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| **Title** | **MEDICARE OFFICER** |
| **Award** | **Aboriginal Community Controlled Health Service Award 2010** |
| **Classification** | **AHW Grade \_\_\_ Level \_\_\_** |
| **Status** | **□ Fulltime**  | **□ Part-time** | **□ Casual** |
| **Reports to** | **Clinical Services Manager** |
| **Review date** | **6 months initially then annually** |

**DOCUMENT PURPOSE**

This Position Description (PD) and Performance Review document outlines the expectations of the Employer based on core duties of the Employee (it is not a detailed record of every task and duty).  This document may be modified from time to time to ensure the goals and objectives of the organisation are met.

Sections 1 to 6 list responsibilities of the Employee to create accountability and maintain optimal organisational performance. Reference will be made specifically to this position, along with responsibilities of all Employees (irrespective of their role).

Sections 4 to 6 of this document will be appraised within the first six months of employment (the qualifying period) and annually. The indicators on how the Employee will be appraised are located in the Service Plans/Activity Plans relating to this position.

**KEY DOCUMENTS / AUTHORITIES:**

* XXXX Action Plan
* XXXX Organisational Chart;
* Certification Standards (Accreditations);
* Funding agreement compliances; and
* Internal and external evaluation and reporting requirements and the National KPIs/OSR reporting frameworks.

**AT COMMENCEMENT OF POSITION / INDUCTION**

❑ Acknowledgement between Employee and Employer of role expectations and responsibilities

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name & Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Direct Line Manager Name & Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Copy to be retained on personnel file)

**PERFORMANCE REVIEW**

Date Review Conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Qualifying ❑ Annual Appraisal

Review Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We confirm the appraisal process including ratings and training plan developed:-**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Line Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SCOPE OF POSITION (Summary / Overview of Position Requirements)**

The Medicare Officer serves as the primary contact for Medicare matters and is responsible for compliance with all Medicare services and programs. This position develops and delivers training needs to staff on Medicare topics and new requirements; manages program requirements such as GP Management Plans, Health Check (715) activities; creates instructional action plans around CQI initiatives, as appropriate; ensures compliance with federal laws, rules, regulations, manuals and transmittals pertaining to the Medicare program.

1. **DUTIES OF POSITION**
* Serves as the primary Medicare compliance contact and the person responsible for overall compliance with federal, state and local laws, rules and regulations affecting Medicare services and programs.
* Coordinates and communicates to staff, where appropriate, all Medicare compliance activities and programs, as well as planning, implementation, and monitoring of these programs.
* Develops and maintains a comprehensive Medicare Compliance Program including responding to all related questions or concerns; developing, revising and presenting training programs for employees; and providing training and awareness documentation.
* Responsible for maintaining Health Care Plans including notices, uploading of Medicare applications, material development and submissions, including code management, and tracks dates and deliverables to ensure that deadlines are met.
* Perform internal Medicare audits on clinical processes e.g. CTG, chronic disease management (PIP) ,etc. and produce Corrective Action Plans as necessary.
* Monitors Aboriginal Health Workers’ and GPs’ daily Medicare billings and provides a report to the Manager on a weekly basis on all Medicare claims.
* Deals with Medicare rejections and ensure that deficiencies are identified and corrected.
* Monitors the Medicare claims of visiting clinicians.
* Reconciles Medicare payments between clinic and organisation bank accounts
* Works collaboratively with management on Medicare fraud, waste and abuse efforts and reporting requirements.
1. **KEY SELECTION CRITERIA**
* Knowledge of Medicare compliance and federal laws, rules, regulations, manuals and transmittals
* Demonstrated experience in financial and office administration.
* Demonstrated ability to work with deadlines with minimal supervision.
* Demonstrated knowledge of Microsoft Office suite including Windows, Excel and Outlook.
* Excellent communication and interpersonal skills.
* Understanding of EEO, OH&S, EAPS and Ethical work practices.

**Desirable:**

* Relevant tertiary qualifications.
* Willingness to undertake training and other tasks as required.
* Knowledge of Information Technology requirements for a small organisation.
1. **ADDITIONAL FACTORS**
2. Proof of Aboriginality
3. Possession of a current ‘C’ Class Open Driver’s Licence valid in NSW is required
4. Current First Aid and CPR Certificate
5. Current NSW Working with Children’s Check
6. Current Criminal History check

❑ Reviewed at Performance Review/Appraisal - Date: \_\_\_\_\_\_\_\_\_ Staff Initial: \_\_\_\_\_ Direct Line Manager Initial: \_\_\_\_

1. **RESPONSIBILITIES / KEY PERFORMANCE INDICATORS**

***Please note that the responsibilities outlined in this position description are not exhaustive, and only an indication of the work of the role. XXXX can direct you to carry out duties which it considers are within your level of skill, competence and training.***

| **Qualifying Period and Annual Performance Review Rating Scale**1 Not Achieved 2 Partly Achieved 3 Achieved 4 Beyond Expectation | **Insert Rating: 1 2 3 or 4** | **Comments and/or Actions:**(where gaps in evidence or assessment are identified) |
| --- | --- | --- |
| **Employee** | **Line Manager** |
| 1. **MEDICARE**
* Serves as the primary Medicare compliance contact and the person responsible for overall compliance with federal, state and local laws, rules and regulations affecting Medicare services and programs.
* Coordinates and communicates to staff, where appropriate, all Medicare compliance activities and programs, as well as planning, implemention and monitoring of these programs.
* Develops and maintains a comprehensive Medicare Compliance Program including responding to all compliance questions or concerns; developing, revising and presenting training programs for employees; and providing training and awareness documentation.
* Responsible for maintaining Health Care Plans including notices, uploading of Medicare applications, material development and submissions, including code management, and tracks dates and deliverables to ensure that deadlines are met.
* Perform internal Medicare audits on Medicare programs e.g. CTG, PIP etc. and produce Corrective Action Plans as necessary.
* Monitors Aboriginal Health Workers’ and GPs’ daily Medicare payments and provide a report to the Business Manager on a daily basis on all Medicare claims.
* Deal with Medicare Rejections and ensure that deficiencies are identified and corrected.
* Monitor the Medicare claims of visiting clinicians.
* Reconcile Medicare payments between clinic and company bank accounts.
* Works collaboratively with Management on Medicare Fraud, Waste and Abuse efforts and reporting requirements.
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| 1. **Finance Assistant**
* Assist the Finance Team with payroll, Debtor/Creditor Processing and Integrated Team Care Program (ITC)
* Provide assistance to external auditors as required.
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| 1. **CONFIDENTIALITY**
* Patients, staff and organisation confidentiality is to be maintained at all times.
* A breach of the condition of employment could result in dismissal
 |  |  |  |
| 1. **IMPROVING PERFORMANCE**
* Promote best practice and maximise Medicare Claims.
* Participate in Quality Improvement programs.
* Participate in the orientation and training of colleagues/students
* Attend Mandatory Training as directed by Management
 |  |  |  |

❑ Reviewed at Performance Review/Appraisal - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initial: \_\_\_\_\_ Direct Line Manager Initial: \_\_\_\_

1. **RESPONSIBILITIES / KEY PERFORMANCE INDICATORS FOR ALL EMPLOYEES**

| **Qualifying Period and Annual Performance Review Rating Scale**1 Not Achieved 2 Partly Achieved 3 Achieved 4 Beyond Expectation | **Insert Rating: 1 2 3 or 4** | **Comments and/or Actions:**(where gaps in evidence or assessment are identified) |
| --- | --- | --- |
| **Employee** | **Line Manager** |
| * Confidentiality of all Service, Employee and Client information.
 |  |  |  |
| * Abide by XXXX Code of Conduct & Policy and Procedures contributing to quality, safety and risk work culture
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| * If nominated in the Delegations Register, Succession Plan or as an Identified Leader, accountability for tasks and responsibilities
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| * Use and contribution to CQI and Clinical Governance
 |  |  |  |
| * High standard of records management (data entry, data cleansing, archiving, reporting) to meet regulatory, standards and/ or reporting requirements and timeframes.
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| * Attend internal and external meetings as nominated/required and sharing of key information. Ensure all staff have undergone mandatory training in-house.
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| * Maintain communication on key matters to your area(s) of responsibility that may have an impact on the organisation
 |  |  |  |
| * Engagement with Internal and External Stakeholders, including contribution to marketing on XXXX Website / Facebook
 |  |  |  |
| * Contribution to local and whole team including undertaking additional duties as directed by Direct Line Manager.
 |  |  |  |
| * Work Behaviour - Personal Presentation, Workplace Cleanliness, Punctuality, Respect, Productivity, Dependability, Attendance (run absenteeism report)
 |  |  |  |

❑ Reviewed at Performance Review/Appraisal - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initial: \_\_\_\_\_ Direct Line Manager Initial: \_\_\_\_

* **PROFESSIONAL DEVELOPMENT PLAN AND/OR ACTION PLAN**

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| --- | --- | --- | --- | --- |
| **Knowledge / Skill / Training**or **Action Required** | **Training Provider or****Actioning Officer** | **Cost** (include itemised course fees, travel & accommodation) | **Date Scheduled** (HRO adds to training register) | **Training Completed**(Yes/ No) |
| Does the PD require any changes?❑ No ❑ YES (highlighted above) |  |  |  |  |
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| **Additional comments** (if any, include commendations) |
| Employee: |
| Direct Line Manager: |

❑ Reviewed at Performance Review/Appraisal - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initial: \_\_\_\_\_ Direct Line Manager Initial: \_\_\_\_