

Mara Rice

Inpatient Medical Coding Auditor

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STRENGTHS

-  **Detail-Oriented**
Consistently recognized for accuracy in coding and compliance, gaining executive confidence in outcomes delivered.
-  **Collaborative Leader**
Known as a go-to resource among peers to facilitate training sessions, enhancing workplace morale and synergy.
-  **Communication Skills**
All documentation created is thoroughly articulated, which has helped peers frequently seek my insights for complex situations.
-  **Continual Learner**
Structured personal initiatives for remaining aware of regulatory shifts, allowing continuous adaptation within practice.
-  **Process Improvement Advocate**
Initiated review meetings which streamlined workflows, directly enhancing detection of errors in coding.

SKILLS

- ICD-10-CM and ICD-10-PCS Coding
 - Solventum (3M) Encoder
 - Medical Record Auditing
- Compliance and Regulatory Standards
- Training and Mentoring
- Data Analysis and Reporting
- Peer Review Coordination
- Federal Regulations Understanding
- Written Communication Confidence
 - Healthcare Team Collaboration
 - Problem-Solving Skills

SUMMARY

Experienced Inpatient Medical Coding Auditor with over 7 years dedicated to ensuring coding accuracy and compliance for inpatient records. Expertise in ICD-10-CM and ICD-10-PCS coding systems, coupled with a Solid CCS certification. Proven history of collaborating with cross-functional healthcare teams, enabling high standards in documentation and coding practices. Comprehensive knowledge of federal regulations strengthens the ability to provide training and comprehensive mentoring to colleagues and clients alike. Known for preparing meticulous reports that drive quality improvements, showcasing exceptional written and oral communication capabilities.

EXPERIENCE

Inpatient Medical Coding Auditor

Health Solutions Group  January 2023 - Present  Chicago, IL

- Facilitated audits of inpatient medical records aimed at verifying diagnostic and procedural coding accuracy. Engaged collaboratively with healthcare providers to ensure detailed verification of physician documentation for precise diagnoses, ensuring high compliance rates.
- Conducted comprehensive audits to guarantee adherence to regulatory standards across inpatient records.
 - Utilized Solventum (3M) electronic encoder for accurate ICD-10-CM and ICD-10-PCS code assignment.
 - Prepared detailed compliance reports providing actionable feedback to coding teams, enhancing operational efficiency.
 - Mentored junior coders through rigorous training on coding best practices, advancing team capability.
 - Stay current with changes in healthcare regulations, leading necessary implementation within coding processes.
 - Fostered communication between clinical staff and auditors to clarify discrepancies and maintain quality.

Senior Coding Specialist

MedTech Auditors  April 2018 - December 2022  Houston, TX

- Spearheaded auditing initiatives focused on complex trauma-level recordings while assuring compliance with industry standards. Executed peer reviews aimed at maintaining exceptional quality in coding procedures and led training sessions for new coders.
- Led effective audits related to facility-based coding, reinforcing adherence to professional guidelines.
 - Conducted peer reviews fostering an environment of improvement in coding accuracy at all levels.
 - Facilitated ongoing education programs highlighting essential coding guidelines for clinical staff.
 - Analyzed coding data trends to identify areas for sustained improvement in audit outcomes.
 - Collaborated cross-functionally to resolve discrepancies enhancing overall service delivery.
 - Maintained extensive contemporary knowledge of ICD-10 coding applications to uphold excellence.

Coding Auditor

Care Audit Services  March 2016 - March 2018  Dallas, TX

- Engaged in auditing patient records across facilities with directives centered on compliance with crucial coding standards. Contributed to training materials aimed at amplifying team capabilities in coding accuracy.
- Implemented thorough audits designed for regulatory conformance across varying medical records.
 - Assist in creating impactful training materials for the coding staff maximizing onboarding processes.

Patient Record Documentation

Industry Standard Knowledge

LANGUAGES

English Native

Spanish Intermediate

MY CAREER



- Inpatient Medical Coding Auditor at Health Solutions Group (3.5 Years)
- Senior Coding Specialist at MedTech Auditors (4.7 Years)
- Coding Auditor at Care Audit Services (2 Years)

- Actively improved practices through participation in quality assurance initiatives focused on audit integrity.
- Worked intensively with clinical teams clarifying documentation gaps affecting coding procedures.
- Maintained concise records of audit findings and communicated results effectively with senior management.
- Drove continuous process enhancement to support strict adherence to provisional coding regulations.

LEADERSHIP & AWARDS

- Awarded Best Performing Auditor for achieving highest accuracy rating by health information organization in 2021.
- Recognized for Excellence in Mentorship by receiving accolades from peers for guidance provided to junior team members in 2022.

EDUCATION

Bachelor's Degree in Health Information Management

University of Illinois 🎓 GPA: 3.8 📅 2015 📍 Urbana-Champaign, IL

Coursework: Health Informatics, Medical Billing, Healthcare Compliance, Data Management

CERTIFICATIONS

- Certified Coding Specialist (CCS) 📅 2020
- ICD-10 Certified Trainer 📅 2021

TECHNICAL SKILLS

- **Auditing Tools:** Solventum, Encoder Software, Compliance Checklists
- **Regulatory Knowledge:** AHIMA Standards, Federal Guidelines, State Regulations
- **Data Management Systems:** Electronic Health Records, Patient Management Systems, HIPAA compliant databases
- **Reporting Tools:** Microsoft Excel, Tableau, Statistical Analysis Software
- **Communication Channels:** Email, Video Conferencing, Document Sharing Platforms
- **Education Frameworks:** Adult Learning Principles, Peer Training Methods, DSME Techniques
- **Feedback Mechanisms:** Performance Reviews, Quality Audits, Improvement Initiatives
- **Synchronization Standards:** Documentation Practices, Coding Guidelines, Chart Review Protocols
- **Technical Proficiencies:** Microsoft Office Suite, EHR Customization, Statistical Reporting
- **Mentorship Practices:** Instructional Media, Interactive Workshops, Performance Coaching

PROFESSIONAL AFFILIATIONS

- Member of American Health Information Management Association (AHIMA), contributing to ongoing professional development.
- Active volunteer coder for local non-profit clinic, providing services to the uninsured community since 2019.

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST