

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
HUMAN RESOURCES**

POSITION DESCRIPTION

<i>Position Title</i>	<i>Title Code(s)</i>	<i>Effective</i>	<i>Reissued</i>	<i>Revision</i>
Health Information Management Specialist		02/12/14		
Level I	001040			
Level II	001050			

Purpose of Position

This class of positions encompasses supervisory and/or administrative work of varying degrees of difficulty and responsibility in the field of health information management. Performs quality review of records and/or documentation provided by clinical staff. Contributes to, and ensures the appropriateness of code and Diagnosis-Related Group (DRG) assignment in order to facilitate consistency, accuracy, and efficiency in claims processing, data collection, and quality reporting. There are two (2) Assignment Levels within this class of positions; all personnel perform related work.

Assignment Level I

Under supervision, performs assigned duties related to medical record and health information documentation, coding, validation, processing, and quality assurance. The following are typical tasks for Assignment Level I:

Examples of Typical Tasks:

1. Validates the completeness, accuracy, and specificity of code assignments for inpatient, outpatient, and ambulatory surgery records in accordance with established coding guidelines. Ensures that all documented diagnoses and procedures are properly coded.
2. Validates the accuracy of DRG assignment.
3. Validates the accuracy of additional information abstracted from the clinical record.
4. Monitors denials and appeals. Performs DRG denial reviews for appropriate parties. Ensures that denials are responded to in a timely manner; submits monthly reports.
5. Monitors data integrity and accuracy; makes necessary data corrections and entry. Performs chart review to determine data quality.

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Examples of Typical Tasks (continued):

6. Identifies and reports on cases with documentation inadequacies, inconsistencies, and other issues with opportunities for improvement. Evaluates root causes and proposes corrective action for same.
7. Generates physician queries as needed in order to obtain clarification of medical record documentation. Validates that physicians have been queried according to established procedure.
8. Confers with coding specialists, and oversees and evaluates work performance. Provides ongoing and specific feedback to coding staff and management team regarding review findings.
9. Provides education and training to new and existing health information management staff.
10. Instructs physicians, nurses, health information management staff, and other appropriate personnel regarding documentation requirements as related to coding.
11. Works with other departments to ensure that accurate reporting and reimbursement are facilitated.
12. Assigns codes for diagnoses and procedures according to the current classification system for inpatient, outpatient, and ambulatory surgery records and in accordance with established coding guidelines.
13. Performs concurrent and retrospective clinical documentation review and provides data when necessary.
14. Reviews and analyzes clinical records for compliance with appropriate regulatory requirements.
15. Effectively utilizes computer applications and other coding and abstracting software and hardware as necessary.
16. Performs other related duties as assigned or directed.

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Assignment Level II

Under general supervision, directs, coordinates, and supports the daily activities and services in an assigned department(s), unit(s) or area of service. In addition to performing the duties of Assignment Level I at a more difficult and responsible level also performs the following:

Examples of Typical Tasks:

1. Assists in the development, implementation, and management of organizational strategy, initiatives, and/or budget and performance standards; communicates organizational objectives and goals.
2. Serves as departmental representative through participation in various facility and corporate-wide committees, work groups, and/or initiatives.
3. Assists in interdisciplinary efforts to review existing documentation and coding policies and procedures and makes necessary recommendations for improvement.
4. May assume responsibility for supervising and/or directing assigned personnel as appropriate and required.

Qualification Requirements:

1. Possession of a Registered Health Information Administrator (RHIA) credential from AHIMA and two (2) years of satisfactory experience in coding and abstracting medical records in a recognized hospital or health care organization, of which one (1) year has been in a supervisory and/or administrative capacity; or
2. Possession of a Registered Health Information Technician (RHIT) credential from AHIMA and four (4) years of satisfactory experience in coding and abstracting medical records in a recognized hospital or health care organization, of which two (2) years have been in a supervisory and/or administrative capacity; or
3. Possession of a valid certificate as a Certified Coding Specialist (CCS) from AHIMA and six (6) years of satisfactory experience in coding and abstracting medical records in a recognized hospital or health care organization, of which three (3) years have been in a supervisory and/or administrative capacity; or
4. A satisfactory equivalent of education and experience.