

FamilyCare, Inc. is a Medicaid and Medicare managed healthcare organization based in Portland, Oregon. We embody our mission statement--***Creating Healthy Individuals through Innovative Systems***--in everything we do. Our dedication to customer service has earned us an outstanding reputation in the Northwest healthcare industry.

We believe that in order to build on our 25+year tradition of success, we must continue to seek out and attract talented individuals. We offer a challenging work environment with opportunities for growth and development. Communication is encouraged, and excellence is rewarded. **FamilyCare offers a competitive benefits package which includes health, dental, and vision insurance as well as a 401k plan and 4 weeks annual PTO.**

FamilyCare, Inc. is seeking a **Medical Reviewer – Registered Nurse** who will be accountable for the following:

- Lead by example in a manner that positively reflects on the Company.
- Own and complete work with minimal supervision and complete projects and tasks within deadlines.
- Share information in a timely manner and remain open to ideas.
- Continue to question “why”, until underlying cause is discovered, avoiding “we’ve always done it this way” reasoning.
- Remain open to ideas offered by others, putting needs of company before individual gain.
- Conducts complicated post-service, pre-payment, and retrospective case reviews, determines that appropriate care has been rendered during inpatient stay, line level audit of hospital claim for contract compliance.
- Conducts review activities with delegated entities as necessary and member treatment in order to meet company Medical Policy, Contract Compliance for Stop Loss and Disallowed charges and appropriate delivery of care at the provider level as measured against their peer group.
- Track and trend hospital billing practices to identify areas of improvement as determined through line by line charge audit.
- Validate appropriate level of care and services provided to meet the member’s needs at the appropriate place of service.
- Prepare and present cases to Medical Director as required by law for medical necessity determination.
- Identifies potential over-payments.
- Assists in the development and implementation of a proactive approach to improve and standardize overall retro claims review for clinical perspectives.
- Identifies potential quality of care issues, service or treatment delays.
- Ability to perform critical in-depth analysis of medical records for appropriateness of care and level of care.
- Strong clinical documentation skills.
- Ability to support and lead from the organization’s Mission and Values.
- Ability to handle confidential information in a private, sensitive, and professional manner.
- Ability to establish and maintain effective working relationships with internal staff and community partners.
- Ability to train, coach, and develop staff to accomplish established goals.
- Ability to model and maintain a professional image and demeanor.
- Ability to effectively prioritize and complete work to meet tight business-driven deadlines.
- Excellent verbal/written communication and listening skills.
- Demonstrate strong problem solving and analytical skills.
- Demonstrate intermediate proficiency in MS Office – Word, Excel, and Outlook.
- Demonstrate ability to understand the nature and rationale of data; to analyze and manipulate data in various technical formats to generate information essential to business needs.

Requirements Include:

- Current Registered Nurse with Oregon license.

- 3-5 years experience in a clinical healthcare setting.
- Concentration of clinical expertise in a defined specialty or utilization review experience preferred.
- Preferably with clinical expertise in hospital practices with charges and billing procedures.
- Knowledge of and ability to manipulate data bases, formatting experience in Excel strongly preferred.
- Case Management experience required.
- Extensive knowledge of specialty areas of clinical practice.
- Commitment to developing in-depth knowledge of claims processing and coding as defined by the AMA
- Maintain and update knowledge to be informed regarding billing and payment legislation and comply with all regulations related to review and payment logic.

FamilyCare is proud to be an equal opportunity, affirmative action employer. To ensure that we continue to hire competent, ethical, and trustworthy individuals, all candidates must successfully complete a thorough background investigation and drug screen prior to receiving any offer of employment from FamilyCare.

To apply, please email your cover letter and resume with salary requirements to:
jobs@familycareinc.org