IP Coding Audit Manager - HIM

Position Description

Inpatient hospitalization is a costly level of care and hospitals need to ensure that the correct DRGs are assigned and billed to receive proper reimbursement for the conditions treated and services provided. Our auditors perform quality reviews on records coded by the hospital coding staff to validate the ICD-9-CM, ICD-10-CM/PCS and DRG assignment to secure consistency and efficiency in inpatient claims processing and data collection for the hospital. Inpatient records will be reviewed for coding accuracy based on the documentation present in the medical record. Any discrepancies or findings will be discussed in a collaborative manner with staff to ensure consensus and provide educational opportunities. Any coding variances will be substantiated by coding guidance supported by AHIMA and as published by the American Medical Association. The IP Coding Audit Manager performs all functions of coding compliance reviews, documents key finding, and creates a written report.

Remote: Work from your home office

Requirements:

- Ability to plan and execute educational programs and presentations via interactive web meeting.
- Strong knowledge of Microsoft Word, Excel, PowerPoint, and web meeting.
- Three to five years of inpatient auditing experience in ICD-9/ICD-10 and DRG.
- Experience with dual coding and/or auditing projects.
- Experience with compliance audits and written reporting of findings.
- Experience with multiple EMR Systems: Epic, HPF, Cerner, Meditech, etc.
- Strong verbal and written communication skills.
- Coding credential required.

Qualifications:

- Minimum 5 years acute care hospital inpatient coding experience required.
- Minimum of 3 years documented experience in managing coding audits strongly preferred.
- Managerial experience in healthcare related field preferred.
- Dedicated home based workspace with access to high speed cable Internet available.

Benefits:

- Competitive pay
- Health, Vision, Dental, Life Insurance, 401(k) Plan, Healthcare spending and dependent daycare accounts
- Bonus programs
- Flexible scheduling
- Full access to coding resources and technology
- Reimbursed CEUs, training, education and certifications.
- Referral bonuses

About VHC:

For nearly 20 years, VHC has provided high performance revenue cycle services recovering millions of dollars in revenue lost due to coding, billing, process, and payment errors. We bring to our over 260 hospital clients high quality services that enhance their revenue cycle performance. Our expansive service options were designed to simplify the complexities of revenue cycle management and to help our client partners reach their goals more efficiently. A mixture of the right people, innovative tools and effective processes is our formula to meet our clients' objectives.

VHC team members are galvanized by our mission to provide our hospital partners results that lead to financial success. Each team member is passionate not only about delivering results, but driving change in each of our clients' revenue cycles. Through our shared mission, vision and values, we foster a culture of entrepreneurship, innovation, collaboration and adaptability that is ready to conquer challenges in healthcare's ever-changing landscape.

Our Coding Service Division is looking for experienced healthcare professionals to support its offerings to customers: remote coding services, auditing and review services, education and training, HIM outsourcing, and consulting.

Visit us at: www.VHCI.com

Submit your resume to Robin Keeney at rkeeney@vhci.com or Wendy Kennedy at wkennedy@vhci.com.