



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.”

Job Title: Clinical Denials Specialist

Date Established: January 1, 2021

Reports To: Manager, Clinical Denial Solutions

Revised Date:

JOB SUMMARY:

Under the general supervision of the Manager, Clinical Denial Solutions, the Clinical Denial Specialist performs advanced level work related to clinical denial management. The individual is responsible for managing medical denials by conducting a comprehensive review of clinical documentation. The Clinical Denial Specialist will write compelling arguments based on the clinical documentation and the medical policies of the payor and submit the appeal to the Enjoin customer in a timely manner. The Clinical Denial Specialist will also handle audit-related / compliance responsibilities and other administrative duties as required.

ESSENTIAL FUNCTIONS:

- Responsible for following the Enjoin policy and procedure on denial assistance for clients.
- Responsible for review and appeal, if warranted, of payer denial on any chart that was reviewed by Enjoin in the MS DRG Assurance Program.
- Prepares and processes appeals on denied accounts provided by the client in a timely manner. This includes a review of the denial letter and patient health record, verbal case discussion with an Enjoin physician and written communication as outlined in the policy and procedure.
- Responsible for MS DRG Denial Tracker database including data entry, report management, and defining revisions to improve processes.
- Responsible for reviewing, monitoring, and analyzing denials management reports on a monthly basis to identify trends for internal and client education.
- Functions as a liaison to facilitate the audit process as needed through written and verbal communication.
- Provides input and recommendations to management team for process improvement.
- Serves as a Clinical Coding Analyst as needed. Reviews the electronic health record to identify both revenue opportunities and potential coding compliance issues based on ICD-9-CM / ICD-10-CM coding rules, AHA Coding Clinics, and clinical knowledge.
- Responsible for daily pre-bill chart reviews and communication to that client(s) within a 24 hour time frame.
- Utilize critical thinking, analytical as well as advanced conflict resolution and negotiation skills.
- Responsible for other duties as assigned or requested.
- Maintains IT access at all client sites that have been assigned by ensuring that log on and

passwords have not expired.

- Maintain current knowledge of ICD-9-CM and ICD-10-CM / PCS code changes, AHA Coding Clinic, and Medicare regulations related to regulatory guidelines.
- Maintains Enjoin HIPAA and confidentiality standards

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 with necessary resources to perform job duties.

EDUCATION, TRAINING, AND EXPERIENCE:

- AHIMA coding credential of CCS or CDIP or ACDIS credential of CCDS is required.
- Graduate of an accredited Health Information Technology or Administration program preferred with AHIMA credential of RHIT or RHIA.
- Minimum of 7 to 10 years of acute inpatient hospital coding and/or auditing experience in a large tertiary hospital required. Consulting experience preferred.
- Experience with CDI (Clinical Documentation Improvement) programs preferred.
- AHIMA Approved ICD-10 CM/PCS Trainer preferred. Basic knowledge of ICD-10CM/PCS required.
- Experience with electronic health records (i.e., Cerner, Meditech, Epic, etc.) required.
- Experience working remotely 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 programs.