

Ministry

**Describe: Basic Job Details****Position**

Position ID

Position Name (200 character maximum)

Current Class

Requested Class

Job Focus

Supervisory Level

Agency (ministry) code

Cost Centre

Program Code: (enter if required)

**Employee**

Employee Name (or Vacant)

**Organizational Structure**

Division, Branch/Unit

 Current organizational chart attached?

Supervisor's Position ID

Supervisor's Position Name (30 characters)

Supervisor's Current Class

**Design: Identify Job Duties and Value****Job Purpose and Organizational Context**

Why the job exists:

Alberta Health's Audit and Compliance Assurance Unit (ACAU), in the Financial Reporting Branch, provides compliance, monitoring, and performance oversight to improve quality and accountability of health practitioners' claims for benefits under the Alberta Health Care Insurance Plan (AHCIP) and related legislation authorities. ACAU undertakes compliance reviews and audits to monitor more than 11,000 registered AHCIP providers, providing insured medical services to over 4 million Albertans, with total compensation averaging over \$4 billion dollars a year. The Clinical Advisor reports to the Team Lead, Clinical Review, within the Audit and Compliance Review Services Team in ACAU. The team safeguards public funds by assessing providers' compliance and taking steps to remedy non-compliance.

The Clinical Advisor is responsible for applying clinical professional expertise to compliance determinations in the assessment of various compliance reviews and audits regarding AHCIP claims, health services utilization concerns, and suspected inappropriate claim practices. The Clinical Advisor is proficient in written and verbal communications, is able to collaborate and influence staff and stakeholders to achieve positive outcomes, can manage complex issues and multiple priorities concurrently, and has a good

understanding of data analysis.

The main responsibilities of the position are to:

- Apply clinical professional expertise to decide on the compliance of health billing events performed by a wide range of practitioners, within the regulatory application of the AHCIP and related authorities.
- Provide clinical interpretations and advice to other team members, namely: auditors within the unit, the data analytics team, other branches/divisions within the Ministry, as well as internal legal counsel, and the Health Investigations Unit (HIU) of Service Alberta in criminal cases.
- Provide clinical interpretations and advice to influence the behavior of multiple external stakeholders such as the practitioner and their staff that are subjects of the reviews and audits, the Alberta Medical Association (AMA) and the College of Physician and Surgeons (CPSA). As an example, educating providers and their employees about acceptable claim practices and utilization rates to pro-actively encourage compliance.
- Collaborate with other team members and staff in completing ACAU compliance reviews and audits with the understanding of how the clinical review work relates to others in impacting the health system in terms of financial recoveries, cost savings, and compliance to legislation.
- Identify and escalate issues related to billing rules and/or practices in need of change, such as where rules are unclear, misinterpreted, or abused.
- Manage multiple compliance reviews concurrently, as well as audits, special projects, and contributions of advice to others on clinical matters.
- Apply creative problem solving skills to plan approaches for compliance reviews and audits that involve understanding new areas where ACAU has no prior history. For example, compliance reviews extend beyond General Physicians to encompass roles where billing risks have increased, such as Radiologists, Psychiatry, and Ophthalmologists, as well as clinics involving multiple practitioners and new business models (i.e. Private Member Clinics).
- Contribute to the development and/or influence of new or enhanced policies, processes and enforcement strategies to promote best practices within the framework of relevant legislation.

## Responsibilities

Job outcomes (4-6 core results), and for each outcome, 4-6 corresponding activities:

### Compliance Review Planning and Execution

Plans and executes the analysis and assessment of clinical records and the practices of health care practitioners to determine compliance with the AHCIP and related authorities for the payment of benefits.

- Plan the clinical record review, working with data analysts to discern and evaluate claims information, service usage rates and patterns, to ensure known and unknown claim anomalies are identified, and that the analysis is relevant and research is complete.
- Determine with the auditor and data analyst if random statistical sample of records is required or other methods of record selection should be applied (by code, period, scope).
- Ensure all information is managed in compliance with appropriate legislation. (Health Information Act, Protection of Privacy Act).
- Review medical records and apply clinical expertise to decide whether the records adequately support compliance with the Schedule of Medical Benefits (SOMB) and legislation, ensuring claims are eligible for payment under the plan.
- Follow up with practitioners and/or their staff to obtain clarification or additional information (where information initially provided is unclear, missing or incomplete), and make inquiry on specific records and/or practices.
- Determine that the billing code used is appropriate for the health event within the rules of the AHCIP, the SOMB, and the Alberta Health Care Insurance Act (AHCIA).
- Provide clinical interpretations and advice to other team members during the course of the review: auditors within the unit, the data analytics team, other branches/divisions within the Ministry, as

well as internal legal counsel.

### **Compliance Review Reporting**

Complete the reporting of compliance findings accurately and completely to support the results of the review.

- Where records or practices are non-compliant, provide sufficient rationale on why a claim would not be compliant.
- Document findings and complete files in a concise, thorough, accurate and consistent manner in accordance with best practices, policies, procedures and legislation.
- Complete the final decision on the non-compliant findings by providing supporting information that would allow independent review to understand the file, findings and reach the same conclusions.
- Review and contribute to communication documents, prepared in conjunction with the auditors, that report inappropriate claims.
- Communicate as necessary with the practitioners on claims in question and/or to educate them on billing appropriately.
- Collaborate with internal legal counsel, auditors, data analysts and other Alberta Health colleagues to clarify issues, exchange information, and expedite the resolution of compliance reviews.
- Identify, analyze and escalate cases of inappropriate claims or potentially criminal activities, as well as irregular patterns and trends to support HIU by providing subject-matter expertise on the cases forwarded for criminal investigations.

### **Improve the quality, integrity, and positive impact of compliance reviews.**

- Liaise with staff from other branches, or external stakeholders (e.g. CPSA, AMA) to clarify potential noncompliance issues.
- Develop and implement review templates to enhance consistency in the analysis of documentation, data analysis, and audit and compliance review processes.
- Provide a quality assurance role to apply the lessons learned, document and build best practices for the team.
- Identify and oversee alternate methods of acquiring and analyzing information to aid the audit and compliance review processes in the detection of inappropriate claims.
- Continually refine processes and procedures to support evolving business needs.
- Prepare ad hoc reports to assist in the presentation of results and findings.
- Serve on ad hoc committees and complete special projects to improve operations.

### **Conduct on-site audits to retrieve records, review records and provide education as needed.**

- Plan to have the necessary tools and information required for the on-site visits ready in advance, such as working papers, authorization letters, technology, samples selected, understanding of codes, and inquiries to be made.
- Where travel is required, plan for transportation, accommodation, and a travel budget in alignment with travel status policies and procedures.
- Communicate with the provider about the scope and the date of the site visit as necessary.
- Review and evaluate records on-site to determine the extent of inappropriate claims to evaluate the need for further record retrieval or inquiries to the practitioner.
- Document and communicate the results of the on-site audit.
- Escalate to manager if refused on-site access.
- Maintain professional communication when educating providers or staff about the proper rules for claims.

### **Support risk management activities through proactive education and mitigation strategies.**

- Evaluate risk management strategies and current or future research priorities and report on their potential impact to enhancing compliance.
- Determine feasibility and impact analysis based on knowledge/understanding of the changes to the audit and compliance review processes.
- Investigate complaints and assist staff with preliminary inquiries related to compliance interpretations.

- Complete compliance reviews and audits in a timely and thorough manner in accordance with legislation, department policies, procedures and operating guidelines.
- Participate in the development of strategies to reduce risks for compliance and to enhance the Unit's work to focus on highest priority areas (e.g., areas with highest material risks and consequences).
- Identify, analyze and escalate issues related to inappropriate fee-for-service claims, primary care network or alternative relationship plan payments.
- Assist in the preparation of education materials (e.g., bulletins, training materials) to pro-actively clarify processes that will enhance compliance.
- Prepare briefings and evaluation reports.
- Present recommendations to management.

**Contribute to process and policy improvements to sustain high quality monitoring and compliance functions.**

- Monitor changes in policy/procedure and identify their implication to Schedules, legislation, programs and/or processes (e.g., Bulletins, SOMB Sub-Committee, proclamation of acts/regulation, changes to CLASS).
- Participate in the review of SOMB by assessing the non-compliance implications of any proposed changes and by checking the accuracy of the information being proposed for implementation.
- Participate in review and revision to policies and procedures based on lessons learned through practice and trends in compliance issues.
- Identify schedule governing rules or CLASS assessment rules that enabled inappropriate claims by providers and forwards issues for resolution.
- Identify concerns regarding ethics or unbecoming conduct and report, through the Manager, to the appropriate regulatory body. Concerns regarding potential criminal code violations are reported, through the Manager.
- Participate in the development, testing and implementation of new I improved IT tools
- Liaise with colleagues to ensure consistent application of legislation and precedent decisions, especially where rules are ambiguous and outcomes impact other provider reviews.

**Provide on-going support to achieve objectives set out by the Unit**

- Oversee the execution of a large number of compliance reviews to ensure cases are assigned, executed and brought to closure within a reasonable time frame and the work is done thoroughly and accurately.
- Ensure that non-compliance issues are objectively documented.
- Instruct staff on determinations regarding the interpretation of legislation and data following complex compliance reviews.
- Implement operational ideas and concepts generated within the team/unit into a practical work plan.
- Contribute to Branch knowledge and ability to collect, interpret, and apply business and analytical results to determine non-compliance and adverse effects.
- Identify and research appropriate College and/or Association guidelines that are applicable to the compliance work of the unit
- Share information, advice and guide the transfer of knowledge regarding clinical professional information (e.g., medical treatments, surgical procedures, and required documentations) with unit staff and other units as needed to enhance investigations, risk prevention, audits and compliance reviews.

**Problem Solving**

Typical problems solved:

The Clinical Advisor requires superior problem solving skills to be able to assess options, implications and identify appropriate solutions to issues and questions encountered on an audit or compliance review.

The Clinical Advisor must also:

- Effectively manage time and deal with multiple competing tasks/assignments at the same time.
- Correctly assess information needs and propose system and program solutions to satisfy those needs.
- Break down complex situations and trace implications of a situation step by step.
- Identify multiple causal links to determine potential causes of anomalies.
- Effectively evaluate claim practice discrepancies and identify patterns and trends.
- Assess the degree of risk in any business decisions and to take appropriate action to mitigate risks and address risks in decision-making.
- Extract, manipulate, organize, analyze, summarize and display very large quantities of data using MS Excel.
- Appropriately communicate strategies to convey issues and concerns in situations that can be emotionally charged.
- Use conflict resolution, organizational skills, tact and integrity to handle the sensitive of issues (including provider income) addressed by this position.
- Utilize excellent communication and interpersonal skills in dealing with all stakeholders.
- Work well in a team environment which includes a variety of professional backgrounds.
- Perform independently under the general supervision of the Team Lead.
- Be flexible and positive in a time of change.
- Exercise sound clinical judgment and be able to interpret legislation to make recommendations regarding audit and compliance reviews.
- Effectively manage a portfolio of audit and compliance review projects.
- Based on identified trend/outcomes of reviews, effectively communicate requests for a review of billing rules or billing enhancements to multi-units groups.

Types of guidance available for problem solving:

The solutions of problems arising from the responsibilities and activities performed by the Clinical Advisor are highly dependent upon the nature and complexity of the particular compliance review, audit, or assignment.

The Clinical Advisor is supported by the Team Lead and Manager, in addition to team members or virtual teams, who work closely in all reviews.

Additional provincial legislation and Alberta Health rules and guidelines assist project flow and determinations. The ACAU has developed processes, policies and other tools to assist the Clinical Advisor and guide in decision making.

The Schedule of Medical Benefits and the allied health providers' schedules of benefits is the main tool guiding the Clinical Advisor's daily work.

Education and clinical experience with practice guidelines, patient-case documentation processes, medical terminology and medical and surgical procedures with an awareness of current information issues, trends, research and technologies, and their respective impacts on the schedules.

Team meetings and unit meetings provide general guidelines.

Direct or indirect impacts of decisions:

The results of audit and compliance reviews and their findings can potentially impact many parts of the provincial public health system. The Financial Reporting Branch's primary compliance areas are centered upon compensation for the delivery of health services. The Clinical Advisor's work can impact financial outcomes of practitioner's payments from the AHCIP. Identified overpayments may result in financial recoveries, and potential future cost savings to the Ministry. For example, the review results occasionally identify problematic billing practices at a system level. These issues are escalated to the appropriate areas to recommend billing rule changes/enhancements, or through new system, edit controls preventing inappropriate payment of claims at the time of submission.

## Key Relationships

Major stakeholders and purpose of interactions:

### Internal

The key relationships of this position are dependent upon the audit work performed. Key relationships include:

- GoA branches that process health insurance payments, branches that establish and administer health insurance compensation, and branches that oversee the information technology systems. The purpose of these contacts fall into one of three categories:
  - 1) To review procedures, processes, and transactions of an auditee
  - 2) To act in a consultative or advisory capacity
  - 3) To share information, typically as part of the audit planning process
- Staff and management of the ACAU, to collaborate and enhance processes and maintain consistency across compliance reviews, share information under the guidance and supervision of a Clinical Team Lead and/or Manager.

### External

External key relationships occurs in the course of particular audit assignments.

- Practitioners, their legal representative, medical office representatives, and medical support staff. Communication with regulatory bodies, associations.
- Office of the Auditor General often reviews the ACAU's audit work as part of their system reviews of Primary and Preventative Health Services.

## Required Education, Experience and Technical Competencies

Education Level	Focus/Major	2nd Major/Minor if applicable	Designation
Bachelor's Degree (4 year)	Other		Other

If other, specify:

Registered Nurse
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Job-specific experience, technical competencies, certification and/or training:

Several years of related experience and the ability to carry out comprehensive and detailed audit and compliance review is required. Must be a regulated member of the College of Registered Nurses of Alberta (CRNA).
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## Behavioral Competencies

Pick 4-5 representative behavioral competencies and their level.

Competency	Level					Level Definition	Examples of how this level best represents the job
	A	B	C	D	E		
Systems Thinking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Considers inter-relationships and emerging trends to attain goals: <ul style="list-style-type: none"> <li>• Seeks insight on implications of different options</li> <li>• Analyzes long-term outcomes, focus on goals and values</li> <li>• Identifies unintended consequences</li> </ul>	Clinical Advisor applies system thinking daily through the application of guiding documents, applicable legislations, unit policies and processes while upholding the rules of administrative fairness.
Drive for Results	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Works to exceed goals and partner with others to achieve objectives: <ul style="list-style-type: none"> <li>• Plans based on past experience</li> </ul>	Clinical Advisor applies experience and knowledge as well as relevant guiding documents to ensure

		<ul style="list-style-type: none"> <li>• Holds self and others responsible for results</li> <li>• Partners with groups to achieve outcomes</li> <li>• Aims to exceed expectations</li> </ul>	accurate file completion. File progress is monitored to ensure clear and consistent results.
Build Collaborative Environments	○ ● ○ ○ ○	<p>Facilitates open communication and leverages team skill:</p> <ul style="list-style-type: none"> <li>• Leverages skills and knowledge of others</li> <li>• Genuinely values and learns from others</li> <li>• Facilitates open and respectful conflict resolution</li> <li>• Recognizes and appreciates others</li> </ul>	Clinical Advisor participates actively within the virtual team by sharing the findings, identifying potential issues and facilitating a discussion aimed at finding an optimal resolution. Clinical Advisor promotes a professional and open discussion where other participants are valued
Agility	○ ○ ● ○ ○	<p>Identifies and manages required change and the associated risks:</p> <ul style="list-style-type: none"> <li>• Identifies alternative approaches and supports others to do the same</li> <li>• Proactively explains impact of changes</li> <li>• Anticipates and mitigates emotions of others</li> <li>• Anticipates obstacles and stays focused on goals</li> <li>• Makes decisions and takes action in uncertain situations and creates a backup plan</li> </ul>	Clinical Advisor actively adapts to shifting priorities and works creatively within the virtual team. Clinical Advisor takes action to create solutions and promote collaborative discussion on potential issues.

**Benchmarks**

List 1-2 potential comparable Government of Alberta: [Benchmark](#)

50024742 - Alberta Health - MH3