



**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:** VP, Workforce Solutions

**Revised Date:** August 2021

#### **JOB SUMMARY:**

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:**

- 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.
- Verbal review of all potential coding recommendations and physician query opportunities with Enjoin Physician(s) via telephone call prior to submitting findings to the client when indicated.
- Documents chart review findings and audit details into designated tracking tool.
- Maintains high quality data entry and accuracy. Manages data completely and timely upon completion of each member review.
- 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.
- Chart review production is expected to average no less than 4 members per hour.
- Enjoin clients expect us to be experts in our areas of expertise. Enjoin Ambulatory CDI has a robust quality assurance program requiring CDI Consultants/Auditors to meet 95% coding and query writing accuracy.
- Participate in ongoing refinement of Ambulatory CDI assessment and implementation methodology and approach, including development of deliverable templates, workflows, training manuals/content; integration with technology; other on an as needed basis.
- Maintains Enjoin’s HIPAA confidentiality and Corporate Compliance standards.
- Maintains current knowledge of ICD-9-CM and ICD-10-CM / PCS code changes, CMS HCC methodology, AHA Coding Clinic, and Medicare regulations.

- Maintains IT access at all client sites that have been assigned by ensuring that log on and passwords have not expired.
- Adheres to a personal plan of professional development and growth through professional affiliations, activities, and continuing education.
- Other duties as assigned.

#### **COMPANY EXPECTATIONS/GOALS:**

- Complete mandatory annual HIPAA and Compliance Training in a timely manner
- Maintain confidentiality in all matters to include patient care, physician, and employee matters
- Maintain accurate and reliable organizational records
- Maintain professional relationships with appropriate officials; communicate honestly and completely; behave in a fair and nondiscriminatory manner in all professional contacts
- Assure the accuracy of data, work, or information and contribute ideas and suggestions to improve approaches, methodologies, and productivity.
- Maintain professional relationship with clients focusing on high level of client satisfaction
- Adhere to a personal plan of professional development and growth through professional affiliations, activities, and continuing education
- Support overall strategic goals of the company

#### **HOME OFFICE REQUIREMENTS:**

- Must have a dedicated secure workspace to ensure adherence to HIPAA Privacy and Security policies and procedures when viewing protected health information (PHI)
- Computer with high-speed internet connection
- Telephone and printer/fax/scanner
- Company will provide laptop and access to necessary resources to perform job duties

#### **EDUCATION, TRAINING, 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 or willing to obtain certification within first 12 months of employment.
- 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 preferred.
- Experience with electronic health records (i.e., Cerner, Meditech, Epic, ECW, etc.) required.

- Excellent oral and written communication skills required.

**PHYSICAL DEMANDS:**

- This is a full-time position, and general hours of work and days are Monday through Friday, 8:00 a.m. to 5 p.m. This position regularly requires long hours and frequent weekend work.
- Overall physical workload is light. Ability to communicate both orally and in writing. Moving about in excess of 70% of the day in order to carry out duties in a fast-paced environment. Sometimes work is generally sedentary requiring long periods at workstation.
- Travel is required when necessary.