

## UW HEALTH JOB DESCRIPTION

POSITION SPECIFICS		
<b>Title: Denial Management Coordinator</b>		<b>Department/Number: Access Services</b>
<b>Reports to: Director, Access Services</b>		
<b>Job Code: 300037</b>	<b>FLSA Status: Exempt</b>	
<b>Manager Approval: G.Murphy/D.Huibregtse Date: 9.2016</b>		<b>HR Approval: NNL Date: 9.2016</b>
POSITION SUMMARY		
<p>Under general direction, the project coordinator will provide ongoing clinical review and management of denied inpatient and outpatient claims. This position will also provide support as needed to Access Services staff and management.</p> <p>The incumbent will manage the current appeals process as it relates to Access Services and UW Health Patient Business Offices. The coordinator will review all referred accounts to determine categorization, level of appeal, and process steps. He/she will provide oversight/assistance for the nurses initiating appeals, and personally handle complex appeal responses. This position will provide monthly updates to the Director of Access Services and Revenue Cycle leadership on the current status of appealed claims. He/she will assist in the development of a reimbursement error prevention program with the aim of decreasing the number of denied claims. The Denial Management coordinator will work closely with representatives in UW Health Patient Business Offices. Given the wide range of staff involved in the denial process, the incumbent must be able to work collegially and respond efficiently and effectively. This position will provide training as needed to the Prior Authorization Denial subgroup who will be initiating appeals on behalf of UW Health. The incumbent will develop training materials, develop and implement quality assurance processes and serve as a resource to staff. This person will identify areas for improvement with regard to department policies and procedures and develop plans for improving issues identified.</p>		
MAJOR RESPONSIBILITIES		
<ol style="list-style-type: none"> <li>1. Reviews all denial accounts for categorization, level of appeal, special requirements for initiating appeals.</li> <li>2. Maintains a clinical appeal process for all inpatient denials assuring that proper documentation is provided to support appeals of unauthorized inpatient days or days denied for lack of documentation.</li> <li>3. Maintains a clinical appeal process for outpatient denials, i.e., outpatient prior authorization denials, radiology denials, HMO denials for specialty care where a referral was not obtained and clinical documentation is required.</li> <li>4. Utilizes denial reports to assess root causes and identify trends. Share findings with stakeholders.</li> <li>5. Leads a Denial Management Stakeholders team; monitoring identified issues and progress.</li> <li>6. Work with highest level of appeal cases; Refer appropriate cases to Physician Advisors and fiscal attorney consultants, and works closely with them on development of second level appeals</li> <li>7. Coordinates all second level appeals that cannot be referred to attorney consultants.</li> <li>8. Coordinates timely processing of all appeals at all levels, i.e., initial appeals, second level response, progress reports.</li> <li>9. Uses InterQual criteria to initiate appeals for patient class related denials.</li> </ol> <p><b>Customer Service:</b></p> <ol style="list-style-type: none"> <li>1. Support co-workers and engage in positive interactions.</li> <li>2. Communicates in a manner consistent with positive patient relations and prompt and accurate reimbursement.</li> <li>3. Demonstrates friendliness by smiling and making eye contact when greeting all customers.</li> <li>4. Provides helpful assistance in anticipating and responding to the needs of our customers.</li> <li>5. Collaborates with customers in planning and decision making to result in optimal solutions.</li> <li>6. Ability to stay calm under pressure and deal effectively with difficult people</li> </ol> <p><b>All duties and requirements must be performed consistent with the UW Health Service and Performance Standards.</b></p>		
POSITION REQUIREMENTS		
Education	Minimum	Graduate of an accredited school of nursing
	Preferred	BSN
Work Experience	Minimum	3 years of relevant experience in denial management, case or utilization

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Licenses & Certifications		management
	Preferred	2 years clinical nursing experience
	Minimum	RN Licensure in State where employed CPR certification
Required Skills, Knowledge, and Abilities	Preferred	
		<ul style="list-style-type: none"> <li>○ Windows application and Microsoft Access Database knowledge</li> <li>○ Excellent verbal and written communication skills</li> <li>○ Self-motivation, initiative, and decision making skills</li> <li>○ Effective interpersonal skills which foster a team approach to problem solving and ensure high degree of customer satisfaction</li> <li>○ Ability to act professionally, independently and efficiently</li> <li>○ Demonstration of service excellence and the ability to incorporate the mission and core values into daily activities</li> <li>○ High energy, flexible, optimistic, attitude with ability to handle multiple demands</li> <li>○ Knowledge of third-party payer reimbursement and denial management.</li> <li>○ Experience in applying and utilizing InterQual criteria in appealing reimbursement denials.</li> <li>○ Experience with a healthcare software system including EMR (clinical and financial) is highly desired</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:		•		

**Work/Environmental:** Moderate noise level consistent with an office environment.

**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.

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