

Coding Compliance Manager - Remote

Summit Health

Job Location: Bend, OR

Full Time

JOB DESCRIPTION:

Position Summary: Manager Coding Compliance must exhibit a high level of understanding of coding compliance, auditing concepts, risk adjusted concepts, AMA, CMS/OIG/Federal/State regulations & guidelines, along with specialty specific coding concepts. Manager Coding Compliance is responsible to support the Group with coding education, identifying, investigating, and resolving all compliance matters relating to medical coding and documentation that could impact risk adjustment, encounter reporting, and /or reimbursement activities. The Manager Coding Compliance will provide leadership and direction to the Coding Compliance Team to effectively address the organization's coding compliance priorities and primary risk areas.

ESSENTIAL JOB FUNCTIONS:

Project Management

- Keep projects on track by using technology to monitor and increase productivity; working with Team to eliminate or minimize barriers
- Creation and oversight of workflows, policy, procedures for the Coding Compliance Team
- Exhibit strong research skills including knowledge of automated analysis tools and online research tools to conduct research on assigned issues
- Produces weekly and monthly reports to report status of Coding Compliance projects/initiatives and Provider compliance
- Prepare written reports of analysis and audit findings along with bell curves, graphs, etc. to present to Director, VP, upper Management, Physicians or other parties
- Perform Bell Curve analysis, create graphs/reports, formal tracking progress to ensure Provider benchmark compliance, education and revenue opportunities
- Develops, maintains and implements tracking and reporting mechanisms related to compliance initiatives and projects

Coding Compliance:

- Work Queues: Ensure claims in Coder/Auditor and Other Coding Compliance work queues are addressed accordingly and in a timely fashion
- Provider/Specialty Practice Compliance Educational Plans, Corrective Action Plans and New Provider/Practice Educational Plans
- Serve as resource for internal and external customers to obtain information or clarification on accurate and ethical coding and documentation standards, guidelines and regulatory requirements
- Actively participates on Committees and in special projects as requested and required as a Coding Compliance expert
- Utilize a risk-based audit approach and establish preliminary scope of review and/or educational plan - incorporating data-mining and analysis where appropriate
- Works with other Departments and Management Team to ensure that workflows and education is provided, as it relates to coding, billing and documentation compliance objectives
- Illustrate knowledge of healthcare industry- coding, revenue cycle, claims and state insurance/ laws specifics.

Perform Various Audit Reviews:

- New Provider: Ensure to conduct New Provider coding orientation, Audit Reviews and Education
- Annual Baseline: Ensure annual Coding Compliance Provider Baseline Reviews are completed and communicated to all Providers
- Focused: Conduct focus and risk assessment reviews as needed - provide ongoing provider communication and education regarding findings.
- Projects/Risk Assessments: Conduct audit reviews related to Coding Compliance initiatives and communicates/collaborates with Management and other teams regarding audit outcomes, identified areas of risk and educational areas of opportunity
- Acquisition: Responsible to perform pre-acquisition chart reviews based on initial data analysis and summarize findings, areas of needed education, areas of potential risk, etc.

Provider & Staff Education:

- Respond to inquiries from Physicians, Providers and Staff regarding documentation, coding, billing & other related coding/billing compliance matters
- Serve as a resource to Providers, Clinical Staff and other departments for coding/billing compliance related questions and workflows
- Responsible for the development of final audit reports/results communication/creation of coding tools & specialty practice workflows that assist Providers to achieve compliance
- Identify areas of revenue enhancement and educate Provider accordingly to ensure compliance in documentation standards
- Assist Providers with use of VMR/EHR to ensure appropriate documentation/coding capture
- Responsible for global and/or individual provider coding, billing, compliance/educational meetings/presentations
- Provide onsite Provider/Practice coding compliance, documentation support for new acquisitions Management/Human Resources Responsibilities
- Ability to manage both contracted and remote Coders/Auditors
- Empowers, motivates, coaches, professional grows and serves as a resource to a diverse staff
- Manages and develops human resources consistent with organizational values, guidelines
- Follows Human Resources Guidelines for hiring, managing performance, and participation in workplace activities and services
- Evaluates Team's performance and competency to perform job duties/Annual performance reviews

EDUCATION, CERTIFICATION, COMPUTER AND TRAINING REQUIREMENTS:

- Associates minimum/Bachelor's Degree preferred
- Work Related Experience: 5+ years preferred/3 years minimum (multi-specialty healthcare coding, auditing & payer reimbursement)
- Management Experience: 3+ year supervising and/or practice management required
- Auditing Experience: 4+ years preferred/2 years minimum
- Coding Certification(s): CPC, CCS-P, CCA, CCS or RHIT, RHIA- Required
- Auditing, Compliance and Billing or Practice Management Certification(s): CEMC, CPCO, CPMA, CCP-P, CHC, CPPM, CHA, CFE etc. – Preferred
- Proficient use of Microsoft Office Applications (Excel, Word, PowerPoint, Outlook, SharePoint, Skype, etc.)
- Must be proficient in Surgical and E&M (95 & 97 guidelines) chart auditing
- Proficient in VMR/EHR and understand of coding and auditing compliance impact
- Significant experience with CPT, ICD, HCPCS, multi-specialty coding concepts, HCC coding concepts and clinical documentation requirements

FOR MORE INFORMATION/TO APPLY:

https://shm.wd5.myworkdayjobs.com/en-US/Summit_CityMD/details/Coding-Compliance-Manager--Bend--Oregon- R12513?q=Billing%20and%20Coding