

Leilani Baldwin

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SUMMARY

Detail-oriented Medical Record Reviewer with over 5 years of experience in outpatient coding, coding compliance, and medical record evaluation. Skilled in utilizing coding principles and methodologies to ensure accuracy and compliance for Medicare risk adjustment initiatives. Proven ability to mentor team members and lead projects while maintaining high standards of quality. Proficient in advanced data analysis tools and effective communication with healthcare providers. Committed to continuous professional development and adherence to regulatory standards.

EXPERIENCE

Medical Record Reviewer

March 2023 - Present

Health Solutions Group

Worcester, MA

Responsible for conducting thorough medical record reviews for Medicare risk adjustment initiatives, supporting both remote and on-site execution while adhering to strict regulatory requirements.

- Conducted comprehensive medical record reviews for Medicare risk adjustment initiatives, ensuring compliance with regulatory requirements.
- Utilized coding expertise to assess documentation accuracy and identify areas for improvement in HCC risk adjustment activities.
- Collaborated with team members to define operating policies and procedures, enhancing the medical chart review program.
- Developed and maintained detailed coding guidelines, ensuring alignment with industry standards and best practices.
- Prepared and presented detailed reports on coding findings and recommendations to stakeholders, maintaining high levels of data integrity.
- Participated in ongoing training and development to maintain coding certifications and enhance professional knowledge.

Coding Specialist

January 2020 - February 2023

CarePartners Health

Cambridge, MA

Reviewed outpatient medical records for coding accuracy, significantly contributing to institutional audits and education strategies to remedy common compliance issues.

- Reviewed outpatient medical records for coding accuracy, focusing on compliance with ICD-10 and CPT coding standards.
- Led training sessions for new coding staff, fostering a collaborative learning environment and improving team performance.
- Assisted in the implementation of quality assurance measures to enhance coding accuracy and efficiency across departments.
- Conducted HEDIS chart abstractions and supported Risk Adjustment audits, improving overall healthcare outcomes.
- Engaged with healthcare providers to deliver educational resources on coding practices, enhancing understanding and compliance.
- Generated comprehensive documentation of coding procedures and best practices, streamlining reference for team members.

Coding Auditor

June 2018 - December 2019

Summit Healthcare

Lowell, MA

Evaluated and improved coding practices through audits while establishing mentorship relationships within multidisciplinary teams to facilitate volunteer quality assurance initiatives.

- Evaluated coding practices through audits, providing feedback and recommendations to improve accuracy and compliance.
- Collaborated with multidisciplinary teams to conduct training on coding standards and regulatory requirements.
- Managed data collection for Medicare Advantage programs, ensuring adherence to established guidelines.
- Contributed to the development of a coding education program, leading to enhanced coder performance and accuracy.
- Maintained expertise in ICD-9 and ICD-10 coding updates, ensuring team compliance with the latest regulations.
- Supported internal and external audits by providing documentation and coding expertise as needed.

LEADERSHIP & AWARDS

- Dean's List, University of Massachusetts Amherst, 2016-2018
- Coding Excellence Award, Summit Healthcare, 2019

EDUCATION

Bachelor's Degree in Health Information Management

2018

University of Massachusetts Amherst GPA: 3.7

Amherst, MA

Coursework: Healthcare Compliance, Risk Adjustment, Medical Coding, Health Informatics

CERTIFICATIONS

- Certified Coding Specialist (CCS) 📅 2020

- Registered Health Information Technician (RHIT) 📅 2019
- ICD-10-CM Certification 📅 2021

TECHNICAL SKILLS

- **Coding Standards:** ICD-9, ICD-10, CPT, HCPCS
- **Auditing Tools:** Excel, Access, ChartWise
- **Healthcare Management Platforms:** Epic, Cerner, Allscripts
- **Compliance Frameworks:** HIPAA, HITECH, AHA Coding Guidelines
- **Data Analysis Tools:** SPSS, SAS, Tableau
- **Quality Assurance Methodologies:** CQI, Lean Six Sigma, QA Audits
- **Reporting Software:** Crystal Reports, Power BI, Microsoft Reporting Services
- **Collaboration Tools:** Slack, Microsoft Teams, Zoom
- **Training Techniques:** Workshop Facilitation, Webinars, Hands-On Training
- **Professional Associations:** AHIMA, NAHQ, AAPC

SKILLS

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|-----------------------|----------------------------|----------------------|------------------------|
| • Medical Coding | • Data Analysis | • Reporting | • Policy Development |
| • HCC Risk Adjustment | • Regulatory Compliance | • Quality Assurance | • Risk Auditing |
| • ICD-10 | • Team Leadership | • Chart Abstraction | • Healthcare Reporting |
| • CPT Coding | • Training and Development | • Provider Education | |

PROFESSIONAL AFFILIATIONS

- Member, American Health Information Management Association (AHIMA)
- Volunteer, Local Community Health Clinic

LANGUAGES

- English (Native)
- Spanish (Proficient)

ADDITIONAL INFORMATION

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

REFERENCES

AVAILABLE ON REQUEST