



Sr. Provider Coding Compliance Education Specialist - (230004H7)

Job Location: Tampa, FL/Hybrid

Full Time/Days

Job Summary:

Under the guidance of the Sr. Director of Corporate Compliance & Privacy (or designee), the Sr. Provider Coding Compliance Education Specialist (“Specialist”) is an independent self-directed individual who is responsible for creating, updating, revising, and implementing the Coding and Compliance Education Program for the providers (Physician and Advanced Practice Provider) consistent with Centers for Medicare Medicaid Services (“CMS”) regulations, Office of Inspector General for HHS (“OIG”) guidance, and other applicable rules or guidelines. The Specialist will provide coding, documentation, and general compliance education as it applies to providers. The Specialist will identify, validate, and ensure professional billing and coding compliance for Providers through the evaluation of billing patterns, routine audits (documentation and coding), and comprehensive educational sessions focusing on areas of specialty and risk assessment. The Specialist is responsible for developing and implementing ongoing coding training and auditing of medical records to ensure compliance with CMS’s coding and documentation guidelines; providing education and auditing related to the coding and documentation of medical records within the provider practice; providing assessment and tracking of documentation compliance and improvement; monitoring the need for process enhancements or changes. The Specialist will be expected to focus on regulatory and billing requirements and perform reviews independently for the purposes of Provider performance improvement. The Specialist will work collaboratively with the Revenue Cycle/Management personnel as well as in partnership with the Providers, staff, and others as may be deemed appropriate.

The Specialist will evaluate new patient services, appropriate billing, documentation, and reimbursements to ensure maximization of revenue in a compliant environment. The Specialist will provide consultative services to clinical practices to include evaluation of services provided, appropriate coding, reimbursement, carrier guidelines, clinical documentation, and the creation of billing tools. The Specialist will work with an independent, third party billing vendor for reviewing chart notes for proper code assignment with an emphasis on provider education, documentation and coding improvement, and revenue capture.

The Specialist must rely upon experience and judgement to plan and accomplish goals. Performs other duties as assigned.

Required Education:

Bachelor’s Degree in Healthcare related field

Preferred Education:

Master’s Degree in Healthcare, Business, Legal, or finance-related field

Required Experience:

Minimum of five years of coding and auditing experience; knowledge of and working experience in professional billing.

Required Certifications:

At time of hire: Certified Professional Coder (CPC); at time of hire or within 18 months of hire: AHIMA Certified Coding Specialist – Physician Based (CCS-P) certification, Certification in Healthcare Compliance (CHC)

To Apply/ More Information: https://tgh.taleo.net/careersection/ex/jobdetail.ftl?job=230004H7&tz=GMT-04%3A00&tzname=America%2FNew_York