



<https://acuservecorp.com/job/crt-quality-assurance-audit-analyst/>

Complex Rehab (CRT) Quality Assurance/Audit Analyst

Description

The CRT Auditor is responsible to perform quality reviews for both pre-pay and post-pay audits as well as Quality Assurance reviews of orders prior to delivery and/or confirmation according to established guidelines that assist management in monitoring the quality, consistency, and effectiveness of business processes, procedures, and related SOP's. Address ongoing questions, issues and escalations from both ACU-Serve employees as well as our clients and provide clear answers and easy access to training and other resources and educational material that can answer these issues. Help to develop and organize a database of information and resources to ensure ease of navigation and interpretation and maximum clarity for both ACU-Serve employees and our clients.

Responsibilities

- Perform quality reviews for both Pre-Pay and Post-Pay CRT audits as well as the client's orders prior to and/or confirmation, according to established guidelines, that assist management in monitoring the quality, consistency and effectiveness of business processes, procedures, and related tools. Specifically:
 - Follow defined audit processes in conducting quality reviews;
 - Keep current on new coding, coverage and billing guidelines, federal and state initiatives;
 - Ensure the consistent use of current codes, correct information, documentation and departmental procedures by monitoring their use and identifying any deficiencies;
 - Prepare summaries for management of quality review results, including basic analysis of identified deficiencies;
 - Reduce quality related errors by making recommendations to increase the efficiency of operations.
- Assist with policy, procedure development and implementation as it relates to the claim review processes.
- Review coding variances including supporting documentation, review of old and new procedure codes, consult and collaborate Director of Compliance as necessary.
- Prepare supporting documentation as necessary.
- Based on audits and claims reviews, prepare supporting documentation requests for configuration changes to ensure that configuration mirrors provider contract.
- Keep current on new coding and billing guidelines, federal and state initiatives. Educate other departments on new/changes to regulations as necessary.
- Coordinate recoupment efforts with Director of Compliance due to billing errors and over payments.
- Respond to provider inquiries regarding recoupments in writing and/or verbally when necessary.
- Perform departmental quality audits.
- Produce and deliver monthly a summary report of changes to the Director of

Hiring organization
ACU-Serve

Employment Type
Full-time

Job Location
Remote work possible

Date posted
July 10, 2024

Compliance; include relevant source documents.

Qualifications

- Must have CRT knowledge including but not limited to billing, coding, modifiers, narrative, repair and loaner equipment, auditing, and/or contracting with a strong background of Medicare LCD requirements; and
- Ability to analyze and/or gain knowledge to interpret Commercial, Medicaid, Medicare Local Coverage Determinations and Policy Guidelines.
- Excellent written and verbal communication skills; and
- Must have knowledge of word, excel, and power point; and
- Strong attention to detail. Critical thinker
- Good judgement with the ability to make timely and sound decisions.
- Strong organizational, problem-solving, and analytical skills; able to manage priorities and workflow.
- Versatility, flexibility, and a willingness to work within constantly changing priorities with enthusiasm.
- Demonstrated ability to develop strong business partnerships and relationships with payors; and
- Work closely with other internal customers.

Physical Effort

Work time will be spent sitting approximately 90% of the time, standing and walking approximately 10% of work time. PC Keyboarding will constitute approximately 80% of work time. May require some travel.