Encounter Analyst

Only open to candidates residing in California	**Opportunity to make a difference in your community**	**Position not eligible for sponsorship**

The Encounter Analyst creates and enhances reporting and monitoring efforts related to encounter submissions for Medi-Cal and the Medicare-Medicaid Plan (MMP). The Encounter Analyst analyzes HPSM's claims/encounter data and identifies operational gaps including those related to claims processing, extract exclusion logic, and provider submission errors. The Encounter Analyst works across departments and with external stakeholders to eliminate these gaps.   This role is also responsible for proactive coordinating and overseeing encounters throughput by line of business and billing provider.

Position overview

Essential Functions:

- Function as the revenue data operations team member to monitor encounters received, submitted, and accepted by regulatory entities, DHCS and CMS.

- Conduct ongoing root cause analyses to identify and remediate data gaps associated with encounter data submissions to state and federal regulators.

- Work cross-functionally to review and monitor data warehouse denials and reconciliation of data gaps between encounters compared to DHCS and CMS reporting.

- Represent HPSM effectively and appropriately with all internal and external customers by utilizing encounters subject matter expertise and strong customer service skills.

- Ensure consistent and effective communication across internal and external stakeholders, including, but not limited to: Provider Services, Finance, IT, Informatics, Member Services, network providers, and state and federal agencies.

- Propose and implement solutions for future data loss prevention and continuous process improvement.

- Develop and communicate encounter summaries by line of business and billing provider with stakeholders

- Work in conjunction with HPSM's IT Claims Configuration and Application team to submit deletes and resubmissions as needed.

- Create and review vendor or provider supplemental data files.

- Identify and present opportunities for system enhancements and educational opportunities for both internal and external partners.

- As a contributing member of encounters-related workgroups, collaborate, provide operational support, and coordinate work efforts with internal departments to improve encounter data quality and processes.

- Keep abreast of healthcare industry best practices, system capabilities and managed care regulatory requirements.

Secondary Functions:

- Lead or participate in special projects as needed.
- Perform other duties as assigned.

Requirements

These are the qualifications typically needed to succeed in this position. However, you don't need to meet every requirement to apply.

Education and Experience equivalent to:

- Three years of work experience in a health care or managed care environment with an emphasis on encounters, stakeholder reporting, data monitoring, data analysis, and process improvement.

- Bachelor's Degree in Public Health, Health Informatics, Healthcare, Business or a field in which data collection, research and analysis are a primary focus preferred.

Knowledge of:

- Personal computers and proficiency in Microsoft Office Suite applications, including Outlook, Word, Excel, Access, PowerPoint, and Power BI.
- Data analysis and data summarizing.
- Encounters submission processes.
- Medicare and Medi-Cal encounter data requirements.
- Local, State and Federal laws, rules, and regulations pertaining to encounters submissions.
- 837 institutional and professional file structure is a plus.
- Risk Adjustment experience is a plus.
- Medical Coding certification is a plus.

Ability to:

- Ability to interface with business users and clarify business requirements

- Work cooperatively with others.

- Work as part of a team and support team decisions.

- Communicate effectively, both verbally and in writing.

- Adapt to changes in requirements/priorities for daily and specialized tasks

- Apply CMS and Medi-Cal encounter data requirements.

- Learn and operate within the organization's claims and data systems

- Manage projects; prioritize/organize workload

- Demonstrate strong analytical and problem-solving skills

- Prioritize tasks and meet deadlines

    Identify and recommend opportunities to improve existing processes.

Salary and benefits

The starting salary range depends on the candidate's work experience.

Excellent benefits package includes:

- HPSM-paid premiums for employee's medical, dental and vision coverage (employee pays 10% of each dependent's premiums)
- Fully paid life, AD&D and LTD insurance
- Retirement plan (HPSM contributes equivalent of 10% of annual compensation)
- 13 paid holidays a year, 12 paid sick days a year and paid vacation starting at 16 days a year
- Tuition reimbursement plan
- Employee wellness program

To apply, submit a resume to careers@hpsm.org.

Health Plan of San Mateo (HPSM) is a local County-funded nonprofit manages the health care for over 140,000 low-income people San Mateo County, including all its Medi-Cal eligible residents. HPSM is proud to be an