Job Class Profile: Medical Auditor I

Pay Level: CG-28  Point Band: 578-621

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JOB SUMMARY
The Medical Auditor I audits billings by medical practitioners and dentists to determine compliance with programs, policy and applicable legislation including auditing the utilization of beneficiaries of the program.

Key and Periodic Activities
— Reviews source documentation of a sensitive nature and provides essential medical interpretation to determine whether claims have been paid in compliance with established rules and procedures.
— Compiles audit reports which include recommendations regarding further action and drafts letters to physicians, dentists, and beneficiaries registered with the Medical Care Plan (MCP).
— Interviews physician and physician’s staff and compiles statements for inclusion in the audit report.
— Educates physicians, dentists and their billing staff regarding the proper billing practices.
— Recommends audit initiatives based upon analysis of claims flagged on standard reporting.
— Analyzes claims of higher dollar value to determine the existence of questionable billings. This involves investigating billings questioned under the MCP utilization process. Obtains patient records and/or patient charts.
— Meets regularly with the Medical Consultant to Audit to deal with contentious fee schedule and record documentation matters.
— Prepares a detailed audit report outlining the degree of compliance of each claim in a sample with reference to pertinent MCP Payment Schedule Preamble sections.
— Assists staff from other Audit Sections within the Audit Services Division with medical matters arising from audits.
— Recommends changes and modifications to existing payment policy and procedures or assessment rules.
— Assists in the preparation of audit cases for presentation to the Medical Consultant’s Committee.
— Conducts on site audits for the purpose of auditing and retrieving source documentation for audit review.
— Prepares information for the Department of Justice (RNC) and RCMP requested through court warrants.
## SKILL

### Knowledge

**General and Specific Knowledge:**
- Medical & dental terminology.
- MCP billing process.
- Rules and regulations of the Physicians Manual and Payment Schedule.

**Formal Education and/or Certification(s):**
- Minimum: Completion of an undergraduate Degree or Certificate in Health Records Management supplemented by the completion of Medical and Dental Terminology and Anatomy courses.

**Years of Experience:**
- Minimum: One year or less of related work experience.

**Competencies:**
- Ability to operate a computer to process claims.
- Ability to compose and prepare correspondence/memos.

### Interpersonal Skills

- Interpersonal skills include interacting with physicians and billing staff to provide advice and direction on proper billing procedures as outlined in the MCP Medical Payment Schedule and the importance of compliance with rules and regulations.
- The most significant interactions include consulting with and receiving advice from the supervisor and/or the Medical Consultant on complex/contentious claims, and educating and informing physicians, dentists, and billing staff on billing practices.

## EFFORT

### Physical Effort

- Work activities are such that they generally do not result in considerable fatigue requiring periods of rest.
- Occasionally required to lift or move files weighing less than 10lbs.
- Utilizes fine finger precision work while constantly sitting at a computer to assess audit samples and is occasionally required to walk to retrieve files and drive to sites.

### Concentration

- Requires constant **visual** and **eye/hand co-ordination** when performing repetitive audits of electronic samples.
- **Attentiveness** and carefulness is required to ensure accuracy of audit results which could impact the potential determination of over-billing amounts by physicians.
- Claims monitoring is governed by specific **time frames**.

### Complexity

- The most typical challenge is interpreting physician medical records and determining the appropriate payment. The complexity varies from physician to physician and record to record,
and interpretation of patient records which are primarily hand written presents legibility as a common issue. The record must then be assessed as to the compliance to the billing requirements.

— The MCP Medical Payment Schedule and Preamble Section to the Payment Schedule provide the fees and general rules.

RESPONSIBILITY

Accountability and Decision-Making

— Work tasks and activities are generally prescribed or controlled within the general guidelines and for conformance to the MCP Billing Schedule.

— Without formal approval there is authority to accept/deny patient records for auditing purposes.

— The initiation of complex audits requires a recommendation to the Supervisor for audit action due to the potential incorrect claims by physicians and compiling of essential information to support the recommendation.

— Can exercise discretion to allow extensions on the submission of patient record deadlines and also the discretion to reinstate cancelled or adjusted claims.

Impact

— Work results impact the immediate work area, within the department and on clients such as physicians, billing staff and beneficiaries.

— Audits can directly impact physician payments and can impact the work process of billing staff and internal processors and assessors.

— In addition to impacts on work flows internally, errors can impact physician payments as well as can result in savings to the MCP budget if payment errors are identified.

— Corrective action from the audit process can have a significant impact on the MCP budget and on reversing patterns of incorrect billings.

Development and Leadership of Others

— Does not have full-time responsibility for the direct supervision of staff.

— Is expected to provide development and leadership to others by providing advice/guidance/training.

WORKING CONDITIONS

Environmental Working Conditions

— Works in an office environment with limited exposure to environmental working conditions.