

Coker Group has been retained by Lexington Medical Center to recruit for a

PHYSICIAN NETWORK DIRECTOR OF PROFESSIONAL CODING

About Lexington Medical Center:

Lexington Medical Center (LMC) is a 428-bed hospital in West Columbia, South Carolina. It anchors a health care network that includes six community medical centers and employs a staff of more than 6,500 health care professionals. The network also has cardiovascular and oncology care affiliated with Duke Health, an occupational health center, the largest skilled nursing facility in the Carolinas, an Alzheimer's care center and more than 65 physician practices. LMC operates one of the busiest Emergency departments in South Carolina, treating nearly 85,000 patients each year. The hospital delivers more than 3,500 babies each year and performs more than 23,000 surgeries. Lexington Medical Center is currently undergoing the largest hospital expansion in South Carolina history by creating a new patient tower that will open in 2019. Lexington Medical Center has a reputation for the highest quality care.

They have been named Columbia's "Best Place to Have a Baby", "Best Hospital" and one of the "Top 25 Best Hospitals to Work for in the U.S." Honors all made possible by a dedicated, talented team of healthcare professionals and staff.

The Opportunity:

An exciting opportunity to build and lead a physician coding organization for their large network. Great potential to be part of a growing and dynamic organization that is a leader in the local market.

Position Summary:

Directs the coding compliance services, provider coding education and coding processes for LMC's Physician Practice Network. Develops and manages coding operations that help LMC achieve coding accuracy for all payors, promote best practices and education in all areas related to coding compliance. Partners with internal and external stakeholders on coding compliance audits. Creates an annual coding compliance work plan and implements at the direction of the Vice President of Operations and other internal stakeholders. Exhibits skills to be a highly effective leader in providing consultation with certified coders, coding educators, physicians, advance clinical practitioners, and physician network leadership. Analyzes and monitors performance and maintenance of specific coding functions and facilitates recurring coding audit services across the physician network.

Key Position Objectives:

- Responsible for leadership and development of the coding compliance team and any support programs.
- Creates and maintains policies and procedures for areas of responsibility.
- Develops and facilitates recurring coding audits and ensures effective resolution, education, and improvement plans.
- Provides summarized performance reporting for senior and executive leadership review and analysis.
- Establishes and monitors productivity/quality standards to ensure compliance with coding rules and regulations.
- Acts as liaison with business office, physician offices, other departments, and leadership to identify and resolve billing and coding issues.
- Plans and organizes the coding functions and processes to meet the department goals and priorities of the patients and health district and ensure adherence to compliance guidelines and regulations.
- Effectively manages budgets and resources and communicates coding updates.
- Works closely with providers and physician network coders to assist in documentation and record completion activities.
- Serve on various committees to help LMC achieve an ethical, complete, accurate and consistent coding and documentation in full compliance with all Federal health care program requirements necessary to bill for services.
- Assures that patient confidentiality is maintained at all times.
- Provides on-going education for coders and develops metrics for the organization in quality and outcomes related to coding.

The Ideal Candidate Background:

- Excellent communication skills (verbal and writing) and ability to communicate with a variety of stakeholders at all levels in the organization is required.
- Bachelor's degree in Business Administration, Health Administration, Health Information Management, or related discipline required with five years directly related work experience - OR - Master's degree with three years directly related work experience. At least 3 years of experience needs to be in a coding related management or formal leadership role.
- Coding Certification achieved and maintained in one or more of these designations: Registered Health Information Administrator (RHIA), Health Information Technician (RHIT), Certified

- Professional Medical Auditor (CPMA), Certified Professional Coder (CPC), or Certified Coding Specialist (CCS/CCS-P).
- Minimum of 3 years coding experience (may be concurrent with experience as required above).
- Working knowledge of the most recent International Classification of Diseases, Clinical Modification (including addenda, conventions and instructions), Current Procedural Terminology (including addenda, conventions and instructions), Healthcare Common Procedural Coding Systems Level II, current edition; ICD Official Guidelines for Coding and Reporting; Coding Clinic for ICD; Coding Clinic for HCPCS; and, the online CMS manual system.
- Awareness of billing, coding, documentation regulations and regulatory guidelines.
- Experience with EPIC Electronic Medical Record preferred.
- Basic understanding of the Office of Inspector General's (OIG) voluntary compliance program guidance.
- Strong outpatient coding and compliance background.; ideally someone who has built a program in the past
- Outstanding presentation skills with ability to organize complex material based on target audience needs and present information to physicians, management and interdisciplinary teams.
- High level of integrity and discretion because one will work with information that is restricted to specific persons.
- Superior analytical skills and ability to define problems, collect data, establish facts, and draw conclusions.
- Conscientious with a strong attention to detail and ability to produce accurate information.
- Work collaboratively with coworkers and organizational stakeholders to achieve results.
- Extensive knowledge of federal/state healthcare laws, regulations, and standards as well as coding and reimbursement systems, risk management, and performance improvement

Additional Characteristics Desired:

- Collaborative team player who can excel in a matrix leadership structure
- Executive presence and ability to present to all levels in the organization
- Understanding of how coding effects the healthcare business
- Multi-specialty physician coding experience highly desirable
- Direct and assertive personality who can influence key leaders

Key Leadership Attributes Desired:

- Ability to influence key stakeholders and clinical leaders
- Hands-on collaborator who can mentor and grow a team
- Ability to hold other accountable and deliver results

Please email your resume to:

Richard Ballard | Senior Director, Research-Executive Search

rballard@cokergroup.com

<https://www.linkedin.com/in/ballardr>