**POSITION DESCRIPTION**

**Position title: Payments Integrity Officer – Health Information Manager**

**Location: Geelong**

**Reports to:** Team Leader

**Entities:**  GMHBA Limited

**Organisational level:** Technical Specialist

**Reports:**  Nil

**Job Purpose:**

The Payments Integrity Officer is responsible for supporting the delivery of an effective and efficient billing and integrity program across hospital and medical claims submitted by providers and members, through comprehensive monitoring, auditing, and analysis of claims.

The position assists the Payments Integrity Manager to ensure that the Fund pays the correct amount for health services in accordance with GMHBA’s legal, regulatory, and contractual obligations.

The Qualified Health Information Manager provides technical guidance and knowledge regarding health data management and classification systems.

**Accountabilities:**

**Planning and Implementation**

* Contribute to delivery of all aspects of the GMHBA’s overall strategic plan and objectives, through planning own work, timely attendance to all delegated tasks and functions and identifying audit opportunities.
* Consider problems or issues that may arise and use lateral thinking to resolve or recommend solutions.
* Bring to the attention of your team leader/manager risks and issues that may need to be escalated from time to time.
* Actively participate in all business activities such as team meetings, training and development opportunities, and information sessions.
* Collaborate and seek input from team members, specialist functions and others as required, to maximise performance outcomes.
* Identify and assist in potential areas for process improvements throughout GMHBA.
* Uphold the GMHBA values, culture, and performance standards.

**Claims Auditing**

* Undertake desktop and external audits to identify and address issues resulting in overpayments and recoveries. Through identification of claim issues communicate with providers, request and review clinical documentation and negotiate correct benefit application.
* Ensure audits conducted are compliant with PHI Rules, Contract Agreements and Schedules, Australian Healthcare Classification Systems and Advice, Fund Rules, and other policy requirements of the business.
* Maintain accurate records of audits and communications to enable tracking and reporting of results.
* Review audit outcomes and identify future opportunities.
* Create and run reports which identify provider outliers or anomalous claims for investigation as part of the audit function.
* Following the identification of claim issues assist in the education and support given to other business units. Provide subject matter expertise regarding the application of appropriate hospital and medical classification systems.
* Prepare third party information requests as required.
* Maintain contemporary coding knowledge through completion of IHPA Training and other resources as they arise.

**Regulatory & Reporting**

* Ensure compliance with the Company’s Delegated Authorities, Business Plan, Policies and Standards
* Support company audit processes and make recommendations as required.
* Contribute to reports created on aggregated audit outcomes and trends and make recommendations for future contracting and benefit offerings.
* Assist the Payments Integrity Manager and other relevant team members in implementing policies, procedures, and guidelines to reduce claims leakage and ensure a standard approach to claim management.
* Keep up to date with regulatory trends and changes and actively participate in training and update type activities.
* Prepare information and reports for the business as required.

**Stakeholders & Advice**

* Provide advice, share knowledge, and identified solutions/wins with others to facilitate strong team performance.
* Maintain positive and constructive relationships with internal and external stakeholders. Including ongoing consultation with expert bodies, advisory committees, and key stakeholders
* Liaise with hospital and provider billing teams as required to undertake the audit function effectively.
* Participate in on-site provider audits as required, reviewing clinical notes to confirm billing and correct classification of patient care.
* Provide subject matter expertise related to the hospital classification systems, audit function and outcomes to senior management and other areas of the business as required.

# **Occupational Health, Safety & Wellbeing**

* Ensure that reasonable care is taken for own health and safety and for that of others who might be effected by their actions or behaviour.
* Do not place others at risk through your actions.
* Identify and promptly report all accidents, hazards and other health and safety concerns to management and/or the designated Health and Safety Representative (HSR)
* Follow agreed safe work practices and use the equipment provided appropriately and as per its intended use.
* Promote health, safety and wellbeing through actions and behaviours.

**Other**

* Participate in the design, build and roll-out of business change programs designed to strengthen GMHBA’s performance.
* Perform 1st Line of Defence duties by identifying operational risks, assist in investigating their root causes and provide support to mitigate risk through understanding control effectiveness and recommending risk improvement.
* It is not the intention of this position description to limit the scope or accountabilities of the position but to highlight the most important aspects of the position.
* The accountabilities described within may be altered in accordance with the changing requirements of the role.

**Key Relationships:**

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| --- | --- |
| **Internal:*** Benefits Management team
* Product team
* Customer Contact Centre
* Branch Network
* Shared Services: P&C, IT Services, Marketing, Customer Experience
 | **External:*** GMHBA Members & Providers
* Medicare/ Department of Health
* Services Australia
* AHSA
* HAMBS
* Private Healthcare Australia
* External Auditors
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**Skills, Experience and Qualifications:**

**Mandatory**

* Successful completion of relevant qualification and experience working in capacity of Health Information Manager/Clinical Coder or proven professional experience in Australian Health Industry working in hospital billing. Where qualified this will be recognised in the position title of the incumbent as Health Information Manager
* Demonstrated knowledge of private health sector funding model.
* Demonstrated knowledge of casemix protocols and application of this knowledge in the audit function.
* Experience working with PHI Hospital, Medical or Ancillary claim data.
* Able to read and understand claims data and clinical records with the ability to determine where inconsistencies and/or outliers have occurred.
* Confident oral and written communication skills.
* Ability to communicate ideas in both technical and user-friendly language.
* Effective time management, planning and organisational skills.
* Practical experience with reporting tools and relational data concepts.
* Relevant computer technical skills applicable to claim management and reporting, including Microsoft Office (Excel, Access, Word)
* Ability to build relationships and influence desired outcome.

**Highly Desirable**

* Practical experience with reporting tools and relational data concepts applicable to health data management and Classification systems.
* Knowledge of 3M Health Information Systems, Reports Manager, Rule Authoring Applications and data management software.