



Kimberly K. Haas, CPC
Clinical Policy & Reimbursement Analyst, Moda Health Plan



Kimberly Haas, CPC has an Associate's Degree in Nursing from Clark Community College, and a BA in Communication Arts from George Fox College (now George Fox University). After working as a Registered Nurse for 16 years at her hometown hospital system, the last 8 years in ICU/CCU, Kimberly left clinical nursing due to a latex allergy with respiratory complications. She worked for five years at Regence Blue Cross Blue Shield of Oregon in Medical Review and as a system-upgrade trainer.

In 2003 she moved to ODS Health Plan as the Clinical Policy & Reimbursement Analyst and became a Certified Professional Coder through the American Academy of Professional Coders (AAPC). ODS later became Moda Health Plan and she has worked there ever since. Her responsibilities include working on the team that manages the primary clinical editing system, creating custom clinical edits to address specific needs, working with a Provider Integrity Review vendor and two supplementary clinical edit vendors, explanation code CARC/RARC mapping for clinical editing, Hospital Audit, coding reviews, and other needs, creating, writing, and managing provider reimbursement policies (coding & payment), coding analysis of select legislative mandates, significant assistance with provider manual content, and subject-matter expert review for provider/member appeals.

Kimberly has served as the Member Development Office and as President of her AAPC local chapter in Portland, Oregon, and currently serves on the chapter's Advisory Board. She also serves on the Program Advisory Committee for the Medical Billing and Coding Program of Carrington College in Portland, Oregon.

Session Title: Reduce Denials & Improve Your Appeals

Brief outline of session:

This session will address medical records documentation standards and best practices to use to reduce unnecessary denials and improve your appeals process and submissions. Information helpful for developing your provider education, locating requirements for bypassing bundling, improving records-request responses, and developing customized process improvement plans will be shared.



Learning Objectives:

- Identify appropriate documentation which can be used to support billed services during a claim review, audit, or for an appeal.
- Define the correct way to make legal additions or corrections to the medical record.
- Identify common documentation problems that lead to denials and how to avoid them.