IDEAL TECH STAFFING

COMPANY OVERVIEW

THE PREMIER CHOICE FOR SUPPORT STAFFING

LAST REVISED JANUARY 2025

MISSION.
PRIORITIES.
VALUES.

The **MISSION** of Ideal Tech Staffing (ITS) is to offer medical practices and physicians with a completely personalized, intuitive solution to their staffing and workflow needs.

The **PRIORITIES** of Ideal Tech Staffing (ITS) are to:

- Match practices/providers with the remote support specialists their offices require
- Improve practice/provider workflows through qualified clinical and administrative task delegation
- Uphold the highest standards of remote clinical support and customer service practices
- Protect practice/provider data with the highest standard in data protection and compliance
- Collaborate with practices to innovate the field of healthcare and medicine

The **CORE VALUES** of Ideal Tech Staffing (ITS) are:

- Rigorous obedience to ethical standards of medicine
- Respect for the dignity of all patients we serve
- Incredible attention to detail in regards to meticulous tasks that require a degree of specialization

INSIDE THE GUIDE

GENERAL INFORMATION

ABOUT US

WHO WE ARE

Ideal Tech Staffing is a medically focused business process outsourcing company (BPO) founded and led by a team of board-certified American Physicians. Our leadership's deep clinical expertise ensures that we provide highly specialized staffing solutions tailored to the unique needs of healthcare organizations.

WHERE WE STARTED

Founded in 2016 by Fausto Petruzziello, MD, our company set out to optimize medical office workflows nationwide and globally. Starting in Connecticut, we've grown into a multi-state, international leader in medical staffing excellence.

WHAT TO EXPECT

When practices and providers choose Ideal Tech Staffing, they select the most synergistic approach to staffing. Our clinical and administrative supervisors collaborate with you to ensure remote staff are fully trained, equipped, and performing at their best.

WORKING IN-OFFICE

A key differentiator of Ideal Tech Staffing is our commitment to maintaining brick-and-mortar offices, where all support staff work from our state-of-the-art facilities. This sets us apart from the rest of the medical staffing industry.

ADVANCED TRAINING

Our company prides itself on employing effective training and selection strategies, providing all remote medical staff with personalized 1:1 training from licensed healthcare providers or specialists. Unlike traditional medical staffing companies, our clinical leadership team is deeply involved in daily operations.

This hands-on approach allows clients to collaborate directly with our physicians and staff, ensuring remote healthcare solutions remain innovative and at the cutting edge of the industry.

POSITION
OVERVIEWS

CLINICAL COORDINATOR (REMOTE NURSE)

ROLE DESCRIPTION

The role of a Clinical Coordinator is to provide comprehensive virtual care and support to patients, ensuring smooth and efficient communication between patients, healthcare providers, and medical facilities. Clinical Coordinators are fully trained and certified to perform essential functions traditionally handled by in-house clinical staff.

KEY RESPONSIBILITIES OF A CLINICAL COORDINATOR INCLUDE:

- **CLINICAL & HOSPITAL LINE MANAGEMENT** | Efficiently manages clinical and hospital lines, addressing patient inquiries and facilitating communication between patients and healthcare providers.
- **CPE & OFFICE VISIT PRE-VISIT COORDINATION** | Conducts thorough pre-visit preparations for CPE and office visits, ensuring all necessary information and documentation are in place for efficient patient care.
- **REMINDER CALLS** | Makes reminder calls five days before office visits to ensure patients complete necessary lab work. This proactive approach helps maintain a smooth workflow and patient readiness.
- **LAB TRANSCRIPTION & RECONCILIATION** | Transcribes and reconciles lab results to ensure they are ready for provider review and discussion with patients. This process ensures accurate and timely patient care.
- **RESULTS COMMUNICATION** | Relays lab and imaging results to patients, communicates provider responses, and facilitates any necessary follow-up actions.
- **REFERRAL MANAGEMENT** | Sends referrals per provider's requests, ensuring patients receive recommended specialist care or further diagnostic evaluations.
- **HOSPITAL DISCHARGE FOLLOW-UP** | Conducts follow-up communications with patients discharged from the hospital to ensure they understand their post-discharge care plan and have necessary resources.

ELIGIBILITY CHECKER

ROLE DESCRIPTION

The role of an Eligibility Checker is to ensure that patients receive the appropriate insurance benefits by thoroughly verifying eligibility and providing support throughout the billing process.

KEY RESPONSIBILITIES OF AN ELIGIBILITY CHECKER INCLUDE:

- **INSURANCE VERIFICATION** | Confirms insurance benefits and eligibility for clients, ensuring all coverage details, such as deductibles, copayments, and necessary authorizations, are accurately documented.
- **COVERAGE ANALYSIS** | Conducts comprehensive checks on client insurance plans to understand the full scope of coverage, including any changes or updates that may affect billing and claims.
- **BILLING & CLAIMS ASSISTANCE** | Supports the billing process by ensuring claims are accurate and comply with insurance guidelines. Helps prevent denials through precise documentation and proactive issue resolution.
- **COMMUNICATION & ISSUE RESOLUTION** | Acts as the primary liaison between insurance companies and clients to communicate and resolves billing issues, claim denials, or discrepancies efficiently.
- **RECORD MAINTENANCE** | Keeps meticulous records of all insurance-related activities, ensuring that documentation is complete and accessible for internal audits and client inquiries.

MEDICAL RECORDS SPECIALIST (FAX INBOX)

ROLE DESCRIPTION

The role of a Medical Records Specialist is to play a crucial part in managing fax inboxes within your preferred electronic medical records (EMR) system with meticulous attention to detail and organization. This position is essential for ensuring that all faxed documents are accurately processed and integrated into patient charts, thereby facilitating efficient healthcare delivery.

KEY RESPONSIBILITIES OF A MEDICAL RECORDS SPECIALIST INCLUDE:

- **DOCUMENT IDENTIFICATION** | Monitors and identifies fax documents received within the EMR system, ensuring each document is processed promptly and accurately.
- **CHART ATTACHMENT** | Attaches received fax documents to the corresponding patient charts, maintaining organization and accuracy to support effective patient care.
- **STAFF ASSIGNMENT** | Assigns documents to the appropriate medical staff responsible for reviewing, printing, and signing. Ensures that documents are directed to the correct personnel without delay.

MEDICAL BILLER

ROLE DESCRIPTION

The role of a Medical Biller is to assist with the patient billing process, ensure the accuracy of claims, and maintain effective communication with both patients and insurance companies. At Ideal Tech Staffing, we thoroughly vet our medical billers to ensure they possess the necessary experience and can seamlessly collaborate with your on-site team.

KEY RESPONSIBILITIES OF A MEDICAL BILLER INCLUDE:

- **CLAIMS PROCESSING** │ Efficiently processes medical claims to ensure timely submission and payment. This includes verifying insurance coverage and ensuring all necessary documentation is attached.
- **DENIED CLAIMS REVIEW** │ Scrutinizes denied claims and makes necessary corrections to facilitate reimbursement. This requires a keen eye for detail and an understanding of insurance protocols.
- **ACCOUNT REVIEW & PATIENT COMMUNICATION** │ Regularly reviews ICC accounts to identify outstanding balances. Contacts patients to discuss their balances and offer clear explanations of their billing statements.
- **PAYMENT HANDLING** │ Accepts payments over the phone and guides patients through the process of making payments online, catering to those who prefer digital transactions.
- **INSURANCE COORDINATION** │ Liaises with insurance companies to address claim denials and discrepancies. This involves understanding policy details and effectively negotiating resolutions.
- **PATIENT ASSISTANCE** │ Assists patients in comprehending their billing statements and resolving any confusion about past appointments or charges. Provides compassionate and clear guidance to enhance patient satisfaction.

PATIENT ADVOCATE (CSR)

ROLE DESCRIPTION

The role of a Patient Advocate is to deliver exceptional support to both patients and healthcare providers through clear communication and skilled problem-solving. Patient Advocates are highly proficient in using your preferred Electronic Medical Records (EMR) system, ensuring seamless appointment scheduling, assistance with patient inquiries, and guidance through any healthcare-related questions.

KEY RESPONSIBILITIES OF A PATIENT ADVOCATE INCLUDE:

- **INBOUND CALL MANAGEMENT** | Handles a high volume of inbound calls from patients/customers and health providers, ensuring each interaction is managed professionally and carefully.
- **APPOINTMENT & SERVICE COORDINATION** | Assists patients/customers with scheduling doctor's appointments, coordinating medicine replenishments, and navigating health insurance claims. Provides clear and accurate information to facilitate smooth service delivery.
- **CUSTOMER SATISFACTION FOCUS** | Strives to make patient/customer satisfaction the primary goal of each interaction. Ensures patients/customers feel valued and heard by addressing their concerns promptly and effectively.
- **PROBLEM-SOLVING & RESOLUTION** | Utilizes strong problem-solving skills to resolve patient/customer issues, working diligently to find solutions that meet their needs and enhance their healthcare experience.
- **EMPATHETIC COMMUNICATION** | Employs empathy in all communications to build patient/customer trust and rapport. Ensures that patients/customers feel supported and reassured throughout their interactions.
- **DOCUMENTATION & REPORTING** | Maintains accurate records of patient/customer interactions, capturing essential details for future reference and ensuring compliance with company policies.

PRIOR AUTHORIZATION SPECIALIST

ROLE DESCRIPTION

The role of a Prior Authorization Specialist is to ensure that patients receive timely access to medications and imaging services by efficiently managing the authorization process.

KEY RESPONSIBILITIES OF A PRIOR AUTHORIZATION SPECIALIST INCLUDE:

- **PRESCRIPTION PRIOR AUTHORIZATION** │ Handles prescription prior authorizations by coordinating with pharmacies and insurance companies. Ensures all necessary documentation is completed to streamline medication access for patients and minimize delays.
- **IMAGING PRIOR AUTHORIZATIONS** │ Manages the prior authorization process for imaging orders, working closely with insurance companies to secure timely approvals. This involves verifying patient eligibility and ensuring compliance with insurance policies.
- **COORDINATION & COMMUNICATION** │ Serves as a liaison between healthcare providers, pharmacies, and insurance companies. Maintains clear and effective communication to facilitate smooth authorization processes and address any issues promptly.
- **DOCUMENTATION & RECORD-KEEPING** │ Maintains accurate records of all prior authorization requests and approvals. Ensures all documentation is thorough and up-to-date to support efficient workflow and compliance with regulations.
- **PROBLEM SOLVING** │ Proactively identifies and resolves issues related to prior authorizations, such as discrepancies in insurance coverage or documentation errors. Uses critical thinking skills to navigate complex authorization scenarios effectively.
- **EFFICIENCY & ORGANIZATION** │ Prioritizes tasks to manage multiple authorization requests simultaneously. Implements best practices to enhance workflow efficiency and reduce turnaround times for authorization approvals.

LICENSED REMOTE MEDICAL DOCTOR

ROLE DESCRIPTION

Our Remote Medical Doctors are board-certified and licensed, providing your physicians with direct, dedicated assistance with clinical tasks that can only be performed by a qualified counterpart. Our Remote Medical Doctors collaborate seamlessly to prepare patient charts, update notes, and handle all pre- and post-visit tasks, allowing your physicians to focus on what they do best—providing exceptional patient care.

KEY RESPONSIBILITIES OF A REMOTE MEDICAL DOCTOR INCLUDE:

- **PRE-VISIT PLANNING** | Reviews patient charts prior to appointments, including notes from previous visits and any interim care provided by other physicians. Ensures all records are updated, accurate, and comprehensive before the physician sees the patient.
- **CHART UPDATES** | Handles the daily administrative tasks that come with maintaining electronic health records (EHR), including reviewing and updating notes, ensuring accuracy, and attaching necessary documentation like lab results or imaging studies.
- **COMMUNICATION & COORDINATION** | Ensures that lab results, X-rays, and other test results are sent to the physician's office or made available through the patient portal, streamlining communication between physicians, patients, and external labs or specialists.
- **TASK MANAGEMENT** | Stays on top of patients' needs by notifying physicians of upcoming or due services, so they are fully prepared to focus on prescribing and conducting appointments.

REFERRAL COORDINATOR

ROLE DESCRIPTION

The role of a Referral Coordinator is to manage patient referrals, ensuring smooth communication between patients, providers, and specialists. With Ideal Tech Staffing's Referral Coordinators, patient referrals are efficiently handled, streamlining the entire process for both patients and healthcare teams.

KEY RESPONSIBILITIES OF A REFERRAL COORDINATOR INCLUDE:

- **REFERRAL TRACKING & DOCUMENTATION** | Maintains ongoing tracking and documentation of all referrals to ensure the healthcare team is informed and patient safety is prioritized. Keeps detailed records to facilitate efficient follow-ups and audits.
- **PATIENT REGISTRATION & INFORMATION MANAGEMENT** | Ensures complete and accurate registration of patients, including verifying demographic information and current insurance details.
- **CLINICAL BACKGROUND & REFERRAL NEEDS ASSEMBLY** | Gathers and compile comprehensive information regarding patients' clinical backgrounds and specific referral needs. This involves liaising with healthcare providers to ensure all necessary data is collected for referrals.
- **SPECIALIST COMMUNICATION** | Provides specialists with the necessary clinical information to facilitate informed and effective patient care. Ensures specialists receive all pertinent details to prepare for patient consultations.
- **INSURANCE & REVIEW ORGANIZATION COORDINATION** | Contacts review organizations and insurance companies to confirm that prior approval requirements are met for referrals.
- **FINANCIAL SERVICES LIASON** | Provides specific medical information to the financial services department to maximize reimbursement opportunities for the hospital and physicians.
- **PATIENT INTERACTION** | Reviews referral details and expectations with patients, ensuring they understand the process and what to anticipate.

MEDICAL CODER

ROLE DESCRIPTION

The role of a Medical Coder is to provide effective health information management, providing expert services in assigning and sequencing medical codes remotely. At Ideal Tech Staffing, our Virtual Medical Coders are certified coding specialists with extensive experience in analyzing medical records, performing chart audits, and collaborating with billing departments to optimize operations.

KEY RESPONSIBILITIES OF A MEDICAL CODER INCLUDE:

- **MEDICAL CODING & SEQUENCING |** Assigns and sequences accurate medical codes for all services rendered, ensuring compliance with current coding standards and guidelines.
- **MEDICAL RECORD ANALYSIS |** Reviews and analyzes patient records to extract relevant information and ensure coding accuracy. Identifies discrepancies or missing information and works to clarify details promptly.
- **CHART AUDITS & QUALITY ASSURANCE |** Performs detailed chart audits to maintain data integrity, accuracy, and compliance with healthcare regulations. Ensures documents are grammatically correct, free of errors, and aligned with required standards.
- **BILLING DEPARTMENT COLLABORATION |** Partners with the billing department to ensure all bills are processed promptly and accurately. Facilitates resolution of any issues that may arise during the billing process.
- **DATA VALIDATION & DOCUMENTATION |** Examines patient records to verify completeness and accuracy, addressing missing or unclear data proactively to maintain high-quality documentation standards.
- **ATTENTION TO DETAIL |** Goes above and beyond to ensure all medical records, codes, and supporting documentation are precise, error-free, and optimized for effective billing and patient care.