

MONO COUNTY
BARGAINING UNIT: MCPE
NON-EXEMPT

CLASS CODE:
DATE ESTABLISHED: 02/04
DATE REVISED: 04/04

QUALITY ASSURANCE COORDINATOR

DEFINITION: Under direction of the Mental Health Director or designee, plans, organizes, participates in and coordinates the Mental Health Department's Quality Assurance Program, including supervision of medical records, review of policy and procedures for Medicare and Medi-Cal reimbursement and client access to Mental Health services.

DISTINGUISHING CHARACTERISTICS: This single position classification has responsibility for coordinating the Quality Assurance Program of the Mental Health Department to meet State and Federal regulations for Medi-Cal and Medicare reimbursement. A major component of the position is oversight and auditing of procedures for documenting and claiming reimbursement for mental health services and tracking access of beneficiaries to these services.

REPORTS TO: Program Chief or Mental Health Director.

CLASSIFICATIONS DIRECTLY SUPERVISED: None.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES: *(Essential functions, as defined under the American with Disabilities Act (ADA), may include the following tasks, knowledge, skills and other characteristics. This list of tasks is ILLUSTRATIVE ONLY, and not a comprehensive listing of all functions and tasks performed by positions in this class.)*

Plans, organizes and coordinates the Quality Assurance Program; develops, maintains and revises the Department's Quality Assurance Plan and the Program Integrity Plan to meet state and federal regulations; insures adherence to Quality Assurance Standards; coordinates and monitors Utilization Review procedures; chairs the Quality Improvement Committee (QIC) and the Compliance Committee (CC); establishes procedures for meeting and monitoring compliance with the detailed requirements of Medi-Cal and Medicare programs including coordination of peer review and medication monitoring reports; prepares drafts of plans or modifications to plans and policies for submission to the QIC, Mental Health Director and the State, acts as a primary liaison with the Quality Assurance Division of the State Departments of Health and Mental Health, attends State Quality Improvement Council meetings; compiles, disseminates and interprets information to staff and management verbally and by means of developing written policy or training materials; conducts training and periodic audits of existing client charts and billing records to assure compliance with program standards; provides consultation and advice on Quality Assurance matters to the Director, HHS Management and the Compliance Officer and other HHS staff responsible for implementation of the Quality Assurance and Program Integrity Program; plans and provides in-service training to HHS employees to assure quality of care and proper documentation in client charts; assures compliance with all billing policies and procedures; recommends medical records policy development and modification; analyzes and develops improved methods of medical records maintenance consistent with developments in the field; assists in the development of medical records forms, consistent with Quality Assurance Standards; acts as liaison with contract providers on QA matters; performs other duties and responsibilities as assigned.

TYPICAL PHYSICAL REQUIREMENTS: Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; use of audio-visual equipment; use of office equipment including computers, telephones, calculators, copiers, and FAX.

TYPICAL WORKING CONDITIONS: Work is performed in an office environment; travel may be required; frequent contact with staff and the public.

MINIMUM QUALIFICATIONS:

Knowledge of:

- Practices and standards of billing health services to public benefit programs;
- Principles, practices and professional standards of medical records management, practice procedures and terminology;
- Applicable federal, state and local laws, regulations, and financing and the effect on this financing in relation to maintenance of medical records and the utilization review process;
- Current technology and equipment utilized in data collection, storage and retrieval as it relates to Quality Assurance Standards;
- Techniques in evaluating the effectiveness of the records keeping system, peer evaluation process and the utilization process;

Ability to:

- Plan, organize and manage a quality assurance and records management program;
- Independently interpret applicable county, state and federal regulations, policies and guidelines;
- Advise, consult with and train various staff;
- Research and analyze technical program information, evaluate alternative courses of action and making sound recommendations for program modification or enhancements;
- Prepare clear and concise reports, correspondence and other written materials;
- Understand program objectives in relation to departmental goals and procedures;
- Communicate effectively with people of diverse socio-economic backgrounds and temperaments;
- Establish and maintain effective working relationships with a variety of different individuals, departments and agencies;
- Exercise sound independent judgment and initiative within established policy guidelines; maintain confidentiality of information;
- Use a computer, calculator, typewriter, telephone, facsimile machine, and photocopy machine;
- Learn agency purposes, goals and practices.

Training and Experience: Any combination of training and experience which would provide the required knowledge and abilities is qualifying. A typical way to obtain the required knowledge and abilities might be:

Three years of responsible experience in a medical or clinical setting providing administrative support, management of medical records and billing professional services. Must have the equivalent to the completion of the twelfth grade; completion of college level training in business administration, medical records and billing or other equivalent courses are desirable. Must possess a valid California Driver's license by the time of appointment.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position. The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.