Title: Clinical Coding Analyst (CCA)

Description: The Clinical Coding Analyst is responsible for pre-bill inpatient chart reviews specific to MS DRG assignment. The analyst is responsible for identifying revenue opportunities and compliance risks based on the Official ICD-10-CM/PCS Guidelines for Coding and Reporting, AHA Coding Clinics, disease process, procedure recognition, and clinical knowledge.

Requirements and Education:
- AHIMA credential of CCS or CDIP or ACDIS credential of CCDS required.
- Minimum of 7 to 10 years of acute inpatient hospital coding and/or auditing experience in a large tertiary hospital required.
- Knowledge of ICD-10 CM/PCS required.
- Experience with electronic health records (i.e., Cerner, Meditech, Epic, etc.) required.
- Experience working remotely required. Ability to work independently required.
- Excellent oral and written communication skills required.
- Must demonstrate analytical ability, initiative, and resourcefulness.
- Excellent planning and organizational skills required.
- Must be proficient in Microsoft Office Word and Excel programs.
- **Preferred Requirements:**
  - Graduate of an accredited Health Information Technology or Administration program with AHIMA credential of RHIT or RHIA preferred.
  - AHIMA Approved ICD-10 CM/PCS Trainer preferred.
  - Experience with CDI (Clinical Documentation Improvement) programs preferred.
  - Graduate of an accredited program of nursing preferred with a minimum of 3-5 years of hospital nursing experience in various clinical areas preferred.
  - Consulting experience preferred.

Schedule: This is a remote, full-time position. General hours of work are Monday through Friday during regular business hours.

Benefits:
- Competitive salary with monthly bonus opportunity
- Medical, dental, and vision
- 401K contribution
- PTO upon hire and 7 paid holidays
- Flexible Spending Account
- Laptop and other necessary equipment provided
- Complimentary CEUs provided annually
- Access to advanced educational coding tools/resources
- Referral bonus for coding and CDI experts

Essential Functions:
- Clinical Coding Analysts are assigned to a specific client(s) and has the primary responsibility of daily pre-bill chart reviews and communication to the client(s) within a 24-hour time frame for each chart reviewed.
- Provides daily client volumes to Manager no later than 7am EST.

- Reviews the electronic health record to identify both revenue opportunities and potential coding compliance issues-based ICD-10-CM/PCS coding rules, AHA Coding Clinics, and clinical knowledge.
- Provide verbal review on all cases with a potential MS DRG recommendation and/or physician query opportunities with the Enjoin Physician(s) via telephone call prior to submitting recommendations to the client.
- Ensures that the daily work list is uploaded into the MS DRG Database for assigned client(s) and enter required data elements for each patient recommendation into MS DRG Database.
- Prepares and composes all recommendations, including increased reimbursement, decreased reimbursement, and "FYI" for each account and communicates that to the client within 24 hours of receiving and reviewing the electronic medical record.
- Follows internal protocol on all client questions and rebuttals on cases reviewed within 24 hours of receipt.
- Responsible for review and appeal, if warranted, on Medicare and/or third-party denials on charts processed through the MS DRG Assurance program.
- Responsible for reviewing inclusions and exclusions specific to 30 Day Readmissions and Mortality quality measures on specific cohorts for traditional Medicare payers for specific clients.
- Maintains IT access at all client sites that have been assigned by ensuring that log on and passwords have not expired.
- Maintain current knowledge of ICD-9-CM and ICD-10-CM/PCS code changes, AHA Coding Clinic, and Medicare regulations.
- Utilizes internal resources, such as TruCode, Enjoin I10 Wiki, and CDocT.
- Adhere to all company policies and procedures.

Home Office Requirements:
- Enjoin will provide a laptop and access to necessary resources to perform job duties.
- Must have a dedicated secure workspace to ensure adherence to HIPAA Privacy and Security policies and procedures when viewing protected health information (PHI)**.**
- High-speed internet connection required.

Interview Process:
1. Apply today! Send your resume to careers@enjoincdi.com
2. Pass Enjoin's multiple choice Clinical Coding Analyst assessment
3. Video interview with hiring manager
4. Complete final CCA assessment/Interview

Our Mission Statement: "Our goal is to provide education and process development to enhance communication and understanding among all individuals involved in the documentation and coding of the health record to ensure the clinical reliability and integrity of the health care data."

About Enjoin: For more than 30 years, Enjoin has provided health systems with clinical documentation integrity (CDI) education, infrastructure and process development. A pioneer of CDI programs, Enjoin continues to be an industry leader and innovator. Led by nationally renowned physicians with a strong academic background in scientific-based medicine and years of clinical practice coupled with certified

coding and clinical documentation credentials, our unique approach addresses today's quality-driven initiatives uniting documentation and coding across the healthcare continuum.