

Job Title: Risk Adjustment Coding Manager

Location: US Remote

Job type: Full-Time

Start Date: Effective immediately

ECLAT Health Solutions (ECLAT) is seeking a **Risk Adjustment Coding Manager**. As a member of our medical audit team, the Risk Adjustment Medical Coding Manager will have an opportunity to make a direct contribution to the company's bottom line in our rapidly growing healthcare business. You will leverage your auditing knowledge, and risk adjustment experience to review and audit previously coded medical records, identify missed opportunities as well as assist in training opportunities for the medical coding team and end client. Critical eye for quality and accuracy, ability to effectively educate, team spirit and the self-drive to lead the team to meet and exceed productivity and quality goals is a must.

Job Responsibilities:

- Provide detailed assessment of coders, QAs, and provider practices to review and education based on needs.
- Responsible for strategically detailing and implementation and action plans to new and current clients.
- Validate risk adjusted ICD-10-CM codes upon review of clinical documentation for selection of appropriate primary and secondary comments.
- Working knowledge of ICD-10-CM, Risk Adjustment for Medicare and Medicaid
- Ensure ICD-10-CM assignment is optimal and accurate
- Maintain coding accuracy of 98% or higher
- Abide by AHIMA standards of Ethical coding
- Adhere to Official Coding Guidelines, CMS published coding guidelines, and published official advice
- Maintain a thorough understanding of anatomy and physiology, medical terminology, and disease processes through participation in continuing education programs
- Assist with special projects as required
- Assist in training risk adjustment coding staff when required
- Participates effectively in clinical documentation improvement initiatives and team meetings to promote quality across all projects.

Job Requirements:

- Certification as a CRC and/or CPMA required. Additional certifications in CPC, COC, CCS, CCS-P, RHIT, RHIA through AAPC or AHIMA with current membership and credentials.
- 5+ years of direct experience in auditing risk adjustment medical chart review for Medicare HCC; HHS-HCC and Medicaid.
- 3+ years of direct experience in management/leading of HCC coding team.
- Proficiency in Professional (Fee-For-Service) preferred.

Job Skills:

- Self-driven and problem-solving attitude.
- Communicates effectively and efficiently with company stakeholders at multiple levels (Coding Manager; Director)
- Willing to learn and take on any challenge presented within the risk adjustment review process.

- Excellent critical thinking skills to form resolutions as needed.
- Ability to lead/educate coders, providers, and clients effectively

Benefits:

ECLAT FTEs are eligible to receive Medical, Dental, Vision, Life and Dependent Life insurance. Paid Time Off (PTO).

About ECLAT Health Solutions

Founded in 2008, ECLAT Health Solutions has been continuously servicing high-quality revenue cycle management healthcare support services for hospitals and health systems nationwide with a focus on delivering the fastest, most accurate, flexible, and affordable solutions available. Recognized as one of Inc.'s 5,000 fastest-growing private companies in America, ECLAT Health Solutions is looking to expand services in revenue cycle management by offering effective operational strategies that deliver customized solutions for medical coding accuracy, medical billing processes, ICD-10 Auditing, CDI advances and more. For more information, please visit our website at www.eclathealth.com.