**Job Class Profile:** Medical Auditor II  
**Pay Level:** CG-34  
**Point Band:** 742-765

<table>
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<tr>
<th>Factor</th>
<th>Knowledge</th>
<th>Interpersonal Skills</th>
<th>Physical Effort</th>
<th>Concentration</th>
<th>Complexity</th>
<th>Accountability &amp; Decision Making</th>
<th>Impact</th>
<th>Development and Leadership</th>
<th>Environmental Working Conditions</th>
<th>Total Points</th>
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**JOB SUMMARY**

The Medical Auditor II is responsible to identify potential audits of providers with inappropriate billings according to MCP Payment Schedules.

**Key and Periodic Activities**

— Analyzes statistical information and data to identify potential audits. The potential audits and recommendations are presented for approval.

— Prior to the audit, selects an appropriate sample and prepares the necessary correspondence to request records. Upon receipt of the requested records, compiles the reports for analysis by other medical auditors.

— Obtains the results of the audit after being reviewed by the Medical Consultants Committee (MCC). Compiles the data related to the audit period and the total population. Calculates the error rate in the sample and using statistical techniques, extrapolates the error rate to the total population. Prepares a detail letter to the physician outlining the billing errors and the results of the recovery amounts.

— Compiles and prepares various data requests made by other Medical Auditors to assist in their analysis.

— Compiles information and reports regarding the Claims Management System process and audits in progress.

**SKILL**

**Knowledge**

**General and Specific Knowledge:**

— Auditing, accounting and related computer applications.

— Knowledge of the Claims Management Process and payment rules and schedules.

**Formal Education and/or Certification(s):**

— Minimum: Graduation from a college or university with a Degree in Commerce or Business supplemented by enrolment in a nationally recognized accounting designation program.

**Years of Experience:**

— Minimum: 1 to 2 years related work experience.
Competencies:
— Oral and written communications.

Interpersonal Skills
— Interpersonal skills include: interacting with internal staff members to request information and to ensure through asking questions that all accurate information is obtained and once the data is compiled and analyzed, communicating and explaining it to the applicable parties; and interacting directly with clients to answer questions and concerns regarding audits/cancelled claims/billing issues which may be of a difficult nature.
— The most significant contacts include: the Medical Audit Manager to receive guidance on job tasks to be performed, to discuss analysis findings and audit reports and to discuss areas of improvement in process; other Medical Auditors to provide additional information regarding requests and to discuss abnormal billing activity and beneficiary utilizations frequencies/patterns; and the clerical staff who receive claims/documents and provide administrative support to the program.

EFFORT

Physical Effort
— Work is such that it generally does not result in fatigue requiring period of rest.
— Occasionally required to lift or move files weighing less than 10lbs.
— Utilizes fine finger precision work while constantly sitting at a computer and occasionally is required to walk to retrieve files and drive to sites.

Concentration
— Constant visual concentration is required given the majority of work is completed and reviewed on screen.
— The calculations of recoveries require higher than normal levels of attentiveness. Because all audit recoveries are subject to appeal, the calculations are subject to intense scrutiny and may ultimately be challenged in court. Also requires a higher degree of alertness to ensure that the information is being sent to the appropriate individuals so that the private/confidential nature of the material is protected.
— The analysis and the compilation of data is completed with large volumes of information/data and maintained in databases and spreadsheets. This requires exact results and precision to ensure that the analysis is accurate. This analysis is used to determine future audits.

Complexity
— Typical challenges relate to identifying potential audits. Through analyzing standard and ad hoc reports, areas of concern must be identified. There are no defined procedures in completing an analysis report, so trends and abnormal patterns must be identified and investigated.
— There are some references to rely on such as the payment schedules and rules.

RESPONSIBILITY

Accountability and Decision-Making
— Without formal approval has the authority to investigate and recommend potential audits,
perform the analysis and present the findings.
— All correspondence to providers/beneficiaries must be reviewed and signed off by the supervisor. The initiation of preliminary and comprehensive audits requires prior approval.
— Can exercise discretion, based on analysis completed to select which providers are presented for potential audits.
— Compares results of analysis with peers in the province and exercises discretion and judgement in determining the reasonableness of the claims.

Impact
— Work has direct impact both within and outside the organization.
— Internal staff receive the records requested from providers which would then go through the audit process. Recommendations or changes may impact provider’s billings.
— Work also would directly impact revenue due to audit recoveries and provide a deterrent effect on provider billing activity.

Development and Leadership of Others
— Does not have responsibility for the direct supervision of staff.
— Informally provides advice and guidance to lower level Medical Auditors relating to the audit process and techniques. During on site audits, position would take an overseer role to ensure the audit is progressing as planned and all work is completed.

WORKING CONDITIONS

Environmental Working Conditions
— Does not require any special precautions or safety equipment.
— Typically works in an office environment with limited exposure to undesirable working conditions.