

Investigator – Telecommute

United Health Group

Job Location: Saint Paul, MN

Full Time (Remote considered)

JOB DESCRIPTION:

The Investigator reports directly to the Manager of Investigations. The Investigator is responsible for identification, investigation and prevention of healthcare fraud, waste and abuse. The Investigator will utilize claims data, applicable guidelines and other sources of information to identify aberrant billing practices and patterns. The Investigator is responsible to conduct investigations which may include field work to perform interviews and obtain records and/or other relevant documentation.

PRIMARY RESPONSIBILITIES:

- Investigate low to medium complex cases of fraud, waste and abuse.
- Detect fraudulent activity by members, providers, employees and other parties against the Company
- Develop and deploy the most effective and efficient investigative strategy for each investigation
- Maintain accurate, current and thorough case information in the Special Investigations Unit's (SIU's) case tracking system
- Collect and secure documentation or evidence and prepare summaries of the findings
- Participate in settlement negotiations and/or produce investigative materials in support of the later
- Collect, collate, analyze and interpret data relating to fraud, waste and abuse referrals
- Ensure compliance of applicable federal/state regulations or contractual obligations
- Report suspected fraud, waste and abuse to appropriate federal or state government regulators
- Comply with goals, policies, procedures and strategic plans as delegated by SIU leadership
- Collaborate with state/federal partners, at the discretion of SIU leadership, to include attendance at work-groups or regulatory meetings

REQUIRED QUALIFICATIONS:

- Bachelor's degree or Associates degree plus 2 years of equivalent work experience with healthcare related employment
- Intermediate level of proficiency in Microsoft Excel and Word
- Ability to develop investigative strategies
- Ability to communicate effectively, to include written and verbal forms of communication
- Ability to travel
- Ability to participate in legal proceedings, arbitrations, depositions, etc.

PREFERRED QUALIFICATIONS:

- Basic knowledge and experience in health care fraud, waste and abuse (FWA) investigations
- Basic knowledge and experience in state and federal regulatory FWA requirements
- Basic knowledge of medical benefits, specialty benefits and pharmacy benefits
- Basic level of knowledge with local, state/federal laws and regulations pertaining to healthcare fraud, waste and abuse (FWA)
- Basic knowledge of Compliance Program policies, procedures and documentation standards
- Specialized knowledge/training in healthcare FWA investigations
- Active affiliations:
 - National Health Care Anti-Fraud Association (NHCAA)
 - Accredited Health Care Fraud Investigator (AHFI)

- Certified Fraud Examiner (CFE)
- Medical – If applicable
 - Certified Professional Coder (CPC)
 - Medical Laboratory Technician (MLT)
- Pharmacy – If applicable
 - License and/or Certified Pharmacy Technician (CPhT)
 - Basic knowledge in pharmacy claims processing
 - Operational experience with a pharmacy and/or pharmacy benefits manager (PBM)
- Ability to develop goals and objectives, track progress and adapt to changing priorities

FOR MORE INFORMATION/TO APPLY:

<https://careers.unitedhealthgroup.com/job/15213768/investigator-telecommute-remote/>