LOCATION: Washington, DC

ABOUT THE POSITION

We are looking for a dynamic remote Program Integrity Auditor - Fraud and Abuse Investigator to join our Program Integrity team. This is a full-time work from home position.

The Program Integrity Auditor (Fraud and Abuse Investigator) will detect, investigate, remediate and refer to law enforcement as appropriate incidents of provider fraud, waste and abuse arising in connection with healthcare services. S/he will be responsible for program integrity provider audit procedures and assisting in the implementation of the National Program Integrity Plan and related activities under the direction of the Director, National Program Integrity. S/he operates as a primary resource for Beacon Health Options (Beacon) and contact for fraud, waste and abuse investigation and prevention, provider monitoring and provider audit related activities.

- Audit provider records to ensure they are documented and maintained to meet regulatory and contractual requirements and to identify any improper/potentially fraudulent billing practices. Work with providers to develop corrective actions, including repayment of identified recoveries.
- Write audit/investigative reports summarizing evidence, audit activities, and findings. This includes compiling and organizing accurate case file documentation and calculation of overpayments. Make referrals of findings to clients.

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regulators, and/or law enforcement as appropriate and directed by the Director, National Program Integrity.

- Conduct data-mining and data analysis to identify outliers/potential fraud, waste and abuse.
- Offer training and technical direction for providers and assist the Director, National Program Integrity in the identification of training needs. Participate in communication and training sessions for providers when appropriate.
- Provide back-up to the Director, National Program Integrity as needed. Participate on special projects, committees, and task forces and perform other duties as assigned.
- Foster and maintain positive relationships with representatives of Beacon’s core functions, policyholders, law enforcement, clients, providers, and the general public.
- Serves as a role model for compliant behavior and integrity, consistent with the mission, vision and values of Beacon, and as an internal authority on applicable audit standards.
- Serve as Beacon’s representative during formal proceedings when necessary.

**Position Requirements:**

- **Education:** Bachelor’s degree in accounting, finance, management, healthcare, law enforcement or equivalent field. Or Associate's Degree with equivalent years of experience.
- **Certifications:** Preference will be given to candidates with certifications related to their professional training, to include: Association of Certified Fraud Examiners (CFE);
PROGRAM INTEGRITY AUDITOR I - Remote

Accredited Healthcare Fraud Investigator (AHFI); Certified Internal Auditor (CIA); or Professional Coding through AAPC (CPC) (CPC-H) CPC-P) or AHIMA (CCS) (CCS-P).

Relevant Work Experience:

- Experience in a managed care environment and Medicare and Medicaid compliance preferred. In addition, at least two years of experience is required in fraud and abuse and/or white collar crime investigations and two to three years of experience in healthcare claims preferred.
- Minimum of three years of experience in healthcare, accounting (public or private), medical coding and auditing, and Department of Health and Department of Insurance regulations.

Skills: Ideal candidate will demonstrate:

- Knowledge of audit methodologies, fraud investigative procedures and judicial processes relating to fraud prosecutions.
- Knowledge of Department of Health, Department of Insurance, Medicaid and Medicare regulations.
- Excellent communication, negotiation and conflict resolution skills.
- Strong technical and business writing skills demonstrating the ability to write reports and business correspondence and to prepare case files.
- In-depth knowledge of the healthcare industry; fraud, waste

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and abuse audit operations, and claims handling and payment operations.

- Ability to interact with others in one-on-one situations to identify issues/problems and provide training/coaching to correct problem areas.

TO APPLY

Click below on "Apply for this Position" to create a profile and apply for the position.

Beacon Health Options is proud to be an Equal Opportunity and Affirmative Action Employer as well as a Drug Free and Tobacco Free Work Environment. EOE/AA/M/F/Veterans/Disabled

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$REM

Job Requirements