**West Cecil Health Center, Inc. & Qualified Subsidiaries**

**Job Description**

**Title: Risk Adjustment Coding Integrity Specialist**

**Department:** Finance

**Reports to:** Revenue Cycle Manager

**FLSA Status:** Non-Exempt

**POSITION SUMMARY:**

The Risk Adjustment Coding Integrity Specialist is a system support position that provides coding and abstracting of patient encounters. Works closely with physicians, team members, Quality, and Compliance to identify and deliver high quality and accurate risk adjustment coding. The Risk Adjustment Coding Integrity Specialist will demonstrate high-quality knowledge and understanding of ICD-10-CM, CPT, HCC, and HCPCS coding guidelines and practices for outpatient coding in an Federally Qualified Health Center (FQHC) setting.

**ESSENTIAL DUTIES AND RESPONSIBILITIES:**

* Accounts for coding and abstracting of patient encounters, including diagnostic and procedural information, significant reportable elements and complications.
* Researches and analyzes data needs for reimbursement. Acts as a coding resource across all departments. Utilizes knowledge of professional coding to review and recommend changes to ensure appropriate coding guidelines are maintained. Supports all risk adjustment projects to comply with all CMS requirements by analyzing physician documentation and interpreting into ICD10 diagnoses and HCC disease categories.
* Analyzes medical records and identifies documentation deficiencies. Reviews and verifies documentation supports diagnoses, procedures and treatment results. Identifies diagnostic and procedural information.
* Reviews code assignments and assigns modifiers when appropriate for clean claim filing. Queries providers as needed to ensure accuracy. Supports other key objectives to drive capture of correct Risk Adjustment coding including documentation improvement, provider education, analyzing reports and identifying process improvements.
* Reviews medical documentation to ensure all key quality metrics are noted on claim, as provided during the encounter. Performs medical chart reviews to validate codes for quality monitoring, reporting, and analysis.
* Works collaboratively with multiple departments, including but not limited to implementing and developing coding and documentation initiatives. Develops positive rapport with providers while maintaining the ability to effectively communicate and resolve coding and documentation discrepancies.
* Reviews updated data and documentation standards and impact for Health Effectiveness Data Information Set (HEDIS) and Value Based incentives and other Quality Improvement initiatives.
* Identifies discrepancies and billing issues. Researches, analyzes, recommends, and facilitates plan of action to correct discrepancies to prevent future coding errors.
* Works collaboratively with staff on billing and documentation requirements, coordinating and updating coding reference materials.
* Attending regularly scheduled staff meetings.

**POSITION TYPE AND EXPECTED HOURS OF WORK:**

* Full-time 40 hours/week
* Standard hours Monday-Friday 8am - 430pm.
* Onsite and Remote work

**LOCATION/TRAVEL:** West Cecil Health Center in Conowingo, MD

This position is primarily remote, candidates must be able to commute into the office for required meetings on a regular and as needed basis.

**POSITION REQUIREMENTS**

***Education***

* High school diploma is required
* Certified Professional Coding Certification (AAPC) required
* Certified Risk Adjustment Coder (CRC) preferred

***Required Experience***

* Minimum of 3 years related experience and training in a medical office or hospital environment is required

***Physical/Environmental***

* Hearing - adequate to perform job duties in person and over the telephone
* Speaking - must be able to communicate clearly in person and over the telephone.
* Vision - Visual acuity adequate to perform job duties, including reading information from printed sources and computer screens.
* Ambulatory – adequate to perform job duties including but not limited to answering phones, typing, transporting and filing charts.

***Additional Eligibility Qualifications***

* Able to work well under pressure.
* Able to work accurately and efficiently while prioritizing workload
* Able to work independently with minimal direct supervision.
* Must have computer knowledge, Microsoft Word, and Excel.
* Knowledge of practice management and electronic health records is essential. Ability to utilize online resource materials and payer websites for claim management also preferred.
* Must have the ability to follow HIPAA guidelines as well as an understanding of policies and procedures regarding medical records put in place by the Federal Government.

**OTHER DUTIES**

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

Employee signature below constitutes the employee's understanding of the requirements, essential functions, and duties of the position.

Employee Date .