

JOB TITLE: Compliance and Revenue Integrity Auditor	DEPARTMENT: Patient Financial Services	POSITION OF SUPERVISOR: Director of Revenue Cycle
FLSA STATUS: Exempt	ANTICIPATED HOURS PER WEEK: 40	EFFECTIVE DATE: 10/01/2022

Position Summary: The Compliance and Revenue Integrity Auditor is responsible for completing internal audits by independently and objectively assessing internal controls utilizing a systematic approach to evaluate and improve the effectiveness of risk management, control and governance processes. Prepares audit work plan, completes audits, prepares audit reports to ensure any findings are mitigated. Identifies enhancements or improvements to internal processes to help ensure quality, efficiency and regulatory compliance with local, state, and federal regulations. Researches, manages, coordinates, and implements Charge Description Master (CDM) and charge capture initiatives and processes to ensure revenue management and revenue protection, and ensures the overall integrity of the CDM. (Charge Master). Monitors and reports to the management on progress and processes. Is able to work independently with the latitude to make changes or suggestions. Conducts special projects to facilitate revenue management. Works collaboratively with the organizations directors, managers, and supervisors on all charge master related processes.

Qualifications: *At all times, the employee shall possess the following qualifications set forth below.*

Education/Training:	High-school graduate or equivalent required; college degree preferred Applicable clinical or professional certifications required: CPC, CCS, AHIMA
Experience:	<ul style="list-style-type: none"> • 5+ years of healthcare-experience • Prior CDM or charge capture experience • Advanced knowledge of CPT4/HCPCS codes, revenue codes. • Advanced knowledge of policies, standards and methodologies pertaining to charge capture and reconciliation, reporting, documentation and general compliance. • Advanced knowledge of the accepted principles, practices and tools relating to general healthcare billing, cost accounting and reimbursement • Advanced knowledge of the content and application of published health information management coding conventions, e.g., as referenced under “Coding Clinics” and/or other nationally recognized coding guidelines
Special Skills, Licenses or Certifications:	Advanced knowledge in Microsoft Access, Excel, and Word Coding Certification Lifesaver CPR Must have attention to detail Must have strong organization and communication skills
Language Skills:	Demonstrates ability to read, write, and clearly express one's self in English 100% of the time Additional languages preferred Demonstrates ability to listen Demonstrates ability to clearly conveys thoughts in speech and written word
Physical/Mental/Special Demands:	Lifting a minimum of 20 pounds may be required; adequate hearing is required to hear/talk with other employees, patients and public in person and on the telephone;

	work requires the use of computers with exposure to monitors, key boards, mouse with repetitive motions for extended periods of time; position requires standing, bending, walking and long periods of sitting. Ability to initiate CPR 100% of the time. Must have fine motor skills 100% of the time. Ability to work and multi-task at a rapid pace with numerous interruptions 100% of the time. Good mental health. Demonstrate tact, versatility, and dependability. High degree of self-motivation and directional initiative. Ability to function independently. Ability to cope and remain calm in escalating situations; Must consistently demonstrate compliance with organizational-wide competency statements and performance criteria based on established quality indicators.
Work Environment:	Work is performed in an office setting with exposure to work stress, environmental stress, and frequent interruptions; noise level is moderate; work may involve exposure to blood, bodily fluids and communicable diseases; frequent communications, on a daily basis, with the general public, co-workers, vendors and patients.
Cross-Training of Position:	PSMC cross-trains job positions. This job description must cross-train to be able to effectively perform the job positions of Reimbursement Analyst, and Coder.

Standard Job Requirements: *At all times, employee shall satisfy the following requirements:*

1. Exemplify and support PSMC's values. (WISER)
2. Accomplish annual goals.
3. Works forward on department plans (may change from time to time).
4. Comply with all PSMC policies including, without limitation, timely attendance, code for dress and decorum, no conflicts of interest, no harassment, fragrance free, etc.
5. Comply with all PSMC and department procedures, rules and directives.
6. Establish and maintain effective working relationships with others (e.g., co-workers, supervisors, patients, visitors, vendors of PSMC and the general public).
7. Be courteous, respectful, honest, and solution-oriented in dealing with others.
8. Communicate accurately, clearly, and effectively both orally and in writing.
9. Possess excellent organizational skills and the ability to multi-task.
10. Work independently and perform the job with minimum supervision.
11. Work effectively on PSMC/department team matters and recognize situations which require teamwork.
12. Maintain strict confidentiality of all patient matters and recognize situations where confidentiality should be maintained even if not legally required.
13. Respect the importance of compliance and quality programs and support the same.
14. Possess computer knowledge/skills and the ability to learn and adapt to new programs and software.
15. Participate in employee training, Disaster Preparedness and emergency events.
16. Perform other job duties, as assigned by a supervisor.

Essential Duties, Functions and Responsibilities: *At all times, employee shall be able to perform the following essential functions of the job, with or without an accommodation, as set forth below.*

1. Researches, evaluates, and interprets guidance from a variety of sources to determine department and/or facility impact; continually reviews and monitors billing and coding changes affecting CDM and charge capture processes, including price analysis.
2. Interacts with Managers, Directors, and Senior Leadership to ensure the chargemaster is compliant for charging, billing, and optimal reimbursement for the financial success of the organization.
3. Reviews CDM new and/or change requests for accuracy and appropriateness, and reviews additions, deletions, and modifications to charges for approval from the CFO. Conducts risk assessments and preparation of work plans.
4. Meets regularly with departments on charge build, reconciliation and annual updates.
5. Provides guidance and education related to billing and charge capture of services to multiple staff levels.
6. Reviews the OIG audit work plan and develops audits that impact PSMC from the OIG audit work plan.
7. Conducts audits for charging, coding and billing for compliance with laws and regulations to ensure revenue integrity for billed services and optimal reimbursement.
8. Compiles information and/or reports and analyses setting forth results of compliance audits with appropriate recommendations, performs subsequent audits to ensure complete and appropriate corrective action.
9. Runs reports to identify lost revenue and reimbursement throughout all service lines, Maintains knowledge of current federal and state regulations.
10. Maintains knowledge of all payor coding and billing rules and regulations. (CCI, OCE, Medical Necessity, Medically Unlikely Edits (MUE, etc.).
11. Researches and interprets guidance from CMS and other sources for denials management; evaluates and reports on source of denials and works with the Reimbursement Analyst on appeals.
12. Works with Patient Financial Services on all claim rejections related to coding and makes necessary corrections and provides ongoing education to the coding staff.
13. Performs other duties as assigned.

Approved by:

(Supervisor – Signature)	(Title)	(Date)
	Human Resources Manager	
(Human Resources – Signature)	(Title)	(Date)

Receipt and Acknowledgment:

I acknowledge and understand that:

- This job description, and receipt and acknowledgment of this job description, does not imply or create a promise of employment or employment contract of any kind. I understand and acknowledge that my employment with Pagosa Springs Medical Center is “at will” and may be terminated by me or the employer at any time with or without cause.
- The job description provides a general summary and requirements of the position in which I am employed. At this time, I know of no limitations which would prevent me from performing these functions with or without

accommodation. I further understand that it is my responsibility to inform my supervisor if, at any time, I am no longer qualified for my position and/or unable to perform the job requirements or essential functions of my job.

- Positions, job descriptions, duties, tasks, work hours, work requirements and qualifications may be changed at any time at the discretion of Pagosa Springs Medical Center.
- Acceptable job performance requires: (a) proper compliance with and completion of all aspects of the job description; and (b) compliance with PSMC policies, procedures, rules and directives.
- I have read PSMC values (WISER) and understand them.
- I have read and understand this job description.

(Print Employee Name)	(Employee Signature)	(Date)