

Senior Medicare Risk Adjustment/Documentation & Coding Professional

Phoenix, AZ

Full-time Position

Summary:

Our search is focused on identifying an individual contributor who will take ownership of Medicare risk adjustment programs that fit best with our providers by implementing operational and clinical best practices in the risk adjustment methodology, understanding clinical suspects and appropriate clinical documentation and accurate coding. This role reports to the MRA Director and as a member of the MRA team will work closely with market operations, finance and clinical team to effectively match the right program to Value-based groups, put together an action plan, influence group adoption, implement, monitor and effectively engage providers and operational leaders.

Primary Responsibilities:

- Develop a comprehensive understanding of Humana's risk adjustment programs and the resources required for successful implementation
- Develop and apply keen insight of our providers and our KPIs, and be able to strategically assess where improvements can be made in the most effective way with available resources
- Perform analysis of performance indicators and puts together a formal presentation for reporting out to providers on a regularly scheduled basis
- Provide measurable, actionable solutions to providers that will result in improved accuracy of documentation and coding, and adoption of best practices
- Build a strong collaborative relationship with our internal partners to set the stage for successful engagement of our provider groups
- Successfully implement identified course of action to effectively impact risk adjustment deadlines and report on progress regularly
- Assist providers in understanding the CMS - HCC Risk Adjustment program as a payment methodology and the importance of proper chart documentation
- Monitor KPIs through analytics and identify providers for Medicare Risk Adjustment training, programs and documentation/coding resources
- Provide ICD10 - HCC coding training to providers and appropriate staff
- Facilitate coding presentations and training to large and small groups of clinicians, practice managers and certified coders

- Train physicians and other staff regarding documentation, billing and coding and provide feedback to physicians regarding documentation practices and compliance with state and federal regulations
- Cultivate effective partnerships in a matrix environment of coding educators, medical director, clinical and market operations
- Project manage prospective programs and solutions including coordinating admin-related tasks
- Facilitate, track and trend programs and solutions for reporting to leadership and participating groups and be able to make recommendations for improvement
- Performs other relevant duties deemed necessary to achieve department and company-wide goals

Requirements:

- Bachelor's Degree or equivalent experience
- At least 5 years of experience in risk adjustment coding/auditing/education and provider relations/engagement
- Experience in management position is preferred; experience gained in risk adjustment field or physician practice is a plus
- Certified Professional Coder (CPC) or Certified Coding Specialist (CCS)
- Prior experience in successfully engaging with providers to participate in performance improvement programs
- In-depth knowledge of risk adjustment key performance indicators
- Prior experience working in a cross-functional team
- Expert facilitation and presentation skills to include online delivery (Webex)
- Advanced Microsoft Office skills including Word, Excel, Outlook and PowerPoint
- Demonstrated ability to manage competing priorities and to effectively manage projects simultaneously
- Demonstrated ability to adapt quickly to change
- Knowledge of EMR
- Advanced knowledge of billing / claims submission and other related functions
- Willingness and ability to travel at a rate of approximately 50% overnight throughout New Mexico, Arizona and Colorado as necessary
- Associates working in the state of Arizona must comply with the Tobacco Free Hiring Policy (see details below under Additional Information) and upon offer will be subjected to nicotine testing as part of a 10-panel drug test

- This role is part of Humana's Driver safety program and therefore requires an individual to have a valid state driver's license and proof of personal vehicle liability insurance with at least 100/300/100 limits

More information / To Apply:

https://humana.wd5.myworkdayjobs.com/en-US/Humana_External_Career_Site/job/Phoenix-AZ/Senior-Medicare-Risk-Adjustment-Documentation---Coding-Professional_R-228259