**Position #:**
**Title:** Coding Compliance Educator

**JCC:**
**Grade:**
**Dept. #:** 8-76200

**Job Group:**
**Educ./Exp.:**
**License/Cent.:**

**Analyst:**
**Effective Date:**
**Completion Date:**

**DEPARTMENT INFORMATION**

**Division/College:** Hospital/Medical Center
**Department Name and Number:** Medical Records
**Department 8-76200**

**Immediate Supervisor:** Med Records Supv
**Supervisor’s Official Title:** Med Records Supv

**Telephone #:** 323-5543

**SIGNATURES**

**Employee:** ____________________________

**Supervisor:** ____________________________

**Dept./Coil. Budget Officer:** ____________________________

**Sector Budget Officer:** ____________________________

**Funding Category Code:**
**Account #:** 8-76250

**Proposed Budget Salary (Minus Benefits):** $ __________

**BUDGET INFORMATION**

**POSITION INFORMATION**

Check one:
- [ ] NEW POSITION
- [ ] RE-EVALUATION
- [ ] UPDATE ONLY

If this is a re-evaluation or update, please provide the position #:

If the duties of this position are similar to others in the unit, please provide the position number(s) and/or title(s)

**Hours Worked Per Week:** 40 Of 40 = 100 % F.T.E. (i.e. 37.5 of 37.5 = 100% OR 20 of 40 = 50% F.T.E.)

**Check One:**
- [ ] Full-Time
- [ ] Half-Time
- [ ] Part-Time

**Flex Leave:** Yes _ _ No _ _ Number of Months Worked Per Year ____

Provide a brief justification for this request.

The Coding Compliance Coordinator would serve as educator, trainer and quality control contact in the area of coding in the Medical Records Department to insure accurate coding of inpatient and outpatient charts and compliance with federal, state and local coding guidelines.

Summarize how the duties of this position relate to achieving the goals of the unit. The position supports the department mission of providing timely and compiled information to clinicians, coding staff and ancillary personnel in support of educational and legal requirements in compliance with federal, state, and local guidelines. The position promotes organizing a system-wide coding division to make optimal use of staff, improve productivity, improve quality by developing a quality monitoring and education program, and reduce unbilled accounts.
**JOB OUTLINE**

List this job’s key responsibilities in order of importance. Most jobs have three to five major responsibilities. Please specify the approximate percentage of time spent on each. Major job responsibilities are typically only one to two words.

<table>
<thead>
<tr>
<th>Major Job Responsibility:</th>
<th>Essential Functions:</th>
<th>Competencies/ Skills:</th>
<th>Percent of Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Job Responsibility: Records/forms</td>
<td>Prepare IDIV's, DAV's, maintain personnel records and correspondence files.</td>
<td>Planning and organizing, dependability and attention to detail.</td>
<td>30.0 %</td>
</tr>
<tr>
<td>Major Job Responsibility: Education/Training</td>
<td>Training newly hired coders in the areas of record flow, applicable computer systems, and coding and abstracting inpatient and outpatient records, medical terminology, and disease processes. Providing regular scheduled inservice to coding staff regarding coding guidelines, compliance issues and coding policy changes. Responsible for conducting educational sessions for physicians, residents, and ancillary staff such as physician and/or ancillary responsibility in chart documentation and coding guidelines as they pertain to coding compliance.</td>
<td>Technical/Professional Knowledge, Oral Presentation, Impact, Sensitivity, Written Communication-Formal, Developing Organizational Talent, Innovation, Planning and Organizing</td>
<td>25%</td>
</tr>
<tr>
<td>Major Job Responsibility: Compliance/Quality Control</td>
<td>Performs data-quality reviews on inpatient and outpatient records to validate the code assignments and DRG or APC grouping, missed secondary diagnoses and procedures, and to ensure compliance with coding guidelines. Monitors inpatient and outpatient case mix reports. Evaluate the quality of documentation to identify incomplete or inconsistent documentation in the medical record. Performs random UB-92 claims reviews to ensure that all the codes assigned are being transferred to the UB-92 claim form.</td>
<td>Information Monitoring, Analysis, Attention to Detail, Continuous Improvement, Judgment, Quantity of Work, Quality of Work, Quantitative Analysis</td>
<td>35%</td>
</tr>
<tr>
<td>Major Job Responsibility: Professional Development</td>
<td>Attends coding and reimbursement workshops and provides education to the staff on their contents. Maintains current information and technologies regarding coding and reimbursement. Meets continuing education requirements as set by the American Health Information Management Association.</td>
<td>Technical/Professional Proficiency, Technical/Professional Knowledge, Initiative, Dependability</td>
<td>25%</td>
</tr>
<tr>
<td>Major Job Responsibility: Customer Service/Communication</td>
<td>Responds to the peer review organization and other insurance inquiry letters on APC/DRG changes and/or denials. Provides documentation when appealing the decisions. Communicates any APC and/or DRG updates published in Medical fiscal intermediary newletters, bulletins, and provider manuals. Assigns ICD-9-CM and CPT-4 codes to both inpatient and outpatient visits as needed for coverage. Develop and maintain coding and abstracting policies and procedures as needed to support the accurate coding of all patient encounters. Serves as a liaison to the medical staff, hospital and clinic staff, and external representatives as relates to coding functions.</td>
<td>Written Communication - Formal, Communication, Decisiveness, Customer Service Orientation, Decisiveness, Listening</td>
<td>15%</td>
</tr>
</tbody>
</table>
Performance Factors

TOTAL %: **100**

100%  NOTE: Additional copies of this page may be attached if more space is needed.
JOB REQUIREMENTS

PART B

Question 1: Education

What is the minimum formal education level required to do this job? (Mark one box.)

1. ☐ Less than High School
2. ☐ High School/GED
3. ☐ Technical/Skills Training
4. ☐ Technical Diploma
5. ☒ Associate's Degree
6. ☐ Bachelor's Degree
7. ☐ Master's Degree
8. ☐ Doctoral Degree

Please list any specific degree requirements: Registered Health Technician (RHIT) or Registered Health Information Administrator (RHIA).

Question 2: License/Registration/Certification

Are any of the following required to do this job at UK? (Mark all that apply.)

1. ☐ None
2. ☐ Eligibility for Professional License, Registration or Certification
3. ☐ Professional License, specify: [___]
4. ☒ Registration, specify: RHIT or RHIA as stated above
5. ☒ Certification, specify: Certified Coding Specialist (CCS) or Certified Procedural Coder-Hospital (CPC-H) preferred.
6. ☐ Driver's License
7. ☐ Commercial Driver's License

Question 3: Experience

What is the minimum job-related experience required to do this job? Experience can be gained either inside or outside UK. (Mark one box.)

1. ☐ No experience required
2. ☐ Six months or less
3. ☐ More than six months but less than one year
4. ☐ One to two years
5. ☒ Three to four years
6. ☐ Five to six years
7. ☐ Seven to nine years
8. ☐ Ten years or more

Please list any specific skills sets which may be required to perform the duties of the position: (i.e., MS Windows, Excel, etc.)

Microsoft Office, SoftMed and 3M Computer Systems, typing, coding and abstracting, ICD-9-CM and CPT-4 coding guidelines, filing systems, medical terminology, human anatomy and physiology, and knowledge of DRGs and APCs.
A brief justification for this request: The Coding Compliance Coordinator would serve as educator, trainer and quality control contact in the area of coding in the Medical Records Department to insure accurate coding of inpatient and outpatient charts and compliance with federal, state and local coding guidelines.

Major Job Responsibilities and Essential Functions:

Education/Training - Training newly hired coders in the areas of record flow, applicable computer systems, and coding and abstracting inpatient and outpatient records, medical terminology, and disease processes. Providing regular scheduled inservice to coding staff regarding coding guidelines, compliance issues and coding policy changes. Responsible for conducting educational sessions for physicians, residents, and ancillary staff such as physician and/or ancillary responsibility in chart documentation and coding guidelines as they pertain to coding compliance.

Compliance/Quality Control - Performs data-quality reviews on inpatient and outpatient records to validate the code assignments and DRG or APC grouping, missed secondary diagnoses and procedures, and to ensure compliance with coding guidelines. Monitors inpatient and outpatient case mix reports. Evaluate the quality of documentation to identify incomplete or inconsistent documentation in the medical record. Performs random UB-92 claims reviews to ensure that all the codes assigned are being transferred to the UB-92 claim form.

Professional Development - Attends coding and reimbursement workshops and provides education to the staff on their contents. Maintains current information and technologies regarding coding and reimbursement. Meets continuing education requirements as set by the American Health Information Management Association.

Customer Service/Communication - Responds to the peer review organization and other insurance inquiry letters on APC/DRG changes and/or denials. Provides documentation when appealing the decisions. Communicates any APC and/or DRG updates published in Medical fiscal intermediary newsletters, bulletins, and provider manuals. Assigns ICD-9-CM and CPT-4 codes to both inpatient and outpatient visits as needed for coverage. Develop and maintain coding and abstracting policies and
procedures as needed to support the accurate coding of all patient encounters. Serves as a liaison to the medical staff, hospital and clinic staff, and external representatives as relates to coding functions.
Employment Standards:

Specific degree required: Associate's Degree

Specific professional license required: 

Specific registration required: RHIT or RHIA

Specific certification required: CCS or CPC-H preferred

Specific skill sets required: Microsoft Office, SoftMed and 3M Computer Systems, typing, coding and abstracting, ICD-9-CM and CPT-4 coding guidelines, filing systems, medical terminology, human anatomy and physiology, and knowledge of DRGs and APCs.

Competencies/Skills: Technical/Professional Knowledge, Oral Presentation, Impact, Sensitivity, Written Communication-Formal, Developing Organizational Talent, Innovation, Planning and Organizing, Information Monitoring, Analysis, Attention to Detail, Continuous Improvement, Judgment, Quantity of Work, Quality of Work, Quantitative Analysis, Technical/Professional Proficiency, Initiative, Dependability, Communication, Decisiveness, Customer Service Orientation, Listening

Summary of how the duties of this position relate to achieving the goals of the unit: The position supports the department mission of providing timely and compiled information to clinicians, coding staff and ancillary personnel in support of educational and legal requirements in compliance with federal, state, and local guidelines. The position promotes organizing a system-wide coding division to make optimal use of staff, improve productivity, improve quality by developing a quality monitoring and education program, and reduce unbilled accounts.