

Jordan Rivera, CPC, CRC

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Professional Summary

CPC- and CRC-certified risk adjustment coder and coding quality auditor with 12 years of experience in ICD-10-CM, CPT, and HCPCS Level II coding, including 9 years focused on HCC risk adjustment for Medicare Advantage and ACA populations. Maintain 97%+ accuracy on internal and external audits while auditing and mentoring coding teams. Skilled in CMS-HCC V24 and V28 models, MEAT/TAMPER documentation validation, RADV audit support, retrospective and prospective chart review, and provider education that improves documentation quality and RAF accuracy.

Core Skills

- ICD-10-CM, CPT, and HCPCS Level II coding; ICD-10-CM Official Guidelines for Coding and Reporting
- HCC / risk adjustment coding; CMS-HCC V24 and V28 models; RAF score accuracy; RxHCC and HHS-HCC (ACA)
- MEAT / TAMPER documentation criteria; retrospective and prospective chart review; coding quality audits
- RADV audit preparation; coding compliance; HIPAA; payer guidelines; compliant provider queries
- Provider education and CDI collaboration; coder training and mentoring; audit feedback and trend reporting
- EHR systems: Epic, Cerner, eClinicalWorks; 3M encoder; Optum EncoderPro; Microsoft Excel (pivot tables)

Certifications

- **Certified Risk Adjustment Coder (CRC)** – AAPC, 2017
- **Certified Professional Coder (CPC)** – AAPC, 2014

Professional Experience

Risk Adjustment Auditor / Coding Quality Auditor

Lakeview Health Partners – Princeton, NJ | March 2022 – Present

- Audit 250+ risk adjustment charts per month for a team of 14 coders, maintaining 98% personal audit accuracy.
- Validate HCC diagnoses against MEAT criteria and CMS-HCC V28 guidelines across retrospective and prospective reviews.
- Delivered targeted feedback and monthly trend reports that helped raise team accuracy from 94% to 97% within 12 months.
- Lead RADV audit preparation, locating supporting documentation for sampled members within a 5-day turnaround.
- Developed V24-to-V28 transition training for coders and 40+ providers on documenting chronic conditions.

Senior HCC Coder

Lakeview Health Partners – Princeton, NJ | June 2019 – March 2022

- Coded 25–30 Medicare Advantage charts per day in Epic with 97% accuracy on quarterly quality audits.
- Identified unsupported and missed HCCs during retrospective reviews, supporting accurate RAF scores.
- Submitted compliant provider queries for unclear or conflicting documentation, with a 90% query response rate.
- Trained and mentored 6 new coders on HCC guidelines, MEAT/TAMPER criteria, and productivity standards.

HCC Coder

Garden State Medical Group – New Brunswick, NJ | August 2017 – June 2019

- Performed prospective chart review for annual wellness visits, flagging suspected HCCs for provider follow-up.
- Coded 20–25 risk adjustment encounters per day in Cerner with 96% accuracy on internal audits.
- Partnered with CDI specialists on quarterly provider education sessions covering diabetes, CHF, and CKD documentation.
- Tracked open HCC suspects and recapture rates in Excel, reporting monthly results to the risk adjustment manager.

Medical Coder

Garden State Medical Group – New Brunswick, NJ | May 2014 – August 2017

- Assigned ICD-10-CM, CPT, and HCPCS Level II codes for 60+ primary care and cardiology encounters per day.
- Reduced coding-related claim denials by 18% by correcting modifier and diagnosis-linking errors pre-billing.
- Completed the ICD-9 to ICD-10-CM transition, coding in eClinicalWorks while maintaining 95% accuracy.

Additional Experience

Medical Billing Specialist – Riverbend Family Practice | 2012 – 2014

Patient Access Representative – Shoreline Community Hospital | 2010 – 2012

Education

A.A.S., Health Information Technology – Shore Point Community College | 2013

Medical Coding Certificate – Shore Point Community College | 2014

Professional Development

- AAPC member since 2014; Central New Jersey local chapter member and former chapter education officer.
- Maintain required CEUs annually; recent topics: CMS-HCC V28, ICD-10-CM updates, RADV readiness.