

NAIHS GENERIC STANDARD POSITION DESCRIPTION

Medical Records Technician
GS-675-06

INTRODUCTION:

This position is located in the Medical Records department of a health center/station. The facility provides a wide variety of health care services in these area, but not limited to: General Surgery, Orthopedic, Pediatrics, OB/GYN, Internal Medicine, Family Medicine, Ears-Nose and Throat (ENT), Optometry, Dentistry, Walk-In/Urgent Care, Public Health Nurse (PHN), Podiatry, Rehabilitative Services: Physical/Speech/Occupational Therapy, Audiology, Behavioral Health/Social Service.

The purpose of the position is to perform medical records technical duties which include the complete and accurate process and maintenance of hybrid (paper/electronic) environment by analyzing, filing, compiling, scanning, release of information, retrieval and dispatching charts/documents, file management, archiving, Third Party, and data entry of treatment provided to patients within a health care center.

MAJOR DUTIES:**Ambulatory Services 70%**

Retrieves, processes, ensures the chart is complete with proper identification and dispatches records to the designated clinic. Pulls scheduled appointment charts and chart reviews. Health summaries are printed as needed.

Performs comprehensive quantitative/qualitative analysis of patient medical record daily to assure the presence of all component parts, such as: correct name, health record number, signatures and dates where required, and all reports which appear to be indicated by the treatment rendered assure the presence of all components of the medical record are complete. Routes medical records back to the provider/department for completion.

Maintains an assigned section of records by performing monthly chart audits for misfiled records, establish volumes for bulky charts, replaces torn or old record covers, and converts the number labels, ensures that all records are in approved chart sequence order, with new dividers in place for easy access to health information.

Conducts archiving processes i.e. purges, prepares and ships inactive records to the Federal Record Center (FRC) for storage. Prints all documents and images stored in the electronic health record system and filed in the paper record. Searches and re-establishes inactive patient charts. Updates Master Control Log and requests original chart referencing the FRC logs. Retrieves records for permanent or temporary withdrawals.

Maintains the Master Control log by adding newly assigned health record numbers and missing data to the log.

Scans health and/or administrative documents into the electronic health record (EHR) system on a timely basis and makes the proper disposition according to established guidelines.

Conducts random quality audits to ensure integrity of scanned images. Maintains a daily scanning and indexing log. Tracks and reports images scanned in error to the supervisor or designee for correction.

Files internal and external loose documents received daily to ensure continuity of patient care.

Re-file patient medical records daily into the main file after chart analysis is performed.

Works with the healthcare team to accomplish goals and objectives as it directly impacts the timeliness of patient care services.

Release of Information 25%

Receives and reviews all incoming requests from hospitals, attorneys, medical audit/review, Social Security Administration, private physicians, insurance companies, individual requests and others including subpoenas and medical statements.

Processes request for release of medical information by utilizing the Resource Patient Management System (RPMS) or Master Patient Index (MPI) to research patient data to obtain the medical record number. Discloses requested information following regulation and policies to ensure all guidelines are met.

Reviews and initiates Federal Medical Care Recovery Act (FMCRA) activities by screening third party cases for possible tort liability and reporting any such cases to the Office of Regional Counsel.

Abstracts medical information from paper/Electronic Health Record (EHR) and copy/print documents.

Rejects requests with discrepancies, returns to originating source for correction. Initiates ROI cover letter to the requestor explaining regulatory requirements necessary for request to be honored

Researches historical patient information to request medical records from the Federal Records Centers (FRC) as a permanent or temporary withdrawal. Temporary files are returned to the FRC upon completion of ROI request.

Records into the RPMS ROI all requests for information and disclosures for accounting purposes.

Analyze the record by performing:

Quantitative Analysis – A comprehensive review to assure the presence of all component parts of the record, including correct identification and validation of each part by name, record number, dates, signatures where required, and the presence of all reports which are indicated by the nature of the case.

Qualitative Analysis – Evaluation of the record for internal consistency and completeness.

Prepares copies of records for law enforcement and attorney requests to be certified by the Custodian of Records before disclosure.

Medico-Legal Requirements – The review includes making the final determination that the record is complete, accurate, and reflects sufficient data to justify the diagnosis and warrant the treatment and end results without infringing on the decisions concerning a physician's clinical judgment. Abides by specific state, federal, Indian Health Service (IHS), Privacy Act (PA), Health Insurance Portability and Accountability Act (HIPAA), Freedom of Information Act (FOIA), Medical legal, service unit and department policies and procedures, regulations regarding specific types of records, i.e., Title 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records, Sexually Transmitted Diseases, HIV/AIDS and Mental Health related records.

Receives patient information from external organizations. Analyzes and processes as appropriate.

Retrieves departmental mail from the mailroom, sorts, stamps and delivers to the recipient. Prepares and disseminates outgoing mail.

Interprets for non-English speaking Native patients in order to ascertain their needs and assist them appropriately.

Data Entry 5%

Performs comprehensive quantitative/qualitative analysis of patient medical records daily to assure the final diagnosis as stated by the physician is valid, complete and accurately reflects the care and treatment rendered. Evaluates the record for documentation, consistency, accuracy and correlation of recorded data, such as medical necessity and modifier usage. Routes medical records back to the provider/department for correction.

Makes the final determination that the record is complete, accurate, and reflects data to justify the diagnosis and warrant treatment without infringing on decisions concerning a physician's clinical judgment

Enters all required data components identified and outlined by Indian Health Service (IHS Patient Education protocols and standards, and all indicators for the Government Performance Results Act (GPRA). The results directly impacts the overall statistical data, and funding source and decision making for the facility. Enters transaction codes and data from charge tickets or super bills, to optimize reimbursement collections for the facility.

Generates daily RPMS/EHR reports to review, identifies errors, inconsistencies, discrepancies and/or trends and discusses with the appropriate medical, nursing, or health care providers, and recommends appropriate modifications to RPMS/EHR entry.

Other duties as assigned:

Some duties not specifically described or included in the Position Description (PD) such as Registration, Scheduling may be assigned to meet the department's or facility's objectives and obligations.

FACTORS:Factor 1 – Knowledge Required by the Position:

Knowledge and understanding of medical terminology, accepted medical abbreviations, pharmaceutical terms, anatomy & physiology and major diseases.

Knowledge of the imaging and scanning computer software and hardware application.

Knowledge of Medico-legal aspects of medical record systems.

Knowledge of Quantitative and Qualitative analysis procedures and processes.

Knowledge of Computerized data entry and information processing systems.

Knowledge of Privacy Act of 1974, Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule of 1996 regulations and requirements in regards to the employee's rights, responsibilities and possible penalties when patient confidentiality is violated.

Knowledge of Accrediting agencies, to ensure the record complies with requirements of all regulatory agencies.

Knowledge of the IHS General Records Schedule, National Archive Records Administration (NARA), and Federal Records Center (FRC) guidelines and processes to perform record management duties and functions.

Knowledge of policies and regulations on Tort Claims and the Federal Medical Care Recovery Act guidelines, in order to expedite third party reports to the Office of Regional Counsel.

Knowledge in medical record forms and formats, and correlation of laboratory tests, surgical procedures, consents, and treatments with diagnoses, in order to assemble medical records in the appropriate sequence and analyzing records to ensure all necessary forms and documents are present, accurate and complete.

Ability to communicate effectively oral or written.

Factor 2 -Supervisory Control:

Employee is under the supervision of the Medical Records Supervisor who makes assignments by defining the overall goals and priorities of the work and assists the employee with unusual situations, which do not have clear precedent. Employee carries out assignments and handles problems and deviations using established policies, instructions and accepted practices within the medical record program. The supervisor places considerable reliance upon the employee's knowledge of medical records. Work is reviewed for results achieved, technical soundness, and conformity to medical record policy and requirements.

Factor 3 - Guidelines:

Guidelines include Huffman's Health Information Management, Federal Medical Care Recovery Act (FMCRA) guidelines. 10th Edition; Indian Health Service Manual Part 3, Chapter 3, "Medical Records" and Part 5, Chapter 15 "Records Management"; Privacy Act of 1974 (Federal Registry); Health Information Portability and Accountability Act of 1996 (HIPAA) Privacy Rule; Freedom of

Information Act of 1966; IHS General Records Schedule; Standards of the Accreditation Agencies; Service Unit's established Medical Staff Rules & Regulations and By-Laws; agency directives & circulars; Departmental and Service Unit Policies and Procedures. The employee uses judgment to identify and select from these available guidelines or refer to the most appropriate guidelines and adapts to specific case.

Factor 4 –Complexity:

The employee performs duties which include repetitive and interrelated tasks and some routine problem solving of medium complexity. The duties involve related processes and methods for analyzing, filing, compiling, scanning, release of information, retrieval and dispatching charts/documents, file management, archiving, third party reporting, and data entry of medical record data according to established procedures. Decisions about what needs to be done involve various choices requiring the employee to recognize the existence of and differences among recognizable alternatives. The employee corrects technical errors using prescribed methods and performs other checks to ensure the validity of information.

Factor 5 -Scope and Effect:

The purpose of the position is to perform medical record keeping functions which is an integral part of the operation of a health care facility. The medical record is the key to all patient treatment; a legal and financial document of the facility; and is the primary means of communication between health care providers. The work has a direct impact on the accuracy, timeliness and reliability of medical records to render patient care, statistical retrieval, reimbursement and accreditation.

Factor 6 -Personal Contacts :

Contacts are with patients, physicians, nursing staff, business office staff, and employees within the immediate organization or work unit, representative of various outside state/federal agencies, tribal agencies and Non-IHS medical facilities.

Factor 7 – Purpose of Contacts

The purpose of contact is to provide medical records exchange and to coordinate work efforts towards patients care.

Factor 8 -Physical Demands:

Physical effort is expended through standing, walking, stooping, bending, kneeling, lifting, reaching, pushing carts, climbing stairs and step stools/ladders.

Factor 9 -Work Environment:

The work environment involves risks and discomforts including exposure to communicable diseases, working with machines, and computers. There is adequate light, heat, and ventilation in work area.

OTHER SIGNIFICANT FACTORS:

The employee is required to work on a rotational basis for shift (day, evenings, night), weekend and holidays for those health care facilities providing after-hour services and/or extended clinic hours to support patient care services.

Patient privacy and confidentiality is required. The Privacy Act of 1974, HIPAA Privacy of 1996, mandates that the employee shall maintain complete confidentiality of all administrative, medical and personnel records and all other pertinent information that comes to his/her attention or knowledge. The Privacy Act and HIPAA Privacy carry both civil and criminal penalties for unlawful disclosure of records. Violations of such confidentiality shall be cause for adverse action.