

Special Investigations Investigator

Centene Corporation

Job Location: Chesterfield, MO

Full Time- REMOTE

JOB SUMMARY:

Investigate allegations of potential healthcare fraud and abuse activity. Assist in planning, organizing, and executing claims investigations or audits that identify, evaluate and measure potential healthcare fraud and abuse.

RESPONSIBILITIES:

- Assist in monitoring business processes and systems to assure integrity and compliance in billing and claims payment
- Investigate possible waste, abuse and fraud leads and document activity on each lead and refer issues to the appropriate party
- Develop internal reports to identify potential waste, abuse and fraud
- Perform data mining and analysis to detect aberrancies and outliers in claims
- Serve as point of contact for corporate and field inquiries regarding waste, abuse and fraud
- Review post-payment cases with appropriate parties to obtain refund
- Provide case updates on progress of investigations and coordinate with Health Plans on recommendations and further actions and/or resolutions
- Prepare summary and detailed reports on investigative findings for referral to Federal and State agencies
- Arrange, conduct, and attend meetings with providers, business partners, and representatives from regulatory agencies and law enforcement regarding investigations

QUALIFICATIONS:

- Bachelor's Degree in Business, Criminal Justice, Healthcare, related field or equivalent experience.
- 1+ years of medical claim investigation, medical claim audit, medical claim analysis, or fraud investigation experience.
- Knowledge of Microsoft Applications, medical coding and terminology preferred.

For Kentucky plan only: Minimum of three (3) years Medicaid fraud, waste and abuse investigatory experience located in Kentucky dedicated 100% to the Kentucky Medicaid Program.

FOR MORE INFORMATION/TO APPLY:

<https://jobs.centene.com/us/en/job/1353624/Special-Investigations-Investigator>