



**REVIEW COORDINATOR**  
**FULL-TIME & PART-TIME POSITIONS AVAILABLE**

Job Location: Remote

Full Time/Days

**JOB SUMMARY:**

The Review Coordinator conducts all mandatory case review and quality assurance activities as stipulated by contracts and maintains the required timeliness and accuracy within the review process.

**PRIMARY DUTIES:**

- Maintains responsibility for assuring an efficient case review process through the production system.
- Identifies and corrects problem areas on a case-by-case and system-wide basis.
- Interprets and applies coverage and payment policies, standards of care, and utilization review criteria applicable to a specific position.
- Communicates with and supports physician reviewers by summarizing case facts, preparing case questions, and resolving physician input issues.
- Informs Medicare beneficiaries, health care providers, and other partners of the activities and responsibilities of the Quality Improvement Organization (QIO).
- Edits documentation for internal and external dissemination to beneficiaries, providers, and other medical personnel.
- Protects the confidentiality of patient information through compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).
- Performs desktop medical reviews.
- Attends annual security awareness, rules of conduct, and conflict of interest training.
- Performs other duties as assigned.

Depending on departmental assignment, this position may also have some or all of the following duties:

- Acts as a neutral liaison for beneficiaries and their representatives.
- Navigates beneficiaries through the health care system.
- Provides education, advocacy, resource access, and targeted support to decrease the likelihood of readmission to acute inpatient care.
- Develops and maintains working relationships with community agencies.
- Assists beneficiaries with an understanding of their diagnoses.
- Informs beneficiaries and other interested parties of their rights and responsibilities as patients covered by the Medicare program.
- Schedules staff for the Medicare Beneficiary Helpline during work hours.
- Collaborates with internal and external QIO staff on the development and implementation of health care improvement projects.

**ESSENTIAL KNOWLEDGE:**

Individuals must be detailed oriented and clinically knowledgeable of medical terminology.

**ESSENTIAL EDUCATION:**

- Graduation from an accredited school of nursing and current licensure as a Registered Nurse (RN) or Licensed Practical Nurse (LPN).
- A degree in a healthcare-related field with a professional clinical background and experience with Medicare QIO.
- Quality of care review experience or medical review experience in support of Medicare Administrative Contractor (MAC) or Recovery Audit Contractor (RAC) appeals. Experience performing pre- and post-pay claims reviews, and utilization reviews may also qualify.

- Minimum of two to four years of experience in clinical decision-making relative to Medicare patients.

**LICENSING OR OTHER SPECIAL CERTIFICATIONS REQUIRED:**

Medical coding certification is preferred.

**ORGANIZATIONAL "FIT" CONSIDERATIONS:**

Ability to multitask and switch between various tasks. This position requires the ability to work as part of a team.

**FOR MORE INFORMATION/TO APPLY:**

Send resume to - [brendawatson@advantagovernmentservices.com](mailto:brendawatson@advantagovernmentservices.com)

**REVIEW COORDINATOR (PART-TIME)**

**Additional Considerations**

**SCA Coverage:**

Company is a federal contractor under the McNamara-O'Hara Service Contract Act (SCA).

The McNamara-O'Hara Service Contract Act (SCA) covers prime contracts of over \$2,500 entered into by the federal government and the District of Columbia. The principal purpose of the contract is to furnish services in the U.S. through the use of service employees. The definition of "service employee" includes any employee engaged in performing services on a covered contract other than a bona fide executive, administrative, or professional employee who meets the exemption criteria outlined in 29 Code of Federal Regulations (CFR) §541. Under the SCA, covered employers must pay the prevailing wages and benefits in the locality—as determined by the U.S. Department of Labor (DOL) in a wage determination.

The position of Review Coordinator (Part-Time) is considered a "service position" and is mapped to the Occupation Code and Title 24550 – Case Manager of the current Wage Determination. For more information on this Occupation Code, please refer to the SCA Directory of Occupations at

<https://www.dol.gov/whd/regs/compliance/wage/SCADirV5/SCADirectVers5.pdf>.