problems and involves establishing criteria; formulating projects; assessing program effectiveness; or investigating or analyzing a variety of unusual conditions, problems, or questions.

The services provided directly, or significantly impact other functions and activities throughout the Phoenix Indian Medical Center. The work contributes to the improvement, effectiveness, and efficiency of overall program operations. Additionally, activities, functions, and services accomplished, including revenue generated, directly affect and/or increase the ability to provide quality health care services for the clients of the Phoenix Indian Medical Center, which includes a wide and diverse American Indian and Alaska Native population.

Factor 6 – Personal Contacts:

Level 6-2

(GSSG – Factor 4, Personal Contacts, Level 4A-2)

This position involves extensive contacts with personnel from within the organization, Service Unit staff (business office, medical records, ancillary, IT, etc.) throughout the Phoenix area and with outside contractors. Contacts are in moderately structured settings.

Factor 7 - Purpose of Contacts:

Level 7-C

(Nature of Contacts, Level 4B-2)

The purpose of the contacts is to evaluate, analyze and gather information on medical record coding services and to clarify appropriateness of codes. Additionally, contacts are to influence, motivate and negotiate issues with various individuals and groups to accept and comply with established policies and regulations that optimize third party collections. Persons contacted may be skeptical or uncooperative.

Factor 8 – Physical Demands:

Level 8-1

The work is primarily sedentary. The employee sits comfortably to do the work. However, there may be some walking, standing or carrying of light items such as manuals or files. The work does not require special physical demands.

Factor 9 – Work Environment:

Level 9-1

The work environment involves everyday risks or discomforts, which require normal safety precautions typical of such places as offices in a medical facility. There is adequate light, heat and ventilation in the work area.

OTHER SIGNIFICANT FACTORS

Some travel, shift rotation and overtime may be required.

Successful completion of a bachelor's degree in a medical records administration educational program accredited by the American Health Information Management Association (AHIMA) and the American Medical Association's Committee on Allied Health Education and Accreditation (CAHEA) is highly desirable.

Registered Health Information Technician or Administrator (RHIT or RHIA) required with 3 years management experience is highly desirable.

Certification as a Certified Coding Specialist (CCS) or Certified Professional Coder (CPC) is highly desirable from the American Health Information Management Association or comparable entity.

POSITION EVALUATION SUMMARY

Standards Used: PCS Medical Records Administration Series, GS-669, TS-102, March 1991; General Schedule Supervisory Guide, HRCD-5, June 1998, April 1998.

FES EVALUATION SUMMARY

FES Factors	Levels	Points
1. Knowledge Required by the Position	Level 1-7	1250
2. Supervisory Controls	Level 2-4	450
3. Guidelines	Level 3-4	450
4. Complexity	Level 4-4	225
5. Scope and Effect	Level 5-4	225
6. Personal Contacts	Level 6-2	145
7. Purpose of Contacts	Level 7-C	
8. Physical Demands	Level 8-1	5
9. Work Environment	Level 9-1	5
	Points Total:	2755
	GS Grade Conversion	GS-12

Point Range for Grade Conversion: GS-12, 2755-3150

GSSG EVALUATION SUMMARY

FES Factors	Levels	Points
1. Program Scope and Effect	Level 1-3	550
2. Organizational Setting	Level 2-1	100
3. Supervisory & Managerial Authority Exercised	Level 3-2c	450
4. Personal Contacts A. Nature B. Purpose	Level 4A2 -- 50 Level 4B2 -- 75	125
5. Difficulty of Typical Work Directed (Base Work)	Level 5-4	505
6. Other Conditions	Level 6-3	975
	Points Total:	2705
	Grade Conversion	GS-11

Point-To-Grade Conversion: GS-11, 2355-2750

Final Allocation: This position performs supervisory and program management work involving managing, advising on, preserving, analyzing and supervising the use of diagnostic and therapeutic medical records. The FINAL grade level represents the highest level of work performed, which is GS-12. The allocated title is Medical Records Administrator, GS-669-12.

Final Determination: Medical Records Administrator, GS-0669-12.