Simple Visit Coding Lead

POSITION SUMMARY:

This position is designed to work collaboratively with Coding and Revenue Integrity to assist/support/review various workflows, account, claim edits, router reviews to bring resolution to issues. Additionally assure appropriate payment of all outpatient and ED accounts with the objective to get to the root cause of the accounts that are hung up to move fixing the problem and monitor it to assure it is resolved.

This position directs the daily workflow of the simple visit (SVC) and claim edits to assure all work queues are work timely and accurately. Works with Coding Associate Director/Supervisor on all activities related to simple visit coding (SVC)/clinical editing of outpatient accounts and the claims/coding edits as it pertains to Health Information management coding and Revenue Integrity. This position is designed to organize the daily workflow of both SVC and Claims (including SPARCS) editing in order to meet daily/weekly coding goals and using the CMS Medicare/Medicaid local coverage determinations (LCD) and national coverage determinations (NCD) and other tools to ensure proper coding guidelines are followed. This position will also streamline and process improve ongoing ways to validate and reducing the number of SVC and improve the SVC and claim edits passing rate. Oversee daily coding function relative to simple visit coding and claims/coding edits. Liaison for Patient Financial Services (PFS), Compliance, Revenue Integrity, Billing for Professional Services and the ISD Build teams. Supports all hospitals including Strong, Highland hospital, FF Thompson hospital coding and regional facilities as needed.

REQUIREMENTS:

Education: Associate's degree in Health Information Management or related Health Service Program or a combination of education and experience
Experience: Minimum three years previous coding experience, prefer both outpatient/emergency room experience.
License/Certification: RHIT or RHIA preferred
Maintains current knowledge of computer systems/software in HIM Department.
Attends in-house coding meetings to be aware of coding and practice changes.
Maintains knowledge of Medicare/Medicaid Fraud and Abuse issues.

SKILL REQUIREMENTS:

Natural curiosity to problem solve and get to the root cause of issues and bring them to leadership's attention to move to resolution
Ability to learn/retain/understand the EPIC Clinical and Revenue Cycle processing systems

TO APPLY:

Please send your cover letter and resume to Amanda_Rice@urmc.rochester.edu and Rochelle_Nichols@urmc.rochester.edu