

# Auditor, Clinical Services

Molina Healthcare

Job Location: Multiple Florida Locations

Full Time/Days

## JOB SUMMARY:

Provides support for healthcare services clinical auditing activities. Performs audits for clinical functional areas in alignment with regulatory requirements - ensuring quality compliance and desired member outcomes. Contributes to overarching strategy to provide quality and cost-effective member care.

- Performs audits in utilization management, care management, member assessment, behavioral health, and/or other clinical teams, and monitors clinical staff for compliance with National Committee for Quality Assurance, Centers for Medicare and Medicaid Services (CMS), and state/federal guidelines and requirements. May also perform non-clinical system and process audits as needed.
- Audits for clinical gaps in care from a medical and/or behavioral health perspective to ensure member needs are being met.
- Assesses clinical staff regarding appropriate clinical decision-making.
- Reports monthly outcomes, identifies areas of re-training for staff, and communicates findings to leadership.
- Ensures auditing approaches follow a Molina standard in approach and tool use.
- Maintains member/provider confidentiality in compliance with the Health Insurance Portability and Accountability Act (HIPAA), and professionalism in all communications.
- Adheres to departmental standards, policies and protocols.
- Maintains detailed records of auditing results.
- Assists healthcare services training team with developing training materials or job aids as needed to address findings in audit results.
- Meets minimum production standards related to clinical auditing.
- May conduct staff trainings as needed.
- Communicates with quality and/or healthcare services leadership regarding issues identified, and works collaboratively to subsequently resolve/correct.

## MINIMUM REQUIREMENTS:

- At least 2 years health care experience, with at least 1 year experience in utilization management, care management, and/or managed care, or equivalent combination of relevant education and experience.
- Strong attention to detail and organizational skills.
- Strong analytical and problem-solving skills.
- Ability to work in a cross-functional, professional environment.
- Ability to work on a team and independently.
- **Preferred Qualifications**
  - Utilization management, care management, behavioral health and/or long-term services and supports (LTSS) clinical review/auditing experience.

## EDUCATION/LICENSES/CERTIFICATIONS:

- Registered Nurse (RN). License must be active and restricted in state of practice.

## FOR MORE INFORMATION/TO APPLY:

<https://careers.molinahealthcare.com/job/florida/auditor-clinical-services/21726/93499423184>