



**Title: Senior Risk Coder**

**Reports to: Manager, Risk Coding**

**Classification: Individual Contributor**

**Location: Hybrid**

**Job description revision number and date: 1.0, 6.28.2022**

Organization Summary:

Community Care Cooperative (C3) is a 501(c)(3) non-profit, Accountable Care Organization (ACO) governed by Federally Qualified Health Centers (FQHCs). 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 hundreds of thousands of beneficiaries who receive primary care at health centers and independent practices 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.

Job Summary:

The Senior 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 a group of 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 Senior Risk Coder has advanced 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 Coding, and interface with an internal team of Practice Transformation 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
- Compiles and delivers project reports and leads Practice-facing interactions
- Completes internal audits per quality assurance protocols
- Facilitates allowable modifications to the bill to ensure accuracy, involving extensive interaction with FQHC billing and operations staff departments
- Prepares charts for providers in advance appointments
- Communicates with provider education team on observed trends to improve documentation
- 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
- Develops Coding Tools and Resources
- Conducts external audits, as required by regulatory agencies such as Medicare or Medicaid
- Assists Manager in development of standard operating procedures
- Creates risk adjustment reports and key performance indicators
- Performs other duties as assigned



Required Skills:

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.

- 5+ years of risk coding experience
- 5+ years of medical billing experience in an outpatient setting, preferably in primary care, pediatrics, or behavioral health
- 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

Desired Other Skills:

- Familiarity with the MassHealth ACO program
- Familiarity with Federally Qualified Health Centers
- Experience with anti-racism activities, and/or lived experience with racism is highly preferred

Qualifications:

- **Up-to-date certifications: Certified Risk Coder (CRC) and at least one of the following: CPMA, CCDS, or CDIP certifications required**

***\*\* In compliance with Covid-19 Infection Control practices per Mass.gov recommendations, we require all employees to be vaccinated consistent with applicable law. \*\****