

## UW HEALTH JOB DESCRIPTION

### CLINICAL DENIAL MANAGEMENT COORDINATOR

<b>Job Code:</b> 300037	<b>FLSA Status:</b> Non-Exempt	<b>Mgt. Approval:</b> D. Christiansen	<b>Date:</b> December 2023
<b>Department:</b> Rev Cycle – Clinical Denial Management		<b>HR Approval:</b> B. Haak	<b>Date:</b> December 2023

#### JOB SUMMARY

The Clinical Denial Management Coordinator is responsible for providing administrative assistance to the Clinical Denial Management team. The Coordinator supports the team's key processes by maintaining resource documents and spreadsheets and performing various tasks as delegated by the Denial Management RNs, Clinical Denial Specialists, and Revenue Integrity Auditor. This person assists the team in identifying and implementing process improvement opportunities related to clinical denial management.

The incumbent helps with monitoring authorization, notification, and medical necessity denials and appeals submitted by the Clinical Denial Management team. The incumbent maintains an accurate list of how to submit appeals and appeal timeframes for various payers and submits and tracks appeals until final resolution. This person assists in reviewing contract language to determine whether the insurance company's reimbursement policy conflicts with UW Health's contract with the payer.

The Coordinator acts as a resource for staff questions related to claim denial rationale and timely filing. This person will escalate issues to management if deadlines are missed, payer responses are not received, or process gaps are identified.

#### MAJOR RESPONSIBILITIES

- Performs intake of audit adjustment requests and assists with triaging adjustment requests and claim denials to ensure they are routed to the appropriate staff.
- Coordinates timely processing of all appeals at all levels.
- Prepares Excel spreadsheets from payer/auditing firm charge adjustment disputes for Revenue Integrity Auditor.
- Submits appeals, assists with contacting payers for appeal status, monitors claim activity for appeal outcomes, and performs data entry related to appeal activities.
- Assists with development and maintenance of Job Aids and procedural documentation.
- Reviews key processes to identify opportunities for improvement within UW Health and payers.
- Responds to all internal and external requests for information, data, and/or education specific to itemized bill disputes, payer audits, authorization or notification denials, and medical necessity denials.
- Scans and maintains documentation as needed.
- Assists with identifying and resolving system and payer issues that result in payment delays, incorrect payments.
- Serves as a liaison with other UW Health departments, third party payers, and other parties in a problem solving or information capacity.
- Assists with audits involving any third-party commercial payers.
- Participates in payer meetings to discuss appeal progress and assists with identifying trends with payer processing appeals to resolve cases.
- Assists with enforcing UW Health audit policies including pre-payment requirements and communicates the requirements to audit review company representatives.
- Provides information to outside auditors about UW Health charging practices, coding and documentation conventions, as well as billing policies and procedures.
- Assists with analyzing data from adjustment requests, pre-claim denials, and claim denials to identify recurring problems.
- Provides helpful assistance in anticipating and responding to the needs of the Denial Management team.
- Collaborates with various stakeholders in planning and decision making to result in optimal solutions.

**ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.**

#### JOB REQUIREMENTS

Education	Minimum	High School Diploma or equivalent
	Preferred	Associate's Degree in Business, Legal Studies, Communications, Healthcare or related field
Work Experience	Minimum	Two (2) years of experience within healthcare revenue cycle or other healthcare field performing any variety of organizational, administrative, or process improvement functions.
	Preferred	<ul style="list-style-type: none"> <li>• Three (3) years' experience within healthcare revenue cycle or other healthcare field performing any variety of organizational, administrative, or process improvement functions.</li> <li>• Epic Resolute experience</li> </ul>

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		<ul style="list-style-type: none"> <li>Experience in billing, reimbursement, compliance, coding, insurance denials, hospital case management</li> </ul>
Licenses & Certifications	Minimum	
	Preferred	
Required Skills, Knowledge, and Abilities		<ul style="list-style-type: none"> <li>Excellent oral and written communication skills.</li> <li>Establish and maintain professional and cooperative relationships.</li> <li>Efficient and effective analytical skills.</li> <li>Ability to research regulatory requirements.</li> <li>Effective human relations abilities.</li> <li>Proficiency with Microsoft applications (Word, Excel, PowerPoint) and other applicable software and data base management applications.</li> <li>Effective problem-solving abilities.</li> <li>Strong ability to effectively collaborative alliances and promote teamwork.</li> <li>Previous experience with Epic EMR</li> <li>Ability to stay calm under pressure and deal effectively with difficult people.</li> </ul>

### PHYSICAL REQUIREMENTS

**Indicate the appropriate physical requirements of this job in the course of a shift.** *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

Physical Demand Level		Occasional Up to 33% of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time
<b>X</b>	<b>Sedentary:</b> Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	<b>Up to 10#</b>	<b>Negligible</b>	<b>Negligible</b>
	<b>Light:</b> Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.	<b>Up to 20#</b>	<b>Up to 10#</b> or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	<b>Negligible</b> or constant push/pull of items of negligible weight
	<b>Medium:</b> Ability to lift up to 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.	<b>20-50#</b>	<b>10-25#</b>	<b>Negligible-10#</b>
	<b>Heavy:</b> Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	<b>50-100#</b>	<b>25-50#</b>	<b>10-20#</b>
	<b>Very Heavy:</b> Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	<b>Over 100#</b>	<b>Over 50#</b>	<b>Over 20#</b>
List any other physical requirements or bona fide occupational qualifications:				

**Note:** The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.