**Position/Title:** Medical Coding & MRA Specialist

**Department:** Corporate Compliance and Quality Assurance

**Required Time Commitment (Full Time/Part Time**): Full Time

**Reports to:** Senior Director of Quality & Risk Adjustment

**Job Summary:**

Perform various audits such as, but not limited to: Data audits for: HEDIS/MRA/HRA/Capitation Documentation and coding, and Special Audit Projects, and miscellaneous projects. Applicants are expected to have an intermediate/advanced knowledge of Excel and Medical Coding background.

**Essential Responsibilities/Job Functions:**

 *\*NOTE: The list of tasks is illustrative only and is not a comprehensive list of all functions and tasks performed by the position.*

* Help download/create/clean reports provided by the payers.
* Help create algorithms, to appropriately analyze the data given by the payers, as well as analyze provider performance in value-based contracts and incentive programs for HEDIS and MRA
	+ Monitor and report quality review statistics
* Participate in cross-functional teams to address key claims coding rule issues facing the organization for these value-based programs.
* Perform timely and accurate quality assurance reviews of critical work tasks
* Evaluates change proposals from a regulatory perspective, financial perspective, and claims operational perspectives.
* This individual will, under general direction from the Senior Director of Quality & Risk Adjustment, perform and/or coordinate audits in accordance with official coding guidelines set forth by CMS regulations, other applicable federal and/or state guidelines, and client-specific policies.
* Investigate and/or resolve billing, coding and medical necessity compliance inquiries, complaints, and problems as directed by the Senior Director of Quality & Risk Adjustment

**Requirements:**

* Minimum 2 years’ experience in an auditing or compliance related position, with a minimum of 5+ years’ experience in a coding/billing environment
* Strong working knowledge of basic anatomy and physiology and medical terminology
* Strong working knowledge of medical insurance terminology and/or processes
* Excellent critical thinking capabilities with a strong attention to detail
* Excellent oral and written communication skills
* Ability to work under pressure and meet deadlines while managing multiple high priorities
* Exceptional customer service skills
* Ability to work independently with minimal supervision
* Computer literacy with high competency in Microsoft Excel and Word
* Able to manipulate Pivot tables and create trends
* Clear Communicator (Written and verbal)

# Highly Preferred Certification(s)

* CPC, CRC, and/or CPMA certified with good training and presentation skills.

# Other Functions

* Attend meetings requested as per the Senior Director of Quality & Risk Adjustment
* Be an active participant of practice coding education through review of chart audit findings

**How to Apply:**

If you are interested in this position, please send your resume to Issey Saballos**,** Vice President of  Compliance and Quality Assurance at itsaballos@femwell.com.Please be sure to include the following in your e-mail:

• The title of the position you are applying for in the subject line.

• The date at which you are available to start.

• Your salary requirement

• Your contact information

Once your e-mail is received someone will contact you regarding an interview.

Please note that submitting your resume does not guarantee an interview or position placement.