

Title: Certified Risk Coder Reports to: Manager, Risk Adjustment Classification: Individual Contributor Job description revision number and date: 1.0; 3/2/2021

Summary:

Community Care Cooperative (C3) is a 501(c)(3) non-profit, Accountable Care Organization (ACO) governed by Federally Quality Health Centers (FQHC). Our mission is to leverage the collective strengths of FQHCs to improve the health and wellness of the people we serve. We are a fast-growing organization founded in 2016 with 9 health centers and now serving 140,000 Medicaid beneficiaries who receive primary care at 18 health centers across Massachusetts. We are an innovative organization developing new partnerships and programs to improve the health of members and communities, and to strengthen our health center partners.

The Certified Risk Coder will be a part of an emerging coding team and coding service that performs retrospective and prospective risk coding reviews and completes provider training for 18 outpatient primary care practices across Massachusetts. In so doing, he/she/they will use knowledge of appropriate coding, combined expertise in claims submission processes to improve the accuracy of documentation. This work ultimately leads to a greater understanding of the patient's complexity while ensuring accurate risk adjustment for patient care. The Certified Risk Coder has experience in risk adjustment, outpatient primary care and/or behavioral health condition coding, billing compliance, and coding quality assurance protocols. He/she/they will report to the Manager, Risk Adjustment and interface with an internal team of Health Center Performance Managers, as well as staff at FQHCs.

Responsibilities:

- Serves as an expert on ICD-10-CM coding guidelines, AHA Coding Clinic Guidance and MassHealth Risk Adjustment guidance
- Completes record review with a high degree of familiarity with common EHRs, especially Epic, NextGen, Centricity, and eCW
- Develops and delivers provider reports on findings
- Facilitates allowable modifications to the bill to ensure accuracy, involving extensive interaction with FQHC billing and operations staff departments
- Facilitates provider feedback loop for allowable bill modifications
- Utilizes population health reporting tools to assist in the identification of patients and conditions in need of review and improvement
- Identifies opportunities for FQHC risk score improvement
- Assists in the maintenance of coding educational tools
- Ensures organizational compliance with risk coding and billing requirements
- Performs other duties as assigned

Qualifications

He/she/they must be innovative, comfortable with ambiguity, well-organized, and committed to moving quickly and collaboratively as a member of an emerging team within a fast-paced organization. He/she/they must communicate clearly and succinctly in writing and verbally across multiple tiers of the organization, from leadership to individual providers and health center staff. He/she/they must have a strong commitment to quality assurance and exceptional customer service.

- 2+ years risk coding experience
- 2+ years medical billing experience in outpatient setting, preferably primary care, pediatrics, or behavioral health
- Up-to-date certifications: Certified Risk Coder (CRC) required, CPC (Certified Professional Coder) preferred
- In-depth knowledge of medical terminology, anatomy, physiology, and disease process
- Knowledge of electronic health record systems: Epic, NextGen, Centricity, and eCW preferred
- Expertise in Medicaid and/or Medicare risk adjustment models
- Billing compliance expertise required
- Self-starter; exercises high degree of initiative, judgement, discretion and decision making to achieve objectives
- Familiarity with Excel
- Performs with great integrity and produces accurate work with close attention to detail, especially in the completion of final deliverables to internal and external stakeholders
- Experience with anti-racism activities, and/or lived experience with racism is highly preferred

** In compliance with Covid-19 Infection Control practices per Mass.gov recommendations**