Senior Investigator

Highmark Health

Job Location: Home, PA

Full Time, Days

JOB SUMMARY:

The incumbent is responsible for developing and maintaining an anti-fraud program which includes development and delivery of training and filing of Fraud Plans and Reports. The incumbent is responsible for conducting investigations of organizational or functional activities related to alleged fraud, waste and abuse perpetrated by providers, members, facilities, pharmacies, groups and/or employees of the organizations and Subsidiaries. The incumbent is responsible for interviews which might include providers and members and may be conducted onsite or offsite. The incumbent is also responsible for the field investigative work necessary to complete a review of a special project, potential fraud, waste and abuse case, conducting the initial investigations and coordinating the recovery/savings of money related to fraud, waste and abuse. Must be able to testify in a court of law, prepare cases for referral to various federal, state and local law enforcement entities and work with those agencies through closure of the case. Conduct audits for proactive and investigative purposes to comply with internal audit and regulatory requirements.

ESSENTIAL RESPONSIBILITIES:

- Performs investigations into potential and existing provider and member fraud, waste and abuse activities. Identifies parties involved by reviewing inquiries and complaints against providers, members, facilities, pharmacies, groups, and/or employees of Highmark and Subsidiaries. Conduct Interviews with providers, members or any other individual(s) necessary to complete an assigned investigation or special project. Determines the scope of the allegation or special project by assembling the necessary information, statistics, policies and procedures, licensure information, doctors' agreements, contract, etc.
- Coordinates data extracts by assessing multiple databases both internally and externally. Takes action to prevent further improper payments. Forwards case to the Credentialing and/or Medical Review Committee, law enforcement and regulatory agencies.
- Develop and maintain annual anti-fraud program which includes facilitating fraud training and fraud awareness day, as well as filing annual fraud plans and reports according to state regulations. Responsible for updating annually the changes in insurance laws with regard to lines of business.
- Will be called upon as a subject matter expert for Investigators. Will provide guidance and help train/mentor other team members. Could serve as a project lead for special projects within the department.
- Responsible for completing all necessary field (externally) investigative work for resolution or alleged fraud/waste and abuse cases or special projects.
- Provides advisory support as needed to internal and external law enforcement and regulatory agencies, Credentialing or Medical Review Committee.
- Engages in delivery of audit results and overpayment negotiations. Responsible for recovery/ savings of misappropriated funds paid by Highmark and affiliated companies and work with Finance to ensure proper recording the financial statements.
- Conduct audits for proactive and investigative purposes to comply with internal audit and regulatory requirements. Audits consist of contract, commissions, surveillance, workers' compensation and IME. In addition, this position will complete Office of Foreign Asset Control (OFAC) to ensure payments are not issued to unauthorized parties.
- Other duties as assigned or requested.

EDUCATION:

Required

- Bachelor's Degree in Accounting, Finance, Business Administration, Nursing, IT or related field

Substitutions

- 6 years of related and progressive experience in lieu of Bachelor's degree

EXPERIENCE:

Required

- 5 years in the Health insurance industry and/or Healthcare fraud investigations
- 1 year of leading projects of varying size and complexity

LICENSES OR CERTIFICATIONS:

Preferred

- Certified Fraud Examiner (CFE)
- Certified Professional Coder (CPC)
- Certified Outpatient Coder (COC)
- Accredited Healthcare Fraud Investigator (AHFI)

FOR MORE INFORMATION/TO APPLY:

https://careers.highmarkhealth.org/explore-jobs/job/j205735-senior-investigator/