*Healthcare Consultant & Management Executive*

Over 15 years’ experience driving *strategic growth, revenue enhancements and healthcare compliance* for medical facilities and educational organizations. Highly competitive, passionate, knowledgeable and articulate, able to achieve results others believed to be impossible. Experienced in inpatient and outpatient medical coding, medical billing and education.

**CORE COMPETENCIES**

* Project Management
* Training & Education
* AHIMA ICD-10 CM & PCS approved Trainer
* Healthcare Consulting

• EHR Implementation

• Policies & Procedures

* HEDIS/NCQA/PCMH

• Coding: CPT, ICD-9, MS-DRG, APR-DRG

• Records Administration

• Claims Processing

• Budgeting/ Forecasting

• Meaningful Use Preparation

• Medical Terminology

• Microsoft Applications

• Transcription

• Employee Motivation

•Accounts Receivable

• Problem Solving

• Keyboarding (60 WPM)

• Compliance Education

•Inpatient/Outpatient/DME/ASC Coding

**HIGHLIGHTED CAREER ACHIEVEMENTS**

* Certified Professional Coder-Instructor (CPC-I)
* Registered Health Information Technician(RHIT)
* AHIMA ICD-10 Approved Trainer
* Certified Professional Coder(CPC)
* Distilling value, overcoming objections and securing hard to solve medical coding/compliance obstacles
* Motivating staff to peak performance levels
* Proven record of initiative and success in accreditation preparation

**EDUCATION**

Rasmussen College Eden Prairie, MN

**Business System Analysis, B.S.**  March 2015

Rasmussen College Eden Prairie, MN

**Health Information Management, A.A.S.**  December 2010

Louisiana State University Baton Rouge, LA

**Certified Coding Specialist** August 2006

**PROFESSIONAL EXPERIENCE**

**LOUISIANA HEALTHCARE INSTITUTE Baton Rouge, LA**

***Healthcare Consultant* 03/2006-Present**

* Provide education and training for healthcare professionals on compliance, professionalism, medical coding
* Evaluate the quality of clinical documentation to identify incomplete or inconsistent documentation for inpatient/outpatient encounters that impact the code selection and resulting DRG groups and payment.
* Ability to identify coding aberrancies or errors through paid claims analysis
* Establish program governance when needed to assure response to issue escalation
* Develop program budget and ensures program meets its stated objectives
* Develop documentations, training and presentations for tracking and reporting of the program’s success
* Medical coding and abstracting for profit stability and facilitate any coding changes to maximize revenue

•     Responsible for evaluating the coding practices of the medical clinics for accuracy and completeness while providing continued coding support

• Facilitate strategic goals and ethical standards, assess and implement long-term and short-term goals financially using insurance carrier’s guidelines and standards

•      Ensure compliance of federal/state laws, regulations, standards related to health information and coding principles

•     Provide education and training to the healthcare system’s employees in areas relevant to health information management policies and procedures

**WELLPOINT Remote**

***Cost of Care Coordinator (ICD-10 Project)* 04/2014-11/2015**

* Identify system configuration issues for correct adjudication of codes in contracts, DRGs triggered as improper payment DRGs for provider audit
* Develop a list of potential front end coding edits against DRGs, codes, or code clusters to ensure correct coding by the provider, alert fraud and abuse for potential patterns for inappropriate coding
* Evaluate coder interpretation variability that causes reimbursement to increase or decrease due to coder interpretation

**STATE OF LOUISIANA (BPCC) Shreveport, LA**

***Program Development Manager* 06/2011-11/2015**

* Develop and institute an effective training program and curriculum to educate practice managers throughout Louisiana, providing best practices on policies and procedures, functions of the facility, with an emphasis on long-term and short-term solutions to operational and administrative problems, managing all aspects of the daily operations and leading to increased efficiencies, reduced costs and increased revenue.
* Develop and implement a cutting-edge payment methodology for Worker’s Comp claim adjudication processes
* Develop and implement extensive quality measures for Worker’s Compensation electronic claims

**LSU HEALTHCARE NETWORK New Orleans, LA**

***Chief Compliance Officer/EHR Director* 11/2010-01/2012**

* Institutes and maintains an effective compliance communication program for the organization, including promoting and providing ongoing training for all employees and managers: (a) use of the Compliance Hotline; (b) heightened awareness of Standards of Conduct, and (c) understanding of new/ existing compliance issues and related policies.
* Ensures proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate
* Supervising teams of 3-6 EHR Data Analyst, ensuring project is being completed in a timely manner, troubleshooting, determining integration and operational workflow throughout all departments.
* Responsibility to facilitate design, development, analysis, creation, testing or modification of templates with goal of making sound workflow and business process recommendations.

**GULF STATES LTAC (2 Locations) Clinton, LA**

***HIM Director* 06/2006-09/2008**

•     Develop and direct the implementation of procedures and policies governing health information and medical records to ensure compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, Health Insurance Portability and Accountability Act (HIPAA)

•    Inpatient medical coding and abstracting utilizing DRGs for profit psychiatric facility and LTAC

•     Provide education and training to the healthcare system’s employees in areas relevant to health information management policies and procedures

•     Formulate, develop, and direct the implementation of procedures and policies governing medical records and related work and coordinates the work

**DELTA COLLEGE OF ARTS & TECHNOLOGY Baton Rouge, LA**

***Medical Billing/Coding Instructor (Night)* 03/2006-01/2008**

•     Educating students medical terminology, anatomy/physiology and legal aspects using curriculum

•     Educating students of CPT-4, HCPCS, and ICD-9-CM guidelines

•     Prepare students with knowledge and professionalism to secure employment in the healthcare industry

•     Assisting with program and curriculum development in medical billing and coding program

**ARKANSAS BLUE CROSS BLUE SHIELD Baton Rouge, LA**

***Freedom of Information Specialist* 12/2001-02/2005**

•     Researching and analyzing medical claims interpreting reason for denials

•     Utilizing data to educate providers on denial management

•     Assisting Education Department with research and development of provider education seminars

•     Researching and processing requests for Remittance Advice, Medicare Summary Notices, Local Medical Review Policies, newsletters, fee schedules and any other requests sent to Medicare under the Freedom of Information Act