



POSITION: RISK ADJUSTMENT SPECIALIST

About the Company

Mountain Health CO-OP was founded to ensure every Montanan, Idahoan, and Wyomingite has access to quality, affordable health insurance. The CO-OP believes in investing profits back into its members through added benefits and services, and offers health insurance plans for individuals, families, large and small businesses, and even Medicare Supplement Insurance Plans. Mountain Health CO-OP is governed by a board of directors that is mostly made up of its members, ensuring they have a voice in their health insurance.

Job Description

Collaborates with internal departments on risk adjustment strategies, provider performance, and other corporate quality initiatives. Supports the development and execution of programs and processes that support the risk adjustment initiatives. Leverages analytics to improve the health and experience of members while lowering costs of care. Proposes and manages strategic projects for risk revenue and provider performance optimization.

Responsibilities

- Develops, coordinates and monitors outreach/intervention activities with providers to improve member outcomes, coding accuracy and quality results.
- Demonstrated ability to identify and communicate trends in provider coding and documentation.
- Develops education and incentive programs that are supported by data driven analytics and results.
- Collaborates closely with Provider Contracting teams to ensure appropriate delivery of approach.
- Analyze claims data to identify diagnosis codes, within the risk adjustment model, to provide risk or opportunity to the completeness and accuracy of risk adjustment data.
- Provides feedback to providers on performance improvement opportunities; tracks and prioritizes projects to improve coding and documentation outcomes.
- Serve as risk adjustment coding subject matter expert for HHS-CMS.
- Assist with HHS-CMS Risk Adjustment Data Validation activities and Risk adjustment program so Mountain Health Co-Op is prepared for and will pass an audit.
- 3 years of experience in risk adjustment, coding, continuous improvement, and experience communicating and training providers.
- Understanding of risk adjustment models and hierarchical condition category (HCC) coding
- Medical background highly desirable.

Professional Certification(s)

- Certified Professional Coder (CPC) preferred



Technical Skills and Knowledge

- Strong knowledge of the Marketplace within a managed care insurance industry.
- Knowledge of Centers for Medicare & Medicaid Services (CMS) regulations pertaining to the Affordable Care Act (ACA)
- Knowledge of medical coding and billing procedures.
- Intermediate Microsoft Office (Word, Excel, and PowerPoint) skills.
- Strong presentation skills.

Behavioral Competencies

- Effective Communication
- Ability to Conceptualize
- Creates Partnerships
- Analytical Problem Solving
- Facilitates Change

Physical Demands/Work Environment:

- Performs work in an office setting with moderate levels of noise, sitting for long periods of time, using computers and phones, and with exposure to fluorescent lighting.
- Ability to occasionally travel offsite.