Senior Consultant, Risk Adjustment Coding and Clinical Documentation Improvement

Job Description
Under the direction of the Senior Vice President, Healthcare Analytics and Risk Adjustment Solutions, the Senior Consultant, Risk Adjustment Coding and Clinical Documentation Improvement, is responsible for providing expertise in the area of clinical coding practices and risk adjustment for both health plan and provider clients. The Senior Consultant, Risk Adjustment Coding and Clinical Documentation Improvement, will interface with operational and clinical leadership to assist in identification of operational and clinical best practices in maximizing recapture rates and appropriate coding. He/She will also coordinate implementation of programs designed to ensure all diagnosed codes and conditions are properly supported by appropriate documentation in the patient chart.

Skills
This Senior Consultant will lead the practice area’s efforts in the following categories:

- Provider education, engagement, and clinical documentation improvement strategies.
- Hierarchical Condition Category (HCC) mapping, modeling, and program design.
- Retrospective and prospective strategies to ensure complete, consistent coding practices with health plan and provider operations.
- Concurrent chart review and assessment to identify trends and opportunities for increased efficiencies.
- Maximization and efficiencies within data sources, including provider Electronic Medical Record (EMR), Health Information Exchange (HIE), and claims warehouses.
- Medical Group, Independent Practice Association (IPA) and Accountable Care Organization (ACO) Clinical Documentation Improvement (CDI) program design, implementation, and management. Facilitate the creation and implementation of measurable improvement strategies in the areas of physician clinical documentation, medical record coding, and submission of data.
- Chart retrieval, storage, and integration best practices to maximize risk adjustment activities and support quality and medical management initiatives.
- Compliance, Risk Adjustment Data Validation (RADV) and overpayment recovery strategies, supporting claims integrity, and consistent capture of persistent chronic conditions.
- ICD-10 education, preparedness, and risk mitigation.
- Cost-benefit analysis of internal vs. external coding programs, including vendor quality oversight and development of service level agreement (SLA) language.
• Creation and delivery of a wide range of coding and billing education modules, both onsite and virtually.

• Results delivery related to chart review findings, highlighting opportunities for clinical and operational improvement, trends in provider coding patterns, and reconciliation of patient clinical information.

• Ensure member encounter data is being accurately coded and all diagnosis codes are captured. Coordinate data extracts and data analysis interpretation in preparation of reports aimed to determine a provider’s Risk Adjustment Factor (RAF).

• Provide measurable, actionable solutions to provider and health plan clients that will result in improved accuracy for documentation and coding practices.

• Demonstrated ability to obtain documentation relevant to denials avoidance related to the Recovery Audit program, the Comprehensive Error Rate Testing (CERT) program, and other audit programs, recognizing and promulgating to physicians the synergies of clinical documentation for both the physician and the hospital.

Duties & Responsibilities

• Responsible for project planning and execution of client projects, including projects not directly managed.

• Responsible for the development of new scopes of work and refinement of existing scopes of work to assure they meet the industry’s current needs.

• Provide day-to-day oversight of assigned project managers and consultants.

• Oversee quality of deliverables of the project manager, to ensure exceptional performance, and provide individual project and end-of-year performance feedback.

• Assist in the development of consultant training programs.

• Provide guidance and information, when requested, as an internal resource.

• Use subject matter expertise to expand upon or create additional project tools to enhance the client satisfaction and deliverables while increasing profitability.

• Motivate, mentor, and inspire the team members to a higher level of engagement, productivity, and professional achievement.

• Provide industry guidance to staff within the Risk Adjustment Business and to other project-related GHG staff, as needed.

• Demonstrate ability to produce high-quality results in personal work product by continuously upgrading one’s own skills and expertise. Take initiative to mentor team members, enhancing their ability to contribute to GHG’s goals using various methods such as, but not limited to, coaching, training, and one-on-one support.

• Help to promote an effective and positive work environment by establishing and maintaining cooperative working relationships with GHG staff and management.

• Ensure skill sets of assigned staff match with client needs and are up to date and at the highest level of industry standards.

• Conduct appropriate analyses of pending, active, or completed projects for senior management.

• Prepare routine and ad hoc reports by obtaining, compiling, analyzing, and summarizing data from various sources.

• Contribute to the achievement of GHG goals and objectives by performing other duties as assigned.
Requirements

- Bachelor's degree is required with a concentration in a healthcare-related field.
- Must currently have AAPC Certification:
  - CPC, CPMA
  - AHIMA Approved ICD-10 CM/PCS Trainer, ICD-10 Ambassador
  - CDIP (Clinical Documentation Improvement Practitioner) certification is preferred but not required.
- Ability to read and analyze all information in a patient's health record.
- Clinical knowledge (anatomy and physiology, pathophysiology, and pharmacology).
- Extensive knowledge of and experience with coding concepts, guidelines, and clinical terminology.
- Knowledge of healthcare regulations, including reimbursement and documentation requirements.
- Familiarity with MS-DRGs and the Inpatient Prospective Payment System (IPPS), including new CMS guideline of key elements, including clinical documentation, of what constitutes an acceptable risk adjustable code.
- Extensive knowledge of what constitutes a complete and accurate record—i.e., complete and thorough clinical documentation beginning with HCC methodology and risk adjustable codes, establishing and meeting medical necessity criteria; including response to treatments, interventions, and outcomes; complete and accurate patient treatment plan.
- Knowledge and understanding of official physician Evaluation and Management (E&M) guidelines and documentation requirements in support of proper E&M assignment and establishment of medical necessity.
- Have knowledge of the CMS Part C environment in relation to health plans, insurers, providers, vendors and facilities, and CMS Part C program requirements including Part C reporting.
- Understand all CMS Medicare and Medicaid and Part C & D requirements including manuals, review guides, and Code of Federal Regulations.
- Perform independently, prioritize and manage multiple tasks effectively, organize work flows, adhere to timelines, attain goals, and function in a complex, fast-paced work environment.
- Ability to interact with internal and external customers at all management levels.
- Project management and/or consulting experience a plus.
- Strong problem-solving ability and a customer-centric focus.
- Be team focused with an attitude of group achievement as the primary goal.
- Highly organized with a strong attention to detail.
- Ability to travel 50% of the time.
- Ability to work in a virtual office and virtual teaming experience.
- Effective collaboration skills and experience.
- Microsoft Office proficiency.
- Strong oral and written communication skills, including presentation skills.
Company Description
Gorman Health Group, LLC is a leading consulting and software solutions firm specializing in government health programs, including Medicare managed care, Medicaid, and Health Insurance Exchange opportunities. For nearly 20 years, our unparalleled teams of subject matter experts, former health plan executives, and seasoned healthcare regulators have been providing strategic, operational, financial, and clinical services to the industry across a full spectrum of business needs.

Learn more at www.gormanhealthgroup.com.

Please send your resume and cover letter to jobs@gormanhealthgroup.com and we will contact you shortly. We look forward to hearing from you.