BENTON COUNTY POSITION DESCRIPTION

<table>
<tr><th colspan="2">CLASSIFICATION</th><th colspan="2">BAND</th><th colspan="2">GRADE</th><th colspan="2">SUBGRADE</th><th>FLSA STATUS</th></tr>
<tr><td colspan="2">Business Analyst</td><td colspan="2">C</td><td colspan="2">4</td><td colspan="2">1</td><td>Non-Exempt</td></tr>
<tr><td>POSITION TITLE:</td><td colspan="3">Clinical Documentation Specialist</td><td colspan="2">POSITION#:</td><td colspan="3">501120</td></tr>
<tr><td colspan="2">☒New ☐Revised</td><td>Date:</td><td colspan="6">03/30/2026</td></tr>
<tr><td colspan="4">SERVICE TYPE:</td><td colspan="5">AFSCME</td></tr>
<tr><td>Employee Name:</td><td colspan="3"></td><td>Department:</td><td>Health Administration</td><td>Supervisor:</td><td colspan="2">Revenue Cycle & Data Services Manager</td></tr>
<tr><td>FTE:</td><td colspan="3">1.0</td><td colspan="2">Employment Status:</td><td colspan="3">Regular Full Time</td></tr>
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Position Summary:

The Clinical Documentation Improvement Specialist supports accurate, complete, specific, and compliant clinical documentation across Health Services. This position reviews clinical documentation and related coding outcomes to identify opportunities for improvement in chart clarity, completeness, and consistency. The role works collaboratively with providers, coding and billing staff, operational leaders, and external vendors to strengthen documentation practices that support accurate code assignment, regulatory compliance, UDS reporting, risk adjustment, quality reporting, and revenue integrity. This position serves as an internal resource for documentation improvement and provides education, feedback, and process support to promote documentation that accurately reflects the patient's condition, services provided, medical decision-making, and care outcomes.

Essential Duties:

No.	Major Functional Area (MFA)	% of Time
1	**MFA**: Clinical Documentation Review & Improvement **Essential Duties**: • Serve as a liaison between Health Services, internal teams, and external coding or documentation vendors related to documentation quality issues and trends.Conduct routine and targeted audits of coding completed by the external coding vendor and/or other coding staff. • Review clinical documentation for completeness, specificity, clarity, and consistency in support of accurate coding, billing, quality reporting, and regulatory compliance. • Identify documentation gaps, inconsistencies, missed specificity, and other opportunities for improvement in provider records. • Analyze clinical documentation in relation to ICD-10-CM, CPT, HCPCS, HCC/risk-adjustment concepts, FQHC billing requirements, and other applicable documentation and reimbursement standards. • Evaluate whether documentation appropriately supports diagnoses, procedures, services rendered, medical necessity, and other reportable elements. • Perform concurrent and retrospective documentation reviews as assigned to support complete and compliant records. • Work closely with coding, billing, and clinical operations staff to clarify documentation issues affecting coding accuracy, claims submission, UDS reporting, and other data reporting requirements. • Track findings and recommendations using established tools, workflows, and reporting processes. • Support timely follow-up on unresolved documentation questions and identified areas of concern.	45%
2	**MFA**: Provider Education, Query Support & Collaboration **Essential Duties**:	30%

	• Provide timely, respectful, and constructive feedback to providers regarding documentation improvement opportunities. • Develop and deliver education to providers, clinical staff, Client Service Representatives, and other relevant staff on documentation best practices, common error patterns, and requirements affecting coding, billing, quality measures, and compliance. • Draft or support compliant documentation clarification queries or communication processes consistent with organizational standards and applicable guidance. • Serve as a resource to providers and staff on documentation standards, terminology, medical necessity, specificity, and other issues that affect code capture and data integrity. • Collaborate with providers, managers, program leaders, quality staff, compliance staff, and revenue cycle staff to improve documentation workflows and reduce recurring documentation problems. • Support onboarding and ongoing training of providers and staff related to documentation expectations and organizational standards. • Help build positive working relationships with providers and staff to support continuous improvement and shared accountability for documentation quality.	
3	**MFA**: Documentation Quality Monitoring, Audit Support, EHR Workflow Coordination & Process Improvement **Essential Duties**: • Monitor and report documentation quality trends, error patterns, query activity, audit findings, and improvement opportunities to leadership. • Support coding audits, documentation reviews, compliance reviews, and internal quality improvement initiatives related to clinical documentation. • Assist in validating that documentation supports accurate coding and billing outcomes completed by internal staff and/or external coding vendors. • Collaborate with leadership and operational teams to improve documentation processes, workflows, tools, and standard work across Health Services. • Identify documentation-related workflow gaps, inefficiencies, and system needs within the EHR and recommend improvements that support accurate, complete, and efficient clinical documentation. • Coordinate and manage documentation-related workflow changes and EHR enhancement requests in partnership with the SOS team, operational leaders, and other impacted stakeholders. • Serve as a liaison between clinical operations, providers, revenue cycle, and the SOS team to facilitate communication, prioritization, testing, and implementation of documentation-related EHR changes. • Maintain current knowledge of documentation standards, coding guidelines, FQHC requirements, payer expectations, and regulatory changes affecting clinical documentation. • Participate in development and maintenance of internal guidance, educational materials, audit tools, and workflow resources related to documentation improvement. • Support organizational efforts related to UDS accuracy, compliance, quality reporting, revenue integrity, and data-driven improvement. • Maintain confidentiality and ensure handling of protected health information is consistent with HIPAA and organizational privacy standards.	25%
4	**MFA**: Other Duties As Assigned	
Percentages should total 100%		**100%**

Special Requirements:

Minnimum Qualifications:

- Bachelor's degree from an accredited college or university in related field and 1 year of experience in clinical documentation improvement, medical coding, medical auditing, health information management, revenue cycle, quality review, or a closely related healthcare role required . An equivalent combination of education and experience may be considered

Special Requirements:

- Medical Records Coding certification; Certification of Coding Education Program (CCEP) or Certified Professional Coder (CPC) or ability to obtain within 6 months.
- Clinical Documentation Improvement certification such as CCDS or CDIP preferred, or ability to obtain within 6 months.

Ideal Candidate:

- Minimum of two years of experience in clinical documentation improvement, medical coding, medical auditing, health information management, revenue cycle, quality review, or a closely related healthcare role required.
- Strong knowledge of CPT, HCPCS, ICD-10-CM, and documentation requirements in ambulatory care, community health center, and/or FQHC settings preferred.
- Experience reviewing medical records for documentation quality, coding support, compliance, and/or billing accuracy required.
- Knowledge of healthcare reimbursement, payer requirements, medical necessity, and the relationship between documentation, coding, quality reporting, and revenue integrity preferred.
- Knowledge of HIPAA privacy laws and confidentiality requirements related to protected health information.
- Experience using Microsoft Office suite and electronic health record/practice management systems such as OCHIN Epic or similar systems required.
- Strong analytical skills and ability to interpret complex clinical documentation and communicate findings clearly and respectfully.
- Ability to work collaboratively with providers, operational leaders, external vendors, and non-clinical staff.
- Strong written and verbal communication skills, including ability to provide education and feedback in an effective and supportive manner.

Physical Requirements:

<u>Physical Demands</u>:
While performing the duties of this job, the employee is frequently required to use hands to finger, handle or feel; talk; or hear. The employee is occasionally required to stand; walk; sit; reach with hands and arms; and stoop; kneel; or crouch The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, depth perception and ability to adjust focus.

<u>Work Environment:</u>
The employee works in well-lighted, clean environments. The noise level in the work environment is quiet to moderate. **Check the following that applies to this position:** The employee may occasionally: ☒ work with angry or hostile clients or members of the public, ☒ work with toxic substances and biohazards, and ☒ exposure to infectious illnesses.

Emergency Preparedness:

Benton County is committed to emergency preparedness planning and implementation, and disaster recovery. In the case of a Health Department, County, State, Federal or other emergency or disaster, this position may be called upon to assist in responding. This may require the assignment of additional responsibilities, depending on the circumstances. These responsibilities could include unscheduled temporary changes in work schedule and/or work duties, including evenings and weekends, work relocation, overtime, working with other community agencies such as the local Fire Department, hospitals, the Red Cross and other emergency responders. The ability to be flexible is critical in our overall response to the emergency or disaster. Under Emergency situations this position may be called

in to work, supporting Administration in regular duties or other work as assigned. Per County personnel policy, this position may be included in the agency's essential personnel for emergency/disaster response.

Quality Improvement Participation:

Employees are expected to participate in improving Health Services' performance, processes, and programs through quality improvement activities, use of the PDSA model and participating on QI teams as assigned.

NOTE: The above job description is intended to represent only the key areas of responsibilities; specific position assignments will vary depending on the business needs of the department.

Employee:____Date:_________

Immediate Supervisor:____Date:_________