

# Coding Integrity Auditor

ConnectiCare

Job Location: Farmington, Connecticut

Full Time/Days

## SUMMARY OF POSITION:

- Responsible for upholding the standard for code review functions in the setting of claims review, grievance and appeal, and new medical policy implementation.
- Identify inconsistencies between CCI & EH reimbursement policies and claim which directly impact claim payment (i.e. Authorizations) and responsible for working with leadership to bring to resolution.
- Perform audit of suspended and appealed claims reviewed by coding staff.
- Perform audits of outlier providers for accurate coding practices and documentation requirements..

## MINIMUM REQUIREMENTS:

- 3 – 5+ years of coding experience. (R)
- 1+ year auditing experience. (R)
- Additional years of related work experience/specialized training may be considered in lieu of educational requirements. (R)
- Proficiency with MS Office (Word, Excel, Access, PowerPoint, Outlook, Teams, etc.) (R)
- Attention to detail; and ability to communicate or escalate issues in a timely manner. (R)
- Ability to independently prioritize and complete multiple tasks with competing priority levels and deadlines. (R)
- Ability to perform effectively in a fast-paced work environment. (R)
- Excellent communication skills (verbal, written, presentation, interpersonal) with all types and levels of audiences. (R)

## EDUCATION/LICENSES/CERTIFICATIONS:

- Bachelor's degree, preferably in a healthcare, quantitative/analytical, or business related field of study.
- AAPC CPC (AAPC Certified Professional Coder) &/or CCS (AHIMA Certified Coding Specialist)
- AAPC CPMA (AAPC Certified Professional Medical Auditor)

## FOR MORE INFORMATION/TO APPLY:

<https://careers.connecticare.com/jobs/coding-integrity-auditor-5529>