

**DUTY STATEMENT  
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

<b>PART A</b>	
<b>Position No: 573-271-1887-001</b>	<b>Date:</b>
<b>Class: Health Record Technician II (Supervisor)</b>	<b>Name:</b>
<p>The incumbent will supervise five or more persons doing routine coding work; review prepared abstracts for completeness, clarity and quality of content; assist in the training and instruction of records personnel in the Home providing data; may write reports of findings; and perform other related duties.</p>	
Percentage of time performing duties:	<b>ESSENTIAL FUNCTIONS</b>
30%	Directly supervise staff of Coding/Billing, File Room, Registrar, Records Storage and Release of Information. Maintain metrics on assigned department's key functions and generate reports as needed. Work with Chief, MAS to develop, implement and monitor policies and procedures. Responsible for new employee orientation and training, ongoing in-service training, annual performance reviews, job evaluations and development of cross-training on new procedures. Participate in the development of revision of appropriate policies and compliance guideline procedures.
15%	Coordinate and conduct all inpatient chart reviews based on Department of Public Health and Title 22 requirements.
15%	Maintain the flow of coding and abstracting of all inpatient and outpatient medical services to assure timely reimbursement to the Home. Closely monitor coders with Medicare/Medi-cal billing regulations. Train all new or inexperienced coders on ICD-9, ICD-10, CPT, and HCPCS code identification.
15%	Ensure the timely release and receiving of requested medical information and make sure releases are done consistent with State and Federal Law.
10%	Ensure File Room staff allows access to the resident's medical charts to only required staff when needed, maintain current guidelines for thinning charts and supplemental files. Help with training upkeep of electronic storage of medical information.
10%	Ensure required forms and paperwork including death certificates on deceased residents are accurate and completed in a timely manner and according to State and County regulatory laws and procedures.
<b>NON-ESSENTIAL FUNCTIONS</b>	
5%	Other related duties as assigned.

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<b>PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS</b>					
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
<b>VISION:</b> read documents, view information on computer screen					X
<b>HEARING:</b> recognize audible communication from employees, residents and visitors				X	
<b>SPEAKING:</b> answer phones, communicate with staff, residents and visitors			X		
<b>WALKING:</b> distribute documents and information		X			
<b>SITTING:</b> at desk or in a meeting					X
<b>STANDING:</b> copy or fax documents		X			
<b>BALANCING:</b> maintain upright position while standing or sitting					X
<b>CONCENTRATING:</b> answer multiple phone lines, determine needs of staff, perform daily tasks					X
<b>COMPREHENSION:</b> understand needs of staff and residents, understand policies and procedures					X
<b>WORKING INDEPENDENTLY:</b> perform daily tasks					X
<b>LIFTING UP TO 10 LBS OCCASSIONALLY:</b>		X			
<b>LIFTING UP TO 20 LBS OCCASSIONALLY AND/OR 10 LBS FREQUENTLY:</b>		X			
<b>LIFTING 25-50 LBS OCCASSIONALLY AND/OR 20 LBS FREQUENTLY:</b>		X			
<b>FINGERING:</b> use phones, fax machines, computers, copiers, printers, and calculators					X
<b>REACHING:</b> reach overhead for binders or charts		X			
<b>CARRYING:</b> charts or documents		X			
<b>CLIMBING:</b>		X			
<b>BENDING AT WAIST:</b> get workbooks from shelves		X			
<b>KNEELING:</b> get in filing cabinets		X			
<b>PUSHING OR PULLING:</b> chart racks or charts for deliveries		X			
<b>HANDLING:</b> sort paperwork			X		
<b>DRIVING:</b>		X			
<b>OPERATING EQUIPMENT:</b> computer, phone, fax, copier, shredder					X
<b>WORKING INDOORS:</b> enclosed office space					X
<b>WORKING OUTDOORS:</b>		X			
<b>WORKING IN CONFINED SPACE:</b>		X			

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office).

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_