CORPORATE CODING COORDINATOR

This job description is intended to be a general statement about this job and is not to be considered a detailed assignment. It may be modified to meet the needs of the organization.

JOB SUMMARY

Integrated Health Partners (IHP) of Southern California is seeking a Coding Coordinator. This position will play a key role in ensuring accuracy of coding and documentation for network providers. The Coding Coordinator position will be focused on accuracy of documentation, reporting of diagnosis codes including HCCs. The role will perform retrospective audits including HCCs of designated patient encounters, develop customized education and feedback for process improvements, and ensure compliance with payer and industry standards. This position actively supports the mission and vision of Health Center Partners of Southern California and its subsidiaries helping to develop high performing practices that will thrive in an environment changing from volume to value.

ESSENTIAL JOB FUNCTIONS

- Perform coding and documentation reviews and interpretations of medical records of primary care physicians and identified high-volume specialist offices to ensure accuracy of all reported diagnoses including CMS Hierarchical Condition Categories (HCC) conditions as supported by clinical documentation.
- Assess the need for provider education and training based on analytics and quality audits of medical records. Identify high volume providers for additional targeted reviews.
- Develop and implement education and training to all providers to ensure accurate documentation and HCC coding in real time. Serves as a consultant to all providers, helping them to improve documentation and proper coding and ensuring maximizing reimbursement.
- Respond to coding and documentation questions from provider offices, including specialties.
- Provide ongoing updates of documentation inadequacies or trends to construct appropriate coding education and outreach to health centers and providers.
- Provide educational updates regarding coding and documentation changes to providers.
- Serve as a liaison to facilitate communication between various constituents in order to assist in capturing chronic disease burden of the clinical enterprise patient population.
- Utilize network designated coding audit tools and technology to perform monthly audits and identify high risk providers and/or practices for outreach and education.
- Identify process improvement opportunities associated with the management of risk adjustment initiatives.
- Participate in auditing/reconciliation efforts led by the Coding and Documentation Integrity Department for continuous quality improvement efforts.
- Assist with claim denial reports related to coding and documentation to ensure optimal reimbursement.
- Perform physician queries as needed in order to validate ICD-10/HCC diagnosis codes and follows established physician query policy and procedures.
- Ensure compliance with all applicable Federal, State, and Network/Payer laws, regulations and policies related to coding and documentation.
- Perform other related duties as assigned.

QUALIFICATIONS

EDUCATION/EXPERIENCE

Minimum Qualifications

- Candidate must hold a nationally recognized coding credential (RHIA, RHIT, CPC with or without CRC) or 10-years' experience in physician coding and documentation. Experienced coders without a coding certification must obtain one within 2 years from hire date.
- Minimum of 5 years' experience in retrospective audits and CMS Hierarchical Condition Categories (HCC), preferably primary care/specialty care based or Federally Qualified Health Center experience. Candidate with experience working with community-based organizations and ethnically diverse communities and populations is preferred.
- Additional coding experience with E/M and ambulatory/outpatient procedures preferred.
- Prior experience in developing and delivering physician education presentations.

PHYSICAL REQUIREMENTS

- Ability to sit or stand for long periods of time
- Ability to reach, bend and stoop
- Physical ability to lift and carry up to 20 lbs.

HIPAA/COMPLIANCE

- Maintain privacy of all patient, employee and volunteer information and access such information on as need to know basis for business purposes.
- Comply with all regulations regarding corporate integrity and security obligations. Report unethical, fraudulent or unlawful behavior or activity.

REQUIRED SKILLS

- Ability to communicate effectively to providers regarding audit results
- Ability to communicate effectively to centers and staff regarding departmental policy
- Ability to represent the Department in a professional manner when interacting with physicians and other staff members
- Ability to handle issues professionally
- Knowledge of PowerPoint, Microsoft Word and Excel
- Organizational skills
- Time Management Skills

OTHER REQUIREMENTS:

- Must possess valid driver's license, insurance and own transportation for use in work, and be flexible with working some evenings and weekends, within a 40-hour workweek.
- Ability to travel throughout the United States. Some local and out of town travel required.