MEDICAL CODER

Job Requisition #20-0033
Location: Safe Harbor Health Clinic
Application Deadline: Until Filled

All people share a powerful need for the basic necessities of a good life and a place that understands that good health starts with a caring touch and a kind word. Since 1971, the Community Health Centers of Burlington (CHCB) has provided access to high quality health care regardless of financial status or life circumstance. We strive to improve the health of all within the communities we serve in an environment that conveys respect, offers support, and encourages people to be actively involved in their own health care. Our positive, mission-minded staff make CHCB a great place to work!

CHCB is an innovative Federally Qualified Health Center with eight sites throughout Chittenden County and southern Grand Isle County. We are an Equal Opportunity Employer and are especially interested in candidates who can contribute to the diversity and excellence of the organization. We offer a generous benefits package to eligible employees and a competitive minimum hourly wage for entry-level positions.

Essential Duties
A) ASSESSMENT OF CHARGES:
- Reviews chart notes in relation to the charges coded adhering to National Coding Guidelines and CHCB procedures to ensure compliance in all areas.
- Report compliance issues to Risk management team as necessary and work with that team and or providers retraining in order to rectify the issue. Follow through with added review to ensure the issues is resolved.
- Runs reports to monitor accuracy in several areas including: Compliance with payer regulations, Compliance with national coding regulations, ensuring charge capture, validating documentation
- Tracks and follows up on outstanding charges communicating with providers as needed

B) PROVIDER TRAINING:
- Initiates improvements efforts and documentation training for medical and clinical staff as it relates to coding practices and guidelines
- Provide individual training for medical providers when necessary in order to ensure CPT coding level of service provided is documented in order to support the service coded.
- Provide group trainings for medical providers in regards to coding updates and or clarify coding questions.

C) AUDITING:
- Complete random audits on suspected charge/documentation issues resulting from past coding issues, audit findings, missing charge capture and or past reported compliance or coding issues

D) TRAINING AND COMMUNICATION:
- Keeps current with, shares knowledge of and communicates all CDT, CPT, ICD-10, HCPCS changes
- Communicates to supervisor when backlog situations arise or necessary documents or charges are either incorrect or are not being received in a timely manner.
- Keeps current with all coding updates and information related to correct coding.
- Alerts Management of any coding irregularities, or trends contrary to policies / procedures, so that corrective measure can assessed and executed as needed.
- Trains staff via CHCB Communicator or other means.
- Trains providers on coding related topics.
- Respects diverse views and approaches, and contributes in maintaining an environment of professionalism, tolerance and acceptance toward all patients and employees.

Basic Qualifications
- High School Diploma or GED plus 3 years' experience reviewing medical billing charges, or an Associate Degree plus one year experience reviewing medical billing charges.
- Medical coding certification and training in medical terminology from an accredited program preferred
- Must have 2 + recent coding experience
- Certification as a Certified Coding Specialist (CCS) or Certified Coding Specialist-Physician (CCS-P) preferred

Knowledge, Skills and Ability
- Experience with medical billing software systems
- Knowledge of medical and dental terminology
- Knowledge of payer-specific regulations
- Working knowledge of Microsoft Office Suite including Word, Outlook and Excel
- Ability to apply general rules to specific problems and produce solutions that make sense
- Ability to use logic and reasoning to identify solutions, conclusions and approaches to problems.
- Giving full attention to others, understanding points being made, and asking appropriate clarifying questions
- Knowledge of general administrative and clerical procedures such as word processing, managing files and records, etc.
- Ability to communicate effectively and connect with administrative and clinical staff in order train as needed
- Ability to maintain flexibility under changing processes and procedures.
- Must assess for accuracy of submitted charges through reports and manual review
- Must possess exceptional organizational skills with attention to detail
- Ability to work independently, prioritize and manage time with minimum supervision.
- Must have a valid credential from AAPC and or AHIMA

To apply for this position, please send a resume and cover letter to: HR@CHCB.org
The Human Resources Department will contact applicants who have been chosen to continue through the applicant selection process.

Learn More! See our Website at www.chcb.org/careers/positions-available