

Community Health Provider Alliance (CHPA)

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**VALUE-BASED CARE CODING ADVISOR JOB DESCRIPTION**

**Job Title:** Value-Based Care Coding Advisor

**Status:** Non-Exempt (hourly)

**Report To:** Supervisor of Risk Adjustment & Quality

**Supervises:** N/A

**Effective Date:** February 1, 2024

**Position Pay Range:** \$55,953 - \$83,930

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**Position:** The value-based coding advisor supports coding accuracy, medical record documentation, quality gap closure, and provider education for the Community Health Centers (CHCs) participating in the Community Health Provider Alliance (CHPA) Accountable Care Organization (ACO). The personnel in this position will use their knowledge of risk adjustment coding, documentation guidelines, and report generation to assist in any coding and auditing-related functions determined by their direct supervisor or CHPA leadership.

**Responsibilities:**

- The value-based coding advisor will interact with operational and clinical leadership to assist in the identification of Risk Adjustment/HCC coding opportunities and will provide targeted education to CHC providers, billers, coders, and support staff to support value-based contract initiatives.
- Risk Adjustment/HCC Coding Support and Education
  - Educates providers and staff on coding regulations and changes as they pertain to risk adjustment and quality reporting to ensure compliance with federal and state regulations.
  - Assist the department, direct supervisor, and CHPA in the development of education tools related to risk adjustment/HCC coding and gap closure.
  - Supports the creation of education that will train CHC providers, billers, coders, and support staff, as well as CHPA staff, for risk adjustment/HCC coding opportunities.
  - Maintains a database with the results of all medical chart reviews performed, with the ability to report on progress and statistics on coding initiatives.
- Pre-Visit Planning (PVP)
  - Performs weekly Pre-Visit Planning reviews for assigned CHCs and will query providers or other identified team members to further value-based contract initiatives including coding recommendations based on internal and external medical records, review of payer portals and suspected conditions, and review of care gap and clinical documentation.
- CHC Support

- Holds monthly meetings with identified coding champions, provide education and training to CHC providers, billers, coders, and support staff in proper coding guidelines; and documentation education based on PVP observations and monthly topics.
- Provides monthly chart reviews of randomly selected patients and providers participating in the Pre-Visit Planning (PVP) program to give feedback on missed opportunities and errors.
- Gap Closure Success
  - Reviews patient charts to identify areas for quality gap closures and provide compliant documentation to appropriate payers resulting in gap closures for assigned CHCs.
  - Ensures that providers understand CPT II coding for quality gap closure and reporting.
- CHPA Success
  - Assist in all CHPA dashboard and scorecard initiatives to improve performance outcomes.
  - Assist supervisor in implementing best practices, policies, and procedures to increase support services to the CHCs we serve
  - Assist in developing and sharing guidelines/best practices with internal risk adjustment coders to help improve coding documentation techniques for our members
  - Helps with special projects within the Risk Adjustment Department

**Behavioral Expectations:**

- Display a positive and respectful attitude
- Provide excellent customer service to our members
- Represent the organization in a responsible and respectful manner
- Work with honesty and integrity
- Perform job duties to a reasonable, acceptable standard
- Maintain great communication with the team and members
- Professionally conduct self, especially when serving our members and communicating with peers
- Follow set policies and procedures when dealing with problems or issues

**Team Expectations:**

- Respect each other, and be courteous and sensitive to people's needs and concerns
- Be accountable for your work
- Be flexible about job and task assignments
- Be willing to help each other
- Ask for help when needed following CHPA's chain of command
- Be open to constructive feedback without being defensive or negative
- Be self-motivated and reliable
- Share ideas for improvement respectfully
- Be positive and encouraging to other team members

**Qualifications:**

To achieve high-quality outcomes the value-based coding advisor should be knowledgeable about HEDIS/STARs measures and guidelines, CMS Hierarchical Condition Category (HCC) coding guidelines, clinical documentation standards, and education/training skills.

- High School diploma or equivalent
- Minimum 2 years coding experience
- The American Academy of Professional Coders (AAPC) Certified Risk Adjustment Coder (CRC) certification is required; Certified Professional Coder (CPC) Certification will be considered with Risk Adjustment/HCC Coding experience and willingness to obtain CRC within 1 year of employment
- Risk Adjustment experience required
- Experience with clinic billing and coding required
- Knowledge of several EHR systems preferred (ECW, Athena, Greenway Intergy, Epic)
- Clinical background preferred
- Strong knowledge of CMS coding and quality guidelines
- Strong knowledge of PowerPoint, Excel, and Microsoft Word with the ability to manipulate basic information and data required for preparing reports and delivering training
- Exceptional interpersonal, public speaking, and presentation skills to deliver training and education are preferred
- Ability to facilitate group discussions that challenge participants and promote discussion of new approaches and solutions based on data and value-based care initiatives
- Ability to adapt to changing initiatives and priorities based on the needs of CHPA and CHC success
- Ability to professionally communicate and manage conflict with others in both an internal and external setting
- Ability to work independently and to self-motivate to complete tasks; resourceful and proactive
- Fluency in written and spoken English, with reading comprehension skills
- Displays cultural competence in diversity, equality, equity, and inclusion to work towards CHPAs mission with organizational values in mind
- Ability to travel to and within the state of Colorado: 25% travel within the state of Colorado with an unrestricted driver's license and an insured vehicle
- Proof of full COVID-19 vaccination may be required for employment
- Home office that is HIPPA compliant and has high-speed internet capability
- Mobile device for work purposes

**Working Environment and Physical Activities:**

- Hybrid position - work from home with 25% travel capability
- This position requires several hours of travel to meetings in the state of Colorado

CHPA is an equal opportunity employer offering a generous benefits package, a casual work environment, and a competitive salary (DOE):

- Insured group health, dental, and vision plans (*NOTE: Medical Insurance may not be available for out-of-state employees*)
- Medical and dependent care flexible spending account options
- 401k retirement plan with an employer contribution match
- Life, AD&D, and Long-term disability plans paid for by the employer
- Free 24/7 access to confidential resources through an Employee Assistance Program (EAP)
- Voluntary benefit plans to complement health care coverage including accident insurance, critical illness, and short-term disability
- A generous mix of vacation, sick and holiday paid days off

Employee Signature: \_\_\_\_\_

Employee Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_