

## UW HEALTH JOB DESCRIPTION

### CLINICAL DOCUMENTATION QUALITY and Denial Specialist

<b>Job Code: 300036</b>	<b>FLSA Status: Exempt</b>	<b>Mgt. Approval: M. Dagenais</b>	<b>Date: December 2019</b>
<b>Department: Coding and CDI</b>		<b>HR Approval: J. Theisen</b>	<b>Date: December 2019</b>

#### JOB SUMMARY

Under the supervision of the CDI Manager, the Clinical Documentation Quality and Denial Specialist (CDQDS) will be responsible for facilitating improvement in the overall quality, completeness and accuracy of medical record documentation to ensure it appropriately reflects the severity of the patient's illness and patient safety related conditions. CDQDS promotes appropriate clinical documentation through ongoing interaction with physicians, advanced practice providers, nursing staff, other patient caregivers, and Coding and Clinical Documentation Integrity (CDI) staff in order to create a mutual understanding at all levels within the organization of the many uses for the medical record documentation and quality measures.

The CDQDS is responsible for coordination of case reviews, data collection and entry, data analysis, report preparation, presentation of data and data sharing for process improvement initiatives. The individual is responsible for the technical as well as the methodological support of the quality workqueue and reports.

The CDQDS reviews and provides clinical validation and evidence-based determinations regarding the appealing or accepting of denials. This individual will be responsible for identifying denial avoidance process improvements by tracking outcomes, identifying trends, sharing results, and presenting strategies and educational support for the CDI and Coding Departments.

The CDQDS will be responsible for environmental scanning, understanding the detailed specifications and keeping current with regulations and accreditation requirements on government programs using quality measures as well as specifications from other external agencies that share UW Health data. This individual will be responsible for benchmarking and improving clinical documentation impacting quality measurement and the organization's financial performance and reputation.

S/he actively participates, contributes and provides leadership to the organization, department and team with learning opportunities, and takes the initiative to identify knowledge gaps and actively works to build knowledge in others. The individual will demonstrate expertise with subject matter and have required knowledge of UW-Health, its sub-groupings of medical services, clinical quality improvement practices and internal electronic patient information sources.

#### MAJOR RESPONSIBILITIES

##### **Collaborate and Educate across the Organization**

- Understand and educate to all levels of the organization on clinical documentation and coding that impact quality measures.
- Establish documentation guidelines to assure accurate coding of cases that impact important organizational and external quality measures such as Hospital Acquired Conditions, Patient Safety Indicators (adult and pediatric), mortality, core measures and risk adjustment as appropriate.
- Conduct clinical chart reviews on focused topics
- Meet with physician leaders/ departments/ committees to share and present performance data and recommendations
- Have organizational awareness to appropriately align work across the system.
- Effectively use clinical knowledge management, the electronic medical record functionality and technology to streamline and support clinicians in their clinical documentation.

##### **Complete environmental scanning to**

- Benchmark and compare across external reporting agencies providing leadership with a reason and a comprehensive approach for change.
- Review and improve important organizational quality measures
- Maintain awareness of changes in government programs and other external reporting agencies and their impact on the quality measures
- Respond to UW Health performance on quality measures in order to position UW Health among the top 10% of health systems nationwide.

##### **Data and Project Management**

- Review charts focused on quality measures using the CDI process – abstract, clinically validate, clarify, query
- Utilize clinical and CDI background to facilitate clarification of inpatient documentation
- Review records to identify unclear or inconsistent documentation, severity, accuracy and quality issues.
- Perform second level review of coding CDI as assigned for purposes of data metrics
- Develop and execute queries using standard query tools.
- Manages data standardization and data integrity by insuring accuracy, completeness, consistency, validity and timeliness
- Document and track data specifications. Identify and interface with internal and external individuals and groups to manage data

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definitions, collection, analysis and transfer.

- Adhere to legal regulations and institutional policy re: data privacy.
- Participate in manual data collection via chart review, observations, interview, and other required methods to achieve health care quality measurement and improvement goals.
- Consults with others, as needed, to validate quality of care issues and to determine appropriate standards of practice.
- Assists with coding and documentation consulting projects across the institution.

### DRG Clinical Documentation and Validation Denial Management

- Completes clinical review of appropriate post-claim coding denials; prepares clinical discussion and appeal letters for appeal of appropriate patient accounts.
- Construct Appeal letters-for denied claims with clinically validated supporting documentation and evidence-based research
- Work to minimize denials by identifying trends and root causes of claim denials, recommending process improvements, educating groups and individuals within Coding and CDI
- Develops and administers clinical appeal guidelines including standardized templates
- As tools and processes are created, the position will be responsible for maintaining them and ensuring that they stay consistent with current guidelines, policies, practices, and research.
- Process implementation and design for an interdisciplinary team approach to denial claims management and response.
- Present cases and participate in their discussion at claim committee meetings to address discrepancies as well as develop tools and processes to improve performance as needed.
- Maintains knowledge of federal, state and other regulatory agency rules and regulations
- Oversees collection and utilization of operational and benchmarking data to recommend and set targets for improvements; researches industry best practices and recommends process improvements to leadership.

### Other duties as assigned

**All duties and requirements must be performed consistent with the UW-Health Organizational Performance Standards.**

### JOB REQUIREMENTS

Education	Minimum	Bachelor's degree in Nursing
	Preferred	Master's degree in Nursing
Work Experience	Minimum	1. One (1) year of CDI experience
	Preferred	1. Three (3) years of CDI experience in an AMC 2. Experience with CDI quality improvement projects
Licenses & Certifications	Minimum	Licensed as a Registered Nurse in the State of Wisconsin or equivalency.
	Preferred	Certified Clinical Documentation Specialist (CCDS)
Required Skills, Knowledge, and Abilities		<ol style="list-style-type: none"> <li>1. Clinical background and knowledge necessary to interpret/analyze patient outcomes.</li> <li>2. Knowledge of current coding guidelines and methodologies, MS-DRG, APR-DRG, HCCs; ICD-10-CM/PCS coding guidelines and conventions</li> <li>3. Experience with a healthcare software system including EMR (clinical and financial)</li> <li>4. Superior attention to detail with excellent verbal and written communication</li> <li>5. Excellent critical thinking and problem-solving skills</li> <li>6. Ability to work independently and be result oriented.</li> <li>7. Capable of interacting with all levels of staff.</li> <li>8. Strong ability to track data, analyze and interpret numbers, and make recommendations based on data synthesis in a clear and logical representation to leadership and peers.</li> <li>9. Ability to maintain confidentiality of sensitive information.</li> <li>10. Ability to independently handle multiple ongoing or recurrent tasks.</li> <li>11. Ability to work well under tight timelines.</li> <li>12. Ability to work as part of an interdisciplinary team serving multiple customers.</li> <li>13. Excellent analytic skills and knowledge of data analysis using spreadsheets and software</li> <li>14. Ability to lead organizational culture change</li> <li>15. Ability to collaborate across departments and disciplines</li> <li>16. Ability to provide ongoing departmental training and support.</li> </ol>

### AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

**Instructions:** Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

	Infants (Birth – 11 months)	<input checked="" type="checkbox"/>	Adolescent (13 – 19 years)
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	Toddlers (1 – 3 years)	<b>X</b>	Young Adult (20 – 40 years)
	Preschool (4 – 5 years)	<b>X</b>	Middle Adult (41 – 65 years)
	School Age (6 – 12 years)	<b>X</b>	Older Adult (Over 65 years)
<b>JOB FUNCTIONS</b>			
Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.			
<b>PHYSICAL REQUIREMENTS</b>			
Indicate the appropriate physical requirements of this job in the course of a shift. <i>Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.</i>			
<b>Physical Demand Level</b>	<b>Occasional</b> Up to 33% of the time	<b>Frequent</b> 34%-66% of the time	<b>Constant</b> 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 docket, 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.