



## Job Description

**Effective Date:** January 12, 2018  
**Job Code:** 000141  
**Job:** Medical Coding Analyst I  
**HR Title Group:** 000141 - Medical Coding Analyst I  
**Job Levels:** 000141 000580  
**Grade:** 205  
**Reports To:** Assigned Management  
**FLSA Status:** Exempt

### Summary

Under the direction of the Supervisor of the Recovery Department, the Medical Coding Analyst I assures the appropriate payment of claims through the identification and retrospective audit of claims and/or medical records. The daily work of the coding validation unit including DRG validation and readmission reviews for all lines of business in compliance with applicable law and regulation. Review medical records for appropriate provider documentation to support the principal diagnosis, co-morbidities, complications, secondary diagnosis, surgical procedures and POA indicators. Write effective appeals related to DRG downgrades as needed. Monitors cost savings targets and work plans to maintain cost containment initiatives. Work on special projects as assigned, in addition to daily work responsibilities. Ensure compliance with documented and established workflow guidelines and procedures.

Additionally, the Medical Coding Analyst II, executes all of the Medical Coding Analyst I functions, while coordinating the daily work of the coding validation unit including DRG validation and readmission reviews for all lines of business in compliance with applicable law. Coordinates the analysis of data trends and recommends action plans to management. Handles department projects in addition to day-to-day activities and participates in committees and work groups relevant to departmental processes. Coordinates training sessions for department staff as a result of information learned at seminars and review of professional literature. Reviews, develops, and documents departmental policies and procedures.

### Essential Responsibilities/Accountabilities

#### Medical Coding Analyst I

- Serves as liaison between the Plan and designated representatives of the hospitals in aspects of hospital reimbursement validation to ensure contract specifications are met. This can include but is not limited to data element verification, ICD-10-CM coding validation, monitoring plan specifications, DRG assignment accuracy, and readmission review.
- Travels to the provider's place of business or requests the providers submit medical records to the Plan for review. Determines whether the medical record documentation supports the coding billed. Reports findings of the audit to the provider affording the provider the opportunity to appeal prior to adjusting the claim. Prepares and submits adjustments to the appropriate processing/adjustment area.
- Interfaces with the Dispute Resolution Administrator (DRA) as necessary in response to provider appeals. Submits the necessary documentation to support the corporate position. Maintains effective work relationships with Hospital Medical Records Departments and Business Office.
- Creates audit tools to facilitate the accurate and timely completion of the audit. Prepares and submits monthly cost savings reports and maintains relevant statistics on the program. Maintains accuracy in all coding and reimbursement methods researching the literature and attending professional seminars, workshops, and conferences as required by AHIMA to maintain professional certification.
- Consistently demonstrates high standards of integrity by supporting the Lifetime Healthcare Companies' mission and values and adhering to the Corporate Code of Conduct.
- Maintains high regard for member privacy in accordance with the corporate privacy policies and procedures.
- Regular reliable attendance is expected and required.
- Performs other functions as assigned by management.

#### Medical Coding Analyst II

In addition to Level I duties:

- Monitors audit targets and work plans to maintain cost containment initiatives. Coordinates the analysis of data trends and recommends programmatic changes to management. Prepares and submits monthly cost savings reports maintaining relevant

programmatic statistics to guide the future development of the program.

- Collaborates with other operating teams in the development, implementation, evaluation and update of policies and procedures governing the adjustment of hospital claims, including communications to providers, and the servicing of provider inquiries.
- Interacts with management staff in functional areas within the department as requested to meet the operating team goals and objectives. Facilitates ongoing training for optimal staff functioning.
- Recommends, establishes and maintains criteria for review process and policy and procedure development. Maintains currency in all coding and reimbursement methods researching the literature and attending professional seminars, workshops and conferences as required by the AHIMA to maintain professional certification.
- Functions as a liaison between the Plan and designated representatives of the Hospital in aspects of hospital reimbursement validation to ensure contract specification are met. This can include but may not be limited to data element verification, ICD10-CM coding, DRG assignment accuracy, and readmission. Analyzes DRG patterns by hospital and conducts charge audits for assigned claims in coordination with Provider Reimbursement Conducts formal coder training and education. Provide feedback to coding staff on audit results on areas where coding compliance is not met

#### Minimum Qualifications

#### NOTE:

We include multiple levels of classification differentiated by demonstrated knowledge, skills, and the ability to manage increasingly independent and/or complex assignments, broader responsibility, additional decision making, and in some cases, becoming a resource to others. In addition to using this differentiated approach to place new hires, it also provides guideposts for employee development and promotional opportunities.

#### Medical Coding Analyst I

- RHIT, RHIA or CCS Required
- Minimum of two years experience, preferably in a DRG Inpatient Coding setting
- AHIMA, ICD-10-CM,PCS certification preferred
- Knowledge of Federal and State regulations and accreditation standards
- Knowledge of Medical Terminology, disease process and treatment methodologies
- Knowledge of provider reimbursement and all coding methodologies
- Knowledge of authorization and claims processing systems
- Strong analytical, problem solving skills
- Working knowledge of PC and mainframe software applications
- Effective interpersonal skills/communication skills

#### Medical Coding Analyst II

In addition to Level I qualifications

- Minimum of five years' experience with DRG inpatient coding in Medical Audit
- Expertise in provider reimbursement and all coding methodologies
- Strong knowledge of authorization and claims processing systems
- Strong analytical, problem solving, and judgement skills
- Strong knowledge of PC and mainframe software applications
- Represents the Recovery Department in Corporate Committees
- Initiates education within the Plan or with a provider. Goals and outcomes of the education must be measurable.
- Ability to trend provider specific data and analyze for accurate reporting
- Ability to lead staff and projects in positive manner
- Demonstrates initiative for all facets of position responsibility

#### Physical Requirements

Travel across regions may be required.

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The Lifetime Healthcare Companies aims to attract the best talent from diverse socioeconomic, cultural and experiential backgrounds, to diversify our workforce and best reflect the communities we serve.

Our mission is to foster an environment where diversity and inclusion are explicitly recognized as fundamental parts of our organizational culture. We believe that diversity of thought and background drives innovation which enables us to provide leading-edge healthcare insurance and services. With that mission in mind, we recruit the best candidates from all communities, to diversify and strengthen our workforce.

#### OUR COMPANY CULTURE:

Employees are united by our Lifetime Way Values & Behaviors that include compass

Please apply at <https://www.excellusbcbs.com/wps/portal/xl/careers/career-areas>