

Coding Auditor

Prominence Health

Job Location: Reno, NV

Full Time/Days

JOB SUMMARY:

The Coding Auditor is responsible for the over read of documentation and coding of medical records at various partnered medical practices. Will ensure accurate reporting of diagnoses and service codes to support optimal performance in risk adjustment and quality measurement. Performs an over read on all coding projects to ensure a 95% and above accuracy requirement is maintained. Serves as a guide, educator and trainer for the coding staff.

MINIMUM REQUIREMENTS:

- Minimum of five (5) years' experience in related field in medical records, claims or billing area is an asset or equivalent combination of education and experience or education.
- Minimum three (3) years in CMS HCC risk adjustment coding.
- Experience in HHS or Medicare RADV required
- Strong knowledge of HCC Coding, HEDIS, and Risk Adjustment
- Strong understanding and knowledge of CMS Coding and Documentation Guidelines as well as HCC coding practices, must an ability to stay current on these guidelines is required.
- Ability to effectively communicate in English, both verbally and in writing.
- Excellent interpersonal skills, with the ability to interact with all external and internal customers
- Microsoft Office (Outlook, Word, Excel, PowerPoint), administrative writing and reporting skills
- Strong analytical and critical thinking skills
- Ability to identify, analyze, research, develop and implement creative solutions
- Highly organized, work prioritization, follow up and attention to detail
- Ability to maintain a high level of integrity and confidentiality of medical information

EDUCATION/LICENSES/CERTIFICATIONS:

- High School Diploma, GED or equivalent required, Associates preferred
- Coding certification required through AAPC or AHIMA; CDEO or CPMA strongly preferred

FOR MORE INFORMATION/TO APPLY:

<https://jobs.uhsinc.com/prominence-health/jobs/236490?lang=en-us> (type job title in search bar if necessary)