UW HEALTH JOB DESCRIPTION

SENIOR COMPLIANCE ANALYST						
Job Code: 310051	FLSA Status: Exempt	Mgt. Approval: M. Waldo	Date: November 2022			
Department: Bus Integ - Compliance Professional Services		HR Approval: S. Whitlock	Date: November 2022			

JOB SUMMARY

The Senior Compliance Analyst is responsible for auditing the facility and professional coding and billing of UW Health to ensure compliance with governmental and third-party payer regulations, including comprehensive auditing of high-risk areas that are identified through a detailed risk analysis process and leading projects to address systemic issues related to compliance. The Senior Compliance Analyst also responds to external audits that UW Health receives from the Office of Inspector General, Medicare, Medicaid and other external auditors. This position collaborates with physicians and internal staff in development of improved capabilities in the areas of documentation, coding and compliance while promoting Compliance initiatives with clinical faculty and administration. The Senior Compliance Analyst is responsible for auditing UW Health professional coding staff and provides consultation for the Coding Quality Analysts within Revenue Cycle to ensure consistent application of the official coding guidelines. The Senior Compliance Analyst interacts with our joint ventures to ensure compliance with their unique regulations through auditing and guidance. This position is involved in researching and responding to internal reports of potential compliance violations.

MAJOR RESPONSIBILITIES

- Perform audits and provide guidance on both professional and facility related documentation and billing issues within UW Health and for Affiliates and Joint Ventures Respond to external audits by reviewing findings and providing detailed verbal and written communications to third party payers.
- Respond to and lead improvement projects to address internal complex issues identified during Compliance Analyst
 audits.
- Act as resource for Coding Quality Analysts to help address specialty specific complex coding and billing questions and workflows.
- Interact with key stakeholders in Revenue Cycle, HIM, Risk Management, Quality, Legal and others when addressing compliance with state and federal regulations.
- Responsible for compliance audits of professional coding staff across multiple specialties.
- Responsible for compliance audits of billing providers within UW Health including joint ventures and affiliates across
 multiple specialties. Obtain and review medical records and other documentation to audit and ensure compliance.
- Identify coding and billing risk areas, conduct focused reviews and implement corrective action as needed. Ensure
 accurate coding by utilizing official coding resources, Medicare and Medicaid manuals and policies and third-party payer
 resources.
- Meet with the individual physicians, coders, and departments to present findings. Educate providers regarding
 compliance with the Center for Medicare and Medicaid guidelines as they pertain to an academic medical center, fraud
 and abuse guidelines as well as official coding rules.
- Review internal controls, policies and procedures to ensure compliance with appropriate University, State and Federal guidelines and policies, sound business and finance practices, and overall clinical goals and objectives.
- Interpret applicable laws and regulations concerning Compliance, Fraud and Abuse (e.g. Conditions of Participation, Conditions for Payment, Medicare/Medicaid billing, etc.) and educate appropriate personnel.
- Respond promptly to external and internal concerns; implement corrective actions as appropriate. Communicate with Medicare/Medicaid Carriers and third-party payers regarding policies and procedures.
- Perform continuous evaluation of the audit program including, but not limited to recommending changes or improvement to achieve audit efficiencies and recommending and developing standards to be utilized in the audit process.

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

Education Minimum High School diploma or equivalent and graduate of a Medical Coding Program. Two (2) years of Coding experience may be considered in lieu of the medical coding program in addition to the experience below. Preferred Preferred Minimum Five (5) years of related coding or auditing experience in a health care setting Experience with third-party reimbursement and billing systems

	Preferred	 Seven (7) years multi-specialty physician/hospital coding and/or auditing experience in an academic medical center Experience interacting with physicians/hospital staff regarding compliance requirements 				
Licenses & Certifications	Minimum	Certified Professional Coder (CPC), Certified Coding Specialist (CCS), Certified Inpatient Coder (CIC), Certified Outpatient Coder (COC), or Certified Professional Medical Auditor (CPMA)				
	Preferred	(GI WIN)				
Required Skills, Knowledge	e, and Abilities	records In depth known professiona Self-motivat Able to mak Strong abilit Capable of Ability to an Strong work Excellent with	•	g and Clinical Documental diagnostic coding for bound of the diagnostic coding and diagnostic coding and diagnostic coding codina coding codina coding codina coding coding codina coding codin	ation Guidelines oth facility and e projects to execution d regulations	
ndicate the appropriat e made available for indiv					le accommodations may	
Physical Demand Leve		ilies to perioriti tile e	Occasional Up to 33% of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time	
X Sedentary: 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.			Up to 10#	Negligible	Negligible	
Light: 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.			Up to 20#	Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	Negligible or constant push/pull of items of negligible weight	
Medium: Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.		20-50#	10-25#	Negligible-10#		
Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.			50-100#	25-50#	10-20#	
Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.			Over 100#	Over 50#	Over 20#	
ist any other physical reccupational qualification	equirements or b		findings and attend n	hobility to retrieve infor neetings/conferences; ushing, and reaching b	duties may require	
			Work/Environmental: Moderate noise level consistent with an office environment; iinvolves travel within the medical center or			

clinics, statewide or nationally as required

Personal/Physiological: Frequent interaction with and working

around people, making judgements in emergency situations, directing the work of others, frequent changes in volume of work, intra-organizational and external communication and additional

education/seminars to keep abreast of current trends

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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.