Mission Statement: *"Our goal is to provide education and process development to enhance communication and understanding among all individuals involved in the documentation and coding of the health record to ensure the clinical reliability and integrity of the health care data."*

Title: Risk Adjustment Clinical Analyst   **Date Established: December 2017**

Reports To: Operations Manager, Population Health CDI

Revised Date: August 2018/October 2019

JOB SUMMARY:

EXAMPLE: The Risk Adjustment Clinical Analyst is responsible for medical record documentation analysis and identifying HCC documentation/coding opportunities and compliance risks based on the Official Guidelines for Coding and Reporting, AHA Coding Clinics, disease process, procedure recognition and clinical knowledge. Demonstrates extensive knowledge of clinical documentation requirements based on coding guidelines that are consistent with both ICD-9 and ICD-10 documentation standards, along with HCC and Risk Adjustment criteria. Demonstrates actions consistent with Enjoin's expectations as duties are performed on a daily basis.

ESSENTIAL FUNCTIONS:

1. Review charts and identifies diagnoses that meet Risk Adjustment criteria for CMS HCC (Medicare Advantage, ACOs and Alternative Payment Models) and HHS-HCC for ACA Marketplace Exchange, identifies documentation opportunities and/or coding compliance issues related to HCC/risk adjustment.

2. Review of potential coding recommendations and physician query opportunities of selected cases with an Enjoin physician(s).

3. Documents chart review findings and audit details into designated Population Health database.

4. Maintains high quality data entry and accuracy. Manages data completely and timely upon completion of each member review.

5. Prepares and composes all recommendations, including open conditions, proposed conditions, coding errors, "FYI" and queries for each member review. All queries are written in the Enjoin approved format.

6. Chart review production is expected to average no less than 4 members per hour.

7. Enjoin's Population Health CDI has a robust quality assurance program requiring CDI Consultants/Auditors to meet 95%, which includes coding, database entry and query writing accuracy.

8. Participate in ongoing refinement of the Population Health CDI assessment and implementation methodology and approach. This includes the following items; development of deliverable templates, workflows, training manuals/content, integration with technology, other on an as needed basis.

9. Maintains Enjoin's HIPAA confidentiality and Corporate Compliance standards.

10. Maintains current knowledge of ICD-9-CM and ICD-10-CM, CMS-HCC methodology, AHA Coding Clinic, and Medicare regulations.

11. Maintains IT access at all client sites that have been assigned by ensuring that log on and passwords have not expired.

12. Assure the accuracy of data, work, or information and contribute ideas and suggestions to improve approaches, methodologies, and productivity.

13. Adheres to a personal plan of professional development and growth through professional affiliations, activities and continuing education.

14. Other duties as assigned.

HOME OFFICE REQUIREMENTS:

- Must have a quiet and secure space when reviewing protected health information (PHI).
- Computer with high speed internet connection.
- Telephone and printer/fax/scanner.
- Company will provide access to TruCode encoder system and necessary resources to perform job duties.

EDUCATION, TRAINING, AND EXPERIENCE:

- Coding certification from AHIMA and/or AAPC; Must hold CRC certification and at least one of the following certifications: CCS, CCS-P or CPC.
- CCDS, CDIP and/or CDEO certification preferred.
- Graduate of an accredited Health Information Technology or Administration program preferred with AHIMA credential of RHIT or RHIA and/or graduate of an accredited program of nursing preferred with a minimum of 5 years of healthcare nursing experience in various clinical areas.
- Minimum of 2 years of HCC Risk Adjustment coding and/or auditing experience and 5 years coding and /or auditing experience in a hospital or provider practice setting in a large health system required. Consulting experience preferred.
- Individual must be proficient in risk adjustment models (HCC, HHS-ACA, CDPS), APCs, ICD-9 codes and ICD-10 codes coding guidelines and applicable coding clinics.
- Direct experience working as a Clinical Documentation Specialist or in development of CDI program in the acute care and/or ambulatory setting and understanding of CDI program infrastructure, workflow and reporting/metrics, is a plus.
- Experience working remotely required.
- Experience with electronic health records (i.e., Cerner, Meditech, Epic, ECW, etc.) required.
- Excellent oral and written communication skills required.
- Must demonstrate analytical ability, initiative, and resourcefulness.
- Ability to work independently required.
- Excellent planning and organizational skills required.
- Teamwork and flexibility required.
- Be proficient in Microsoft Office Word and Excel

Employee Name:_____

Signature:_____

Date:_____