

ADMITTING OFFICER SERIES

<u>Code No.</u>	<u>Class Title</u>	<u>Occ. Area</u>	<u>Work Area</u>	<u>Prob. Period</u>	<u>Effective Date</u>	<u>Last Action</u>
2763	Admitting Officer I	04	440	6 mo.	01/10/2020	Revised
2764	Admitting Officer II	04	440	6 mo.	01/10/2020	Revised
2765	Admitting Officer III	04	440	6 mo.	01/10/2020	Revised
4535	Admitting Officer IV	04	440	6 mo.	01/10/2020	Revised

Promotional Line: 133

Series Narrative

Employees in this series are responsible for obtaining provider authorizations when registering, admitting, transferring, and/or discharging patients to/from a health care facility such as a hospital or clinic.

DESCRIPTIONS OF LEVELS OF WORK

Level I: Admitting Officer I

2763

Employees at this level assemble patient(s) health information to screen patients for admission and/or outpatient services at a healthcare facility; organize and manage health information data including patient demographics and financial information within an electronic health record (EHR) system. They work under direct supervision from higher level personnel.

An Admitting Officer I typically –

1. serves as a liaison between patients, healthcare providers, billing departments, and insurers, if applicable; contacts patients to explain healthcare benefits and healthcare facility policies;
2. enters, updates, reviews, and verifies patient health information within an electronic health record (EHR) system for admission and/or outpatient services at a healthcare facility;
3. verifies insurance coverage, determines eligibility and estimates financial liability for admission and/or outpatient services at a healthcare facility; collects patient cost-sharing where applicable;
4. contacts insurance providers to obtain pre-authorizations for applicable health procedures; coordinates with insurance providers to obtain authorization(s) for applicable health procedures;

5. manages authorizations for health procedures in an electronic health record (EHR) system which could include documenting communications with insurance providers, monitoring pre-authorization expirations, and requesting extensions;
6. manages assigned patient cases in an electronic health record (EHR) system which could include updating status of outstanding tasks, communicating the status of outstanding tasks, and meeting deadlines;
7. maintains current knowledge of all relevant insurance coding, contracts, guidelines, policies, requirements, etc.;
8. performs administrative duties such as answering phones, relaying calls and messages, providing information, etc.;
9. performs other related duties as assigned.

Level II: Admitting Officer II**2764**

Employees at this level resolve complex patient registration cases such as insurance issues and/or denials. They work under direct supervision from higher level personnel.

An Admitting Officer II typically –

1. manages multi-step patient cases in an electronic health record (EHR) system which could include monitoring outstanding tasks, investigating insurance issues, and/or cancelling or rescheduling services;
2. investigates and resolves insurance denials which could include responding to documentation requests, communicating with patient/providers to resolve insurance issues, and/or cancelling or rescheduling services;
3. assists with responding to patient inquiries concerning healthcare benefits, healthcare facility policies, and/or financial liabilities;
4. performs duties of the lower level;
5. performs other related duties as assigned.

Level III: Admitting Officer III**2765**

Employees at this level review health information and provide analytical support for rejected physicians orders and/or insurance requests to ensure requirements are met. They work under direct supervision from higher level personnel.

An Admitting Officer III typically –

1. manages specialized patient cases in an electronic health record (EHR) system which could include screening for medical necessity and ensuring insurance guidelines are met;
2. processes and coordinates provider orders; collaborates with physicians, providers, and/or patients to ensure all necessary information is gathered to support insurance processing;
3. provides analytical support of insurance issues and/or denials;
4. distributes updated information regarding changes in insurance coding, contracts, guidelines, policies, requirements, etc. to impacted stakeholders;
5. compiles statistical data for reporting purposes;
6. assists the denial committee with denial related issues;
7. performs duties of the lower level;
8. performs other related duties as assigned.

Level IV: Admitting Officer IV

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Employees at this level coordinate and manage the activities of a department and/or a division of a healthcare facility. They work under direct supervision from a designated administrator(s).

An Admitting Officer IV typically –

1. assists with personnel functions such as interviewing, selecting, training, supervising, evaluating performance, and/or developing staff, work schedules, and assignments;
2. oversees and manages work queues to ensure accurate and timely insurance processing and issue resolution;
3. ensures patient health information is obtained, maintained, and processed in compliance with organizational and industry regulations and requirements;
4. reviews reports; initiates follow-up actions such as conducting audits and identifying trends;
5. assists with the development and implementation of policies, procedures, standards and initiatives for process improvement;
6. monitors, researches and distributes information regarding changes in insurance coding, contracts, guidelines, policies, requirements, etc.;
7. performs duties of the lower level;

8. performs other related duties as assigned.

MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO:

Level I: Admitting Officer I

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CREREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. High school graduation or equivalent
2. Any one or combination totaling **one (1) year (12 months)** from the categories below:
 - a. college course work or training from a vocational, technical, or an armed forces program in business, communication, health care administration, health information technology, health sciences, public health, social sciences, or a closely related field, as measured by the following conversion table or its proportional equivalent:
 - 60 semester hours or an Associate's Degree equals **one (1) year (12 months)**
 - 90 semester hours equals **two (2) years (24 months)**
 - 120 semester hours or a Bachelor's degree equals **three (3) years (36 months)**
 - b. work experience in a medical setting which could include business administration (office administration, billing, collections), customer service, health information technology, medical insurance, patient admission/registration, patient services, or closely related experience.
3. **One (1) year (12 months)** work experience in medical setting obtaining preauthorization approval from medical insurances.

KNOWLEDGE, SKILLS, AND ABILITIES (KSAs)

1. Knowledge of principles and processes for providing customer service.
2. Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, data entry, and other office procedures and terminology.
3. Knowledge of electronic equipment, computer hardware and software, and their applications.

4. Knowledge of health care administration procedures and systems including medical terminology, medical software, medical billing codes, registration regulations, and confidentiality laws (HIPAA).
5. Ability to exhibit strong organizational skills and maintain detailed, accurate records.
6. Ability to communicate effectively as appropriate for the needs of the audience.
7. Ability to interpret work related documents, policies, and procedures.
8. Ability to identify complex problems and review related information to develop and evaluate options and implement solutions.
9. Ability to complete assignments accurately and with attention to detail.
10. Ability to manage one's time effectively, set priorities and complete assignments on time.

Level II: Admitting Officer II**2764**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. High school graduation or equivalent
2. Any one or combination totaling **two (2) years (24 months)** from the categories below:
 - a. college course work or training from a vocational, technical, or an armed forces program in business, communication, health care administration, health information technology, health sciences, public health, social sciences, or a closely related field, as measured by the following conversion table or its proportional equivalent:
 - 60 semester hours or an Associate's Degree equals **one (1) year (12 months)**
 - 90 semester hours equals **two (2) years (24 months)**
 - 120 semester hours or a Bachelor's degree equals **three (3) years (36 months)**
 - b. work experience in a medical setting which could include business administration (office administration, billing, collections), customer service, health information technology, medical insurance, patient admission/registration, patient services, or closely related experience.

3. **One (1) year (12 months)** work experience in medical setting obtaining preauthorization approval from medical insurances.

KNOWLEDGE, SKILLS, AND ABILITIES (KSAs)

1. Knowledge of principles and processes for providing customer service.
2. Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, data entry, designing forms, and other office procedures and terminology.
3. Knowledge of electronic equipment, computer hardware and software, and their applications.
4. Knowledge of health care administration procedures and systems including medical terminology, medical software, medical billing codes, registration regulations, and confidentiality laws (HIPAA).
5. Ability to exhibit strong organizational skills and maintain detailed, accurate records.
6. Ability to communicate effectively as appropriate for the needs of the audience.
7. Ability to interpret work related documents, policies, and procedures.
8. Ability to identify complex problems and review related information to develop and evaluate options and implement solutions.
9. Ability to complete assignments accurately and with attention to detail.
10. Ability to manage one's time effectively, set priorities and complete assignments on time.

Level III: Admitting Officer III

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CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. High school graduation or equivalent
2. Any one or combination totaling **three (3) year (36 months)** from the categories below:
 - a. college course work or training from a vocational, technical, or an armed forces program in business, communication, health care administration, health information technology, health sciences, public health, social sciences, or a

closely related field, as measured by the following conversion table or its proportional equivalent:

- 60 semester hours or an Associate's Degree equals **one (1) year (12 months)**
 - 90 semester hours equals **two (2) years (24 months)**
 - 120 semester hours or a Bachelor's degree equals **three (3) years (36 months)**
- b. work experience in a medical setting which could include business administration (office administration, billing, collections), customer service, health information technology, medical insurance, patient admission/registration, patient services, or closely related experience.
3. **Two (2) years (24 months)** work experience in a medical setting obtaining preauthorization approval from medical insurances.

KNOWLEDGE, SKILLS, AND ABILITIES (KSAs)

1. Knowledge of principles and processes for providing customer service.
2. Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, data entry, designing forms, and other office procedures and terminology.
3. Knowledge of electronic equipment, computer hardware and software, and their applications.
4. Knowledge of health care administration procedures and systems including medical terminology, medical software, medical billing codes, registration regulations, and confidentiality laws (HIPAA).
5. Ability to exhibit strong organizational skills and maintain detailed, accurate records.
6. Ability to communicate effectively as appropriate for the needs of the audience.
7. Ability to interpret work related documents, policies, and procedures.
8. Ability to identify complex problems and review related information to develop and evaluate options and implement solutions.
9. Ability to complete assignments accurately and with attention to detail.

10. Ability to manage one's time effectively, set priorities and complete assignments on time.

Level IV: Admitting Officer IV**4535**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. High school graduation or equivalent
2. Any one or combination totaling **five (5) year (60 months)** from the categories below:
 - a. college course work or training from a vocational, technical, or an armed forces program in business, communication, health care administration, health information technology, health sciences, public health, social sciences, or a closely related field, as measured by the following conversion table or its proportional equivalent:
 - 60 semester hours or an Associate's Degree equals **one (1) year (12 months)**
 - 90 semester hours equals **two (2) years (24 months)**
 - 120 semester hours or a Bachelor's degree equals **three (3) years (36 months)**
 - b. work experience in a medical setting which could include business administration (office administration, billing, collections), customer service, health information technology, medical insurance, patient admission/registration, patient services, or closely related experience.
3. **One (1) year (12 months)** supervisory in a medical setting which could include medical insurance, patient admission/registration, patient services, or closely related experience.

KNOWLEDGE, SKILLS, AND ABILITIES (KSAs)

1. Knowledge of principles and processes for providing customer service.
2. Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, data entry, designing forms, and other office procedures and terminology.
3. Knowledge of electronic equipment, computer hardware and software, and their applications.

4. Knowledge of health care administration procedures and systems including medical terminology, medical software, medical billing codes, registration regulations, and confidentiality laws (HIPAA).
5. Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources.
6. Ability to exhibit strong organizational skills and maintain detailed, accurate records.
7. Ability to communicate effectively as appropriate for the needs of the audience.
8. Ability to interpret work related documents, policies, and procedures.
9. Ability to identify complex problems and review related information to develop and evaluate options and implement solutions.
10. Ability to set priorities and manage one's own time and the time of others effectively.