

**Position Title:** Clinical Review Manager

**Status:** Full-Time

**FLSA:** Exempt

**Reports To:** Rita Young, Chief Operations Officer

**Office Location:** Glendale, CA

**Company Overview:** Health Data Vision, Inc., is a fast growing tech company that provides a SaaS-based healthcare analytics platform for medical records analysis and targeted solutions for HEDIS® Hybrid, Medicare and Exchange Risk Adjustment and comprehensive, year-round clinical data analysis efforts as well as RADV Audits. The platform provides flexible scalable workflows and automation for medical records-intensive project needs of health plans in the United States.

**Job Summary:** The Clinical Review Manager is the lead expert on Risk Adjustment Coding and HEDIS Technical Specifications related initiatives at HDVI. The Clinical Review Manager will report directly to the Chief Operations Officer and will have management and oversight responsibility for a large team of abstractors, coders and QA over-readers. The Clinical Review Manager has responsibility for ensuring that HDVI delivers the highest quality coding and abstraction in the industry while adhering to strict project deadlines

The Clinical Review Manager must have excellent time management, communication and organizational skills, and be comfortable in client facing role.

### **Responsibilities Include:**

- Developing, documenting and implementing a rigorous and comprehensive HEDIS measure abstraction training program and risk adjustment training program.
- Developing, documenting and implementing comprehensive training on MRCS abstraction tools.
- Improving and updating all training materials and job aides for coders and abstractors.
- Recruitment and hiring of experienced coders, abstractors and QA staff.
- Incentivizing quality results.
- Keeping up to date with all HEDIS Technical Specification and Compliance Audit updates and ensuring that the MRCS Medical Record Review platform reflect all new information.
- Building a highly effective QA program that ensure HDVI codes and abstracts at a 95% accuracy rate or higher.
- Closely monitoring work queues to ensure that they are cleared daily.

- Participating in weekly client status calls to discuss progress and issues.
- Participating in national training programs and conferences both as a participant and as an industry thought leader.
- Blogging and maintaining an active social media presence representing HDVI.

### **Preferred Skills:**

- Ability to adapt to constantly changing priorities in managing a wide range of projects.
- Must be able to work independently and in a team environment.
- Excellent written, communication and presentation skills with the ability to explain and write complex information.
- Proficiency in using the following software applications: MS Word, Excel, PowerPoint, web-based/SaaS tools, and MS Outlook (email, calendar, etc.)

### **Required Experience / Education:**

- RN degree required.
- Coding certification required.
- Minimum of 5 years HEDIS abstraction experience.
- Minimum of 5 years Risk Adjustment coding experience.
- Minimum of 3 years of experience managing HEDIS abstraction in a health plan or medical record review vendor setting.
- Experience in developing and updating training materials and implanting training programs.
- Experience in preparing for and participating in HEDIS Medical Record Review Validation audits.
- Customer service experience a plus.

Interested Candidates should send a resume to: [rita.young@healthdatavision.com](mailto:rita.young@healthdatavision.com)

All qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, disability or protected veteran status, other protected status, or any other characteristic protected by local, state or federal laws, rules or regulations.