Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96911
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

November 17, 2015

33-15-1119
Office of the Speaker
Judith T. Won Pat, Ed.D
Date: 11-23-15
Time: 9:20 AM
Received By:

2015 NOV 23 PM 3:28

MEMORANDUM

TO: Honorable Senator Tina R. Muna-Barnes
Legislative Secretary
33th Guam Legislature

FROM: Interim Hospital Administrator/CEO

SUBJECT: Creation of Position
RE: Medical Records Coder I and II

Hafa Adai! In compliance with Title 4 GCA, Chapter 6, §6303, the Guam Memorial Hospital Authority hereby submits the Medical Records Coder I and II job specifications for file.

Should you have any questions, please contact Ms. Elizabeth Claros, Personnel Services Administrator at 647-2219.

THEODORE M. LEWIS

Attachments

Cc: File
DOA, Director

HR-16-0104

Office of the Legislative Secretary
Senator Tina Rose Muña Barnes
Date 11-19-15
Time 4:19 P
Received by

1119

MEDICAL RECORDS CODER I

NATURE OF WORK IN THIS CLASS

This is technical work involved in coding and abstracting of in-patient, ambulatory surgery, urgent care, emergency room, skilled nursing unit and out-patient services health records.

Employees in this class are responsible for coordinating the data abstracted.

ILLUSTRATIVE EXAMPLES OF WORK (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed)

Codes all diagnoses and procedures on in-patient, ambulatory, urgent care, emergency room, skilled nursing unit and out-patient charts using the International Classification of Diseases, 9th Revision: Clinical Modification (ICD-9-CM), the International Classification of Diseases, 10th Revision: Clinical Modification (ICD-10), Current Procedural Terminology (CPT), Health Care Financing Administration's Common Procedural Coding System (HCPCS), Uniform Hospital Discharge Data Set (UHDDS) definitions and established sequencing guidelines.

Ensures that all data in patients' charts are complete and accurate for assigning of ICD-9-CM, ICD-10-CM, CPT and HCPCS codes by working closely with the medical staff to clarify entries in the patients' charts, and when directed by the physician add diagnoses as necessary, and/or change an incorrectly described diagnosis.

Enters abstracted data and assigned diagnostic and procedural codes into the computer in an accurate and timely manner.

Generates timely reports on the abstracted data and makes recommendations for improvement to the Medical Health Records Administrator.

Applies quality improvement and volume indicators to the coding, abstracting, and reports generated.

Reads materials, views educational films, and attends meetings and workshops pertinent to coding of patient health records.

Applies computer knowledge and experience to strengthen and continue to build a strong automated management information system.

Respects each patient's right to privacy, particularly the privacy of the medical record and safeguards the confidential information of each patient record.

Performs related duties as required and/or assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles and practices of ICD-9-CM, ICD-10-CM, CPT, and HCPCS coding.

Knowledge of anatomy, physiology, and their application to medical science.

Knowledge of hospital rules governing medial record practices.

Knowledge with computer use.

Knowledge with clinical encoders and groupers.

Ability to interpret and apply pertinent Federal, State and Local laws and regulatory guidelines, relative to coding and abstracting of patient information.

Ability to operate manual and automated systems and to enhance their effectiveness.

Ability to participate in on-going coding training and advancement.

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

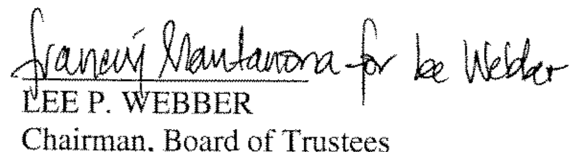
Must be detail oriented and self-motivated.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from High School or successful completion of a General Equivalent (GED) Test; or any equivalent completion of a certification program, from a recognized accredited or certified vocational technical institution, in a specialized field required for the job and three (3) years of experience working as a medical coder in an outpatient and/or inpatient setting including experience with ICD-9 and ICD-10 coding requirements and guidelines.

NECESSARY SPECIAL QUALIFICATION REQUIREMENT:

Possession of a certificate of completion of ICD-9 and/or ICD-10 coding course.



LEE P. WEBBER
Chairman, Board of Trustees

KH: DI1 152
PS: C3(25%) 38
ACCT: CNIV 50
240
PG: J

MEDICAL RECORDS CODER II

NATURE OF WORK IN THIS CLASS

This is technical work involved in coding and abstracting of in-patient, ambulatory surgery, urgent care, emergency room, skilled nursing unit and out-patient services health records.

Employees in this class are responsible for coordinating the data abstracted.

ILLUSTRATIVE EXAMPLES OF WORK (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed.)

Codes all diagnoses and procedures on in-patient, ambulatory, urgent care, emergency room, skilled nursing unit and out-patient charts using the International Classification of Diseases, 9th Revision: Clinical Modification (ICD-9-CM), the International Classification of Diseases, 10th Revision: Clinical Modification (ICD-10), Current Procedural Terminology (CPT), Health Care Financing Administration's Common Procedural Coding System (HCPCS), Uniform Hospital Discharge Data Set (UHDDS) definitions and established sequencing guidelines.

Ensures that all data in patients' charts are complete and accurate for assigning of ICD-9-CM, ICD-10-CM, CPT and HCPCS codes by working closely with the medical staff to clarify entries in the patients' charts, and when directed by the physician add diagnoses as necessary, and/or change an incorrectly described diagnosis.

Enters abstracted data and assigned diagnostic and procedural codes into the computer in an accurate and timely manner.

Generates timely reports on the abstracted data and makes recommendations for improvement to the Medical Health Records Administrator.

Applies quality improvement and volume indicators to the coding, abstracting, and reports generated.

Reads materials, views educational films, and attends meetings and workshops pertinent to coding of patient health records.

Applies computer knowledge and experience to strengthen and continue to build a strong automated management information system.

Respects each patient's right to privacy, particularly the privacy of the medical record and safeguards the confidential information of each patient record.

Performs related duties as required and/or assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles and practices of ICD-9-CM, ICD-10-CM, CPT, and HCPCS coding.

Knowledge of anatomy, physiology, and their application to medical science.

Knowledge of hospital rules governing medial record practices.

Knowledge with computer use.

Knowledge with clinical encoders and groupers.

Ability to interpret and apply pertinent Federal, State and Local laws and regulatory guidelines, relative to coding and abstracting of patient information.

Ability to operate manual and automated systems and to enhance their effectiveness.

Ability to participate in on-going coding training and advancement.

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

Must be detail oriented and self-motivated.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from High School or successful completion of a General Equivalent (GED) Test; or any equivalent completion of a certification program, from a recognized accredited or certified vocational technical institution, in a specialized field required for the job and one (1) year experience working as a medical coder in a an outpatient and/or inpatient setting including experience with ICD-9 and ICD-10 coding requirements and guidelines.

NECESSARY SPECIAL QUALIFICATION REQUIREMENTS:

Coding certification from an accredited professional coding organization, such as the American Health Information Management Association (AHIMA) as a Certified Coding Specialist (CCS) or from the American Association of Professional Coders (AAPC) as a Certified Professional Coder (CPC).

Francis Mantanona for Lee Webber
LEE P. WEBBER
Chairman, Board of Trustees

KH:	DI2	175
PS:	C3(29%)	50
ACCT:	CNIV	57
		282
PG:	K	

Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guahån

850 Gov. Carlos G. Camacho Road
Tamuning, GU 96913

BOARD OF TRUSTEES
Official Resolution No. 16-02

"RELATIVE TO THE CREATION OF THE MEDICAL RECORDS CODER I AND II POSITIONS"

WHEREAS, based on the needs of the hospital, the Personnel Services Administrator in collaboration with the Medical Health Records Administrator, requested to the Hospital Administrator to create the Medical Records Coder I and II positions; and

WHEREAS, the Personnel Services Administrator in dialogue with the Medical Health Records Administrator presented their recommendations for the creation of the Medical Records Coder I and II positions to the BOT–Human Resources Subcommittee; and

WHEREAS, the requirements pursuant to 4GCA, §6303, Creation of Positions were met; and

WHEREAS, the BOT–Human Resources Subcommittee approved the creation of the Medical Records Coder I and II positions at their September 23, 2015 meeting, and recommended approval by the full Board of Trustees; and

WHEREAS, the creation of these positions will not have an impact on the incumbents and that the new positions shall be slotted respectively provided the incumbents qualify for the position; and furthermore, upon incumbents meeting the Level II requirement they shall be slotted to the position without competition; now, therefore be it

RESOLVED, that the Board of Trustees accepts the recommendation of the BOT–Human Resources Subcommittee and approves the creation of the Medical Records Coder I and II positions; and be it further

RESOLVED, that the Hospital Administrator/CEO is directed to initiate other administrative processes to effectuate the recruitment efforts of the positions; and be it further

RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED ON THIS 29TH DAY OF OCTOBER 2015

Certified by:

Nancy Manlavona for Lee Webber

Lee P. Webber
Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD
Secretary, Board of Trustees