

Bindhu K- CPC, PAHM, PHIAS

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Professional Summary

Seventeen plus years of experience as a Clinical Coding /Content review Specialist helped me gain and use the Knowledge in Healthcare Industry. Serve as a senior clinical team member, working closely with the Director of Clinical Informatics to develop and enhance clinical and claims data-based content and solutions used within Health Analytics' systems, models and reports and works collaboratively with Advanced Analytics, Product Development and other departments on the development of new initiatives as well the enhancement of existing capabilities. Highly knowledgeable Clinical Coding Specialist with excellent clinical chart auditing abilities for accurate code selection. Has extensive knowledge of code reporting regulations, guidelines and Healthcare claim Adjudication. A CPC Coding and AAPC ICD10 certified professional.

Expertise: Health Insurance, US healthcare, Medical Coding, Medical Records, Medical Terminology, ICD-9-CM, ICD-10-CM, CPT, HCPCS, Medicare Risk Adjustment, and Commercial Risk Adjustment, HEDIS quality measures and population health.

Professional Skills:

- Sixteen plus years of experience working with ICD-9-CM, HCPCS and CPT codes; medical terminology; HMOs, PPOs Medicare and healthcare operations in the areas of Billing, Overpayments and Payer Analytics.
- Works closely with Clinical Analytics area helping to supervise updating of system-wide clinical, utilization and quality-related content necessary supporting existing systems, models and applications and works collaboratively with Advanced Analytics, Product Development and other departments on the development of new initiatives as well the enhancement of existing capabilities.
- Identify opportunities for integrating evidence-based and best practice standards into a single definitional development platform and other software capabilities that would enhance departmental efficiency and effectiveness
- Proficient in defining, coding and validating medical procedures and E&M's according to Medicare, Medicaid and private insurance guidelines.
- Skilled in Reviewing coding denials from payers and recommending the appropriate action to resolve the claim based on payer guidelines.
- Advanced coding and Training skills in Anesthesia, Pathology and Radiology coding specialties and study hypothesis, well-versed in FDA standards, US Federal, State and CMS regulations and coding guidelines.
- Records of successful client relationships while working on assigned projects. Customer service oriented.
- Competent working collaboratively within a team setting
- Sound knowledge in Anatomy, Physiology, Pathology, Diagnostic and Therapeutic Procedures.
- Guided Data Management Project Teams regarding the process and procedures needed for the setup of medical coding for a clinical trial
- Involved in Testing for medical coding setup to ensure all has been programmed appropriately providing the expected coded data output on listings
- Performs clinical validation audits and interpretation of medical documentation to ensure capture of all relevant diagnosis coding based on CMS Hierarchical Condition Categories (HCC) that are applicable to Commercial Risk Adjustment, Medicare Risk Adjustment retrospective reviews and prospective assessments.
- Provide expertise and perform all coding related processes for coded variables within clinical trials while adhering to SOPs, work instructions, dictionary and study specific coding conventions for multiple sponsors.
- Request additional information for any vague entries which are unable to be coded until clarified and code assignment is possible.

- Assess and update coding specific work instructions, Standard Operating Procedures, and related coding documents.
- Assist in semi-annual internal code dictionary updates.
- Specialties worked- Anesthesia, Radiology, Surgery, EM and Pathology Coding.

Personal Attributes:

- Highly organized and efficient, a flexible and versatile team player who will work hard and excel in any environment.
- Impressive work ethic, reliable, dependable and conscious of duties and responsibilities
- A positive approach to all tasks and pride in achievements has resulted in many successes. The ability to form good relationships with all level of staff, Customers and peers is central to my character.

CAREER PROGRESSION

Organization : SCIO HEALTH ANALYTICS (an EXL company) - (West Hartford, CT –USA) and (Chennai, India)
(March 2008 to present)

Title : Senior Consultant (Clinical Informatics)

Responsibilities:

- Supporting Payment Integrity teams in claims auditing/adjudication rules and Medicare and multi- State Medicaid guidelines.
- Identify opportunities for integrating evidence-based and best practice standards into a single definitional development platform such as CDM as well as other software capabilities that would enhance departmental efficiency and effectiveness. Automating where possible manual research and documentation efforts, reducing redundancy as well as identifying and eliminating process points at which errors are most likely to occur
- Working both independently and effectively, as well as collaboratively with others within the Clinical Analytics, Advanced Analytics, Product Development and other areas as needed in the testing and analysis of application results. This applies to whenever applications have been initially created or updated within the User Acceptance Testing Phase.
- Applying knowledge base in understanding diseases and disease processes, and how care is rendered and paid for, and utilize data to identify persons for care management interventions.
- Establishing optimal definitional workflow process as well as identification and sourcing for evidence-based and best practice standards
- Providing more efficient ways of tracking definitional versions as well as code changes and informational sources at the condition, sub-condition, measure and fact levels, etc.
- Uses extensive background in medical coding & Claim's billing life cycle knowledge to verify Analytical query standards and Assist SCIO Analytics team in Building models for Health predictive analytics and Fraud detection.
- Completes analysis of documentation, abstracting and code assignment by body system, organ, etiology and morphology according to the American Hospital Association Official ICD-9 and ICD-10 Coding Guidelines (Coding Clinic), CPT4/HCPSC Coding Guidelines, ASC groups, UHDDS Guidelines, HCFA methodology guidelines for coding, state and federal guidelines and hospital abstracting guidelines

- Performs queries and obtains documentation required for interface Mapping maintained in other departments.
- Act as SME resource on project issues, clarifications and handle client clinical related escalation calls.
- SME for DRG assignments project.
- Identifying appropriate codes required for inpatient and outpatient including Rehab, Skilled Nursing, outpatient, ER, outpatient procedure, observation.
- Identify inclusion/exclusion criteria for software development, read medical charts and enter ICD 9, ICD10 or CPT Codes. Effort includes Submitting confidential records and research materials to study group reviewers at other institutions when applicable.
- Supported Analytical Department in the creation of a predictive model with ICD9 group variable identification validated predictive model results and suggests improvements.
- Acted as SME for Special investigation analytics team to create robust edits rules to identify fraudulent providers.
- Participated as Clinical SME for Prepay Overpayment audit tool creation.
- Project lead for ICD10 Implementation team and applied ICD10 in four major software.

Organization : NITTANY DECISION SERVICES (P) LIMITED, Chennai, TN), December 2004 to March 2008

Title : Senior Medical Coder

- Excelled in managing high-priority projects and resolving data discrepancies, errors and omissions with thoroughness and expedience.
- Responsible for production and manpower assignments in Group leader absence.
- Facilitated efforts to streamline data entry and improved data-analysis functions.
- Maintained a thorough understanding of assigned client coding specifics. Performed coding duties as appropriate for each site according to pre-determined schedules.
- Handled a wide variety of coding for medical reports including ER, Anesthesia, Surgery, Radiology, Pathology, Physical therapies Evaluation and Management.
- Planned work to complete in required turnaround time. Maintained 98 % accuracy and productive quality.

Organization : VIJAYA HOSPITAL, HARVEY & WILLINGTON HOSPITAL, (Chennai, TN)

January 1999 to December 2004 :

Title : Senior Dietician /Nutritionist

- Educated and advised a wide range of patients with diet-related disorders on the practical ways in which they can improve their health by adopting healthier eating habits.
- Calculated patients' nutritional requirements using standard equations based on assessments of blood chemistry, temperature, stress, mobility and other relevant factors.
- Worked as part of a multidisciplinary team in hospitals or in a community setting to gain patients' cooperation in following recommended dietary treatments.
- Educated other healthcare professionals (doctors, nurses, biochemists, social workers, care workers and community workers) about food and nutrition issues.

- Worked with hospital outpatients departments or general practitioners' (GP) surgeries for patients who have been referred by hospital consultants, GPs or health visitors.

NOTABLE ACHIEVEMENTS

- Quarterly Real results award Five times for Best performance.
- Outstanding teamwork award for successful ICD 10 implementation in two major projects.
- Multiple appreciation emails from internal & external customers for continued quality service & support.
- Presented Paper on Nutritional Management for critically Ill patients using Enteral and Parenteral Nutrition.
Indian Society for Parenteral and Enteral during March 6th 1996 at Taj Cora Mandal Hotel, Chennai.

EDUCATION

- Bachelor of Nutrition Food Service Management and Dietetics from Quaid-E-Millat College for woman, Madras University, Chennai. – 1990 to 1993.
- Post Graduate Diploma of Nutrition and Dietetics from Institute of Social Sciences and Research, Vellore. – 1994 to 1995.
- Certified Nutrition support Dietician from Tamilnadu hospital – 1995 to 1996.

Certifications:

- Certified Professional Coder (CPC Id# 01100931) from American Association of Professional Coder (AAPC) Since Aug 2008.
- AHM250 certified from AHIP(America's Health Insurance Plans)(2014)
- PHIAS certified from AHIP(America's Health Insurance Plans)-2019
- ICD10 Proficiency Assessment Certification- AAPC(2014)
- Diploma in Nutrition and Dietetics (Course gate UK) –Feb 2020
- Coursera Certification in COVID-19 contract tracing –June 2020
- Certified Scrum Professional – September 2021

Technical Expertise

Operating Systems: Windows 95/98/2007/2008

Software packages: Microsoft Excel, Microsoft Power Point, Microsoft word

Quickly understands and uses different technologies.

PERSONAL DETAILS

Date of Birth : 01st October 1972

Sex : Female

Nationality : Indian

Marital Status : Married

Languages Known : English, Hindi, Malayalam and Tamil

Passport Details

Passport No : N2501819

Date of Expiry: 19/8/2025

Place Of Issue: Chennai

Place: Chennai

Bindhu.K