

UW HEALTH JOB DESCRIPTION

DENIAL MANAGEMENT NURSE

Job Code: 300110	FLSA Status: Exempt	Mgt. Approval: B.Borchert	Date: April 2024
Department: Revenue Cycle		HR Approval: B. Haak	Date: April 2024

JOB SUMMARY

The Denial Management Nurse is responsible for developing and implementing a centralized program to promote greater efficiency with completing, tracking and reporting clinical denial reviews to determine appropriate appeal of patient accounts. This individual combines clinical, business, and regulatory knowledge and skill to reduce significant financial risk and exposure caused by concurrent and retrospective denial of payments for rendered services. Through continuous assessments, problem identification, and education, this individual facilitates the quality of health care delivery in the most cost effective and efficient manner. This individual has highly developed knowledge and skills in areas of Medical Necessity, Patient Status Determination, Government and Commercial payor requirements, and Denial Management and Avoidance. Responsibilities include supporting the Denial Avoidance Program by ensuring there is accurate and concurrent clinical analysis of all pre- and post- claims denials within the UW Health system. This individual also provides clinical guidance and participates in the UW Health External Audit Committee by responding to requests for clinical consultation related to medical necessity denials, writing appeal letters, and other Recovery Audit activities. This individual participates in the UW Health Utilization Management Committee by providing analysis of utilization- and medical necessity-related denials.

The Denial Management Nurse is considered a clinical expert in Denial Management and Avoidance and ensures all denied claims are accurately worked from a clinical perspective, and appropriately appealed to secure maximum reimbursement and minimize organizational write-offs. The incumbent partners with other key stakeholders as appropriate to identify and implement opportunities for improvement in clinical denial avoidance and management by developing training, facilitating quality improvement initiatives, providing structure for additional orientation and competency development.

This individual will report to the Manager of Clinical Denials & Transplant Billing and will collaborate closely with leadership and staff within and outside of the revenue cycle team for the purpose of improving clinical, operational, and financial outcomes.

MAJOR RESPONSIBILITIES

- Completes clinical review of appropriate pre- and post-claim denials; prepares clinical discussion and appeal letters for appeal of appropriate patient accounts.
- Develops and administers clinical appeal guidelines; provides appeal direction using these guidelines to denial management staff. Provides clinical denial management consulting to physicians and other UW Health colleagues for appropriate patient accounts.
- Ensures compliance with all federal, state, and local regulations governing rendered patient services and reimbursement.
- Reviews and analyzes current audit information to educate colleagues both internal and external to the revenue cycle. Identifies, and initiates clinical quality improvement initiatives focused on improving both clinical quality indicators/outcomes and financial metrics.
- Responds to all internal and external requests for information, data, and/or education specific to clinical Denial Management.
- Collaborates with Revenue Cycle, Physicians, Admissions, Coding, and Coordinated Care staff to answer clinical questions specific to denial management. Seeks consultation from appropriate disciplines/departments as required to expedite clinical review of potential denials.
- Oversees collection and utilization of operational and benchmarking data to recommend and set targets for improvements; researches industry best practices and recommends process improvements to leadership.
- Evaluates reporting, statistics, and relevant surveys to assess departmental operational and fiscal performance. Participates in the review of program and workflow processes. Recommends and participates in the implementation of process improvements. Monitors and measures process changes.
- Develops, reviews, and recommends policies which support the direction of the Denial Management and Avoidance programs.
- Responsible for other miscellaneous duties as assigned.

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

JOB REQUIREMENTS

Education	Minimum	BSN Degree in Nursing or other relevant healthcare field
	Preferred	Master's Degree in Nursing or other relevant healthcare field
Work Experience	Minimum	Three (3) years' experience working within case management, utilization management or denial management
	Preferred	Experience with business letter writing, e.g., appeals.
Licenses & Certifications	Minimum	Licensed as a Registered Nurse (RN) in the State of WI or holds a license issued by a jurisdiction that has adopted the nurse licensure compact.
	Preferred	Certification in area of specialty or eligible for certification.

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Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> • Exceptional oral/written communication skills. • Ability to independently research issues and make effective recommendations using critical thinking skills. • Effective analytical ability to solve complex problems and issues. • Excellent customer service skills and ability to work with a diverse group of people. • Track record demonstrating ability to function independently and as a team member, and consistently deliver quality outcomes. • Excellent organizational skills and attention to detail. • Competent in MS Outlook, Word, Excel, and PowerPoint.
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AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

	Infants (Birth – 11 months)		Adolescent (13 – 19 years)
	Toddlers (1 – 3 years)	<input checked="" type="checkbox"/>	Young Adult (20 – 40 years)
	Preschool (4 – 5 years)	<input checked="" type="checkbox"/>	Middle Adult (41 – 65 years)
	School Age (6 – 12 years)	<input checked="" type="checkbox"/>	Older Adult (Over 65 years)

JOB FUNCTIONS

Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.

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
<input checked="" type="checkbox"/>	Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, 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 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.	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#
List any other physical requirements or bona fide occupational qualifications:				

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