



JOB DESCRIPTION

Revenue Cycle Quality Assurance Specialist

REPORTS TO: Director of Billing Services

EDUCATION: High School Diploma or equivalent. College hours preferred.

SKILLS: Technical abilities to absorb complex concepts and communicate them to a non-technical audience. Demonstrate creative problem-solving approach and strong analytical skills. Knowledge of EPIC software (preferred). Knowledge of insurance benefits, medical office billing and collection practices, federal/state/local financial assistance programs, Excel and 10-key calculator.

PHYSICAL AND MENTAL REQUIREMENTS: See reverse.

PRIMARY DUTIES

- Coordinate with Director and Associate Director of Billing Services, Billing Services Trainer, Billing & Claims Analyst, Clerical and Eligibility Staff with quality assurance overview.
- Assist with training to end users including creating and updating training materials as needed.
- Support the Billing Services, Registration Center, Clerical Services and Eligibility Services Staff in troubleshooting problems and questions from end users.
- Understand the choices involved in the registration and billing software application configuration.
- Analyze business operations as they relate to building decisions and training end users.
- Analyze new functionality in each software release to determine how it should be used in coordination with the Director and Associate Director of Billing Services, Billing Services Trainer, Billing & Claims Analyst, Clerical and Eligibility Services staff.
- Maintain regular communication with Epic Representatives as needed.
- Work with report writers to ensure that the application has the necessary reports.
- Possess a deep understanding of the organization and users in the registration, scheduling, and billing applications.
- Possess the ability and interest to learn software and increase this knowledge over time.
- Eager to learn the system and promote it within the organization.
- Greet patients in a professional and polite manner; use positive customer service communication skills.
- Register patients, updating patients' personal and insurance information.
- Register patients by verifying appointments, verifying insurance information, instructing patients to change PCP to WFM provider if applicable.
- Maintain a current knowledge of all insurance coverages in which WFM participates.
- Perform routine inspections/audits for quality and conformance to specifications with a focus on financial opportunities.
- Support management by documenting quality assurance activities, creating audit reports, and tracking quality levels and KPIs while providing timely feedback.
- Monitor WQ's and review tasks to identify and resolve workflow and production issues for both remote and in-house staff. Work with leadership to ensure resolution.

- Help prepare and implement quality assurance policies and procedures in accordance with Waco Family Medicine Billing Department guidelines and regulatory requirements.
- Highlight potential issues in the billing operations and trending errors to determine training opportunities.
- Work closely with new hires, the billing department trainers, and anyone new to a process, or having difficulty with errors to ensure quality work is produced in the future.
- Maintain current knowledge of billing requirements (FQHC billing) and Epic system practices, able to work processes in times of backlog to help the team maintain production requirements.
- Able to manage multiple priorities and manage stress appropriately.
- Communicates appropriately and clearly with a pleasant and professional manner to all.
- Demonstrates excellent judgment in handling situations not covered by written or verbal instructions.
- Demonstrates a commitment to the mission, core values, and goals of Waco Family Medicine and its healthcare delivery including the ability to deliver exceptional patient focus with quality, compassion, and respect.

TRAVEL and TRAINING:

- May require some travel for training or other conferences as needed.

OTHER DUTIES

- Assist Clerical Services and Eligibility Services as needed with questions.
- Assist other WFM staff with Registration and Insurance Benefit understanding.
- Other duties as assigned.

PHYSICAL AND MENTAL REQUIREMENTS:

- Visual and auditory accuracy
- Shift length – 8 hours
- Indoor setting
- Continuous use of computer, calculator
- Long periods of sitting and walking
- Frequent use of telephone
- Frequent use of stepladder
- Continuous repetitive grasping and manipulation of both hands
- Continuous conversational communication
- Occasional reaching, standing, squatting, bending, kneeling, twisting and climbing
- Occasional carrying, lifting, pushing and pulling of up to 10 Lbs
- Infrequent use of personal transportation
- Working in a frequently noise environment
- Continuously working in a tight area
- Understand/carry out simple/detailed, oral/written instructions
- Memorize and retain instructions
- Read and interpret detailed specifications.

REVIEWED WITH EMPLOYEE:

Employee

Supervisor

Date

7/19/2023
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