INSURANCE VERIFICATION SPECIALIST
JOB ANNOUNCEMENT

Santa Cruz Community Health (SCCH) is a multi-site, Federally Qualified Health Center (FQHC) serving Santa Cruz County residents. SCCH began as a women's health collective in 1974 with the mission to improve the health of our patients and the community and advocate the feminist goals of social, political, and economic equality. Now, 50 years later, we serve that same mission at our three clinic sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; the Live Oak Health Center serving everyone; and the Santa Cruz Mountain Health Center providing appropriate and expanded access to care for our patients in the San Lorenzo Valley.

Driven by our commitment to health care as a human right, SCCH is a leading non-profit provider offering comprehensive health services to our patients, regardless of their ability to pay. We have been recognized in the community as a leader in delivering high-quality, innovative care, and we are active in local, state, and national advocacy work that empowers our patients and community to be healthy, happy, and successful.

SCCH has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff work as a team to fulfill our mission so that all our patients have access to quality, whole-person health care.

POSITION SUMMARY:

The Insurance Verification Specialist is responsible for ensuring accurate and timely insurance verification and program eligibility for all SCCH patients, including screening for eligibility under the Sliding Fee Discount Program (SFDP). This role works collaboratively with billing, front office, and enrollment teams to support clean claim submission, minimize denials, and optimize overall revenue cycle performance.

The Insurance Verification Specialist plays a key role in identifying uninsured and underinsured patients and facilitating access to appropriate coverage and financial assistance programs. This position contributes to a positive patient experience by supporting access to care and aligning with the Patient-Centered Medical Home (PCMH) model.

This role requires strong critical thinking, excellent customer service and communication skills, and the ability to manage multiple priorities with a high level of accuracy. Attention to detail, organization, and time management are essential to ensure compliance and operational efficiency.

Classification: Full-time, Hourly, Non-exempt
Location: All clinic sites; Primarily WHC
Reports to: Clinic Manager
Hours: Monday-Friday; 40hrs/week
Language: Bilingual in English/Spanish
Pay Range: $23.23-26.23 per hour, DOE. Plus $0.50/hour bilingual differential Spanish/English.

Qualifications:
Minimum Qualifications:

- Desire to serve the community clinic population with excellent health care.
- High School Diploma or GED.
- Previous healthcare experience, including knowledge of HIPAA regulations.
- Knowledge of healthcare terminology, procedures, and practice.
- Fluent bilingual Spanish/English.
- Demonstrated ability to accurately enter, retrieve, and maintain patient information in practice management and EHR systems.
- Ability to work some evenings and some Saturdays**.**
- Excellent patient/customer service, communication and follow-through skills.

Preferred Qualification:

- Bachelor's degree in health or related field.
- Knowledge of health insurance plans.

Skills & Knowledge:

- Knowledge of standard healthcare practice policies and procedures.
- Experience working on computers.
- Knowledge of Microsoft Office software products.
- Ability to work with practice management and EHR systems.
- Working knowledge of health insurance plans, eligibility requirements, and associated federal and state assistance programs.
- Ability to apply healthcare terminology and standard practice procedures when reviewing patient registration and eligibility information.
- Ability to apply HIPAA requirements when accessing, discussing, and documenting patient information.

CORE JOB RESPONSIBILITES :
ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO :
Insurance Verification & Patient Eligibility

- Utilize insurance portals and payer systems to verify eligibility and benefits for all patients, including commercial insurance, Medicaid, and Medicare.
- Complete pre-visit verification of insurance eligibility, benefits, and patient demographic. information whenever possible to support clean claim submission and reduce denials.
- Identify uninsured or underinsured patients and refer them to appropriate enrollment or eligibility assistance services.
- Communicate to patients and/or families regarding payment and insurance requirements prior to appointment.

- Document and maintain complete, accurate, and timely insurance and eligibility information in the electronic health record (EHR).
- Identify applicable coverage programs and ensure required documentation and forms are completed prior to or at the time of visit.

Insurance Verification / Pre-Registration Leadership & Staff Support

- Serve as Operations' primary internal resource for insurance verification and pre-registration processes, providing guidance while remaining accountable to the Clinic Manager.
- Provide guidance and troubleshooting support to Front Office staff on insurance eligibility, Medi-Cal E-Verification, and other registration-related issues.
- Guide Front Office staff in resolving complex insurance verification issues and determining when escalation to Billing is necessary.
- Maintain current knowledge of insurance plans, eligibility requirements, and verification processes.
- Provide ongoing training and coaching to Front Office staff to strengthen insurance verification and pre-registration skills.
- Identify recurring insurance and registration issues and partner with Operations and other departments to improve workflows and consistency.

Sliding Fee Discount Program (SFDP) Administration

- Screen patients for eligibility under the Sliding Fee Discount Program (SFDP) in accordance with FQHC guidelines.
- Collect, review, and document required income and household information accurately and confidentially.
- Ensure all SFDP documentation is complete, current, and compliant with organizational and regulatory requirements.
- Educate patients on sliding fee eligibility, required documentation, and program guidelines.

Patient Communication & Financial Counseling

- Communicate clearly and respectfully with patients and/or families regarding insurance coverage, eligibility status, and payment expectations.
- Provide guidance on required documentation and assist patients in understanding available financial assistance programs.
- Address patient questions related to benefits, coverage limitations, and out-of-pocket responsibilities.
- Maintain professionalism and confidentiality when discussing sensitive financial and personal information.

Revenue Cycle Support & Collaboration

- Collaborate with billing, front office, and enrollment teams to resolve eligibility issues and prevent claim denials.
- Support efficient revenue cycle operations through proactive verification and issue resolution.
- Assist operational staff with special projects and workflow improvements related to patient access, eligibility, and verification processes.
- Participate in the design, implementation, and continuous improvement of workflows, including pre-

visit verification processes.

Quality, Documentation & Compliance

- Ensure all insurance, financial, and eligibility-related documentation is scanned and entered the EHR accurately and in a timely manner.
- Maintain compliance with all federal, state, and organizational requirements, including FQHC documentation standards and audit readiness expectations.
- Protect individually identifiable health information in accordance with HIPAA regulations and organizational policies.
- Adhere to established workflows, procedures, and documentation standards.
- Participate in quality improvement initiatives related to eligibility verification and patient access processes.

Teamwork & Professional Conduct

- Attend required meetings, training, and organizational committees.
- Work collaboratively with cross-functional teams to support patient access and operational efficiency.
- Communicate clearly, professionally, and respectfully with colleagues and leadership, and use established channels to raise questions or concerns.
- Demonstrate accountability, reliability, and adaptability in a dynamic healthcare environment.
- Contribute practical recommendations during team discussions and support implementation of agreed-upon solutions.

Core Competencies & Performance Expectations

Insurance Verification Specialists are expected to demonstrate:

- Strong knowledge of insurance eligibility processes, payer systems, and verification tools.
- Attention to detail and accuracy in documentation and data entry.
- Ability to manage multiple priorities in a fast-paced environment.
- Effective communication and patient education skills.
- Problem-solving ability and sound judgment in resolving eligibility issues.
- Commitment to confidentiality, compliance, and high-quality service.

GENERAL JOB PERFORMANCE STANDARDS:

KNOWLEDGE OF WORK - Posses and utilizes knowledge of the job which is essential to perform the specific functions and related work.

QUANTITY OF WORK - Accomplishes an appropriate volume of satisfactory work under normal conditions. Ability to produce results.

QUALITY OF WORK - Consistently demonstrates accuracy, thoroughness, neatness and dependability to produce work within acceptable standards.

TIMELINESS - Completes assignments on or ahead of schedule.

ABILITY TO LEARN NEW DUTIES - Interprets, learns and responds to instructions for new situations, procedures or methods.

JUDGEMENT AND COMMON SENSE - Decisions/actions are sound, including safety awareness.

COOPERATION - Willing to work with others toward common goals.

COMMUNICATIONS - Demonstrates relevance and clarity of written and oral expression. Effectiveness in exchanging ideas and information.

INITIATIVE - Ability to originate, develop or create new ideas or take steps to get things done.

PROBLEM SOLVING - Identifies and evaluates alternate solutions and selection of the most appropriate course of action.

ATTENDANCE AND PUNCTUALITY - Shows daily ability to be at work at scheduled time, including being prepared to work on time after breaks, meal periods, and other authorized absences from work.

BENEFITS THAT SUPPORT YOU:
We offer a competitive and comprehensive benefits package to support employee well-being and work-life balance. Benefits are available to employees working 20 or more hours per week, and include:

- Employer-subsidized medical, dental, vision, and life insurance
- Optional coverage: pet insurance and other supplemental plans
- Coverage begins the first of the month after 30 days of employment
- Paid time off and holidays starting on day one
- 401(k) plan with 2% automatic enrollment and 2% employer match
- Wellness reimbursement and telecommuting stipend (as applicable)
- License and certification fee reimbursement (as applicable)

Internal Staff: Internal staff who transition into this position will retain their current benefits, tenure, PTO accruals, and retirement matching as applicable, with no lapse in coverage

Santa Cruz Community Health is an Equal Opportunity Employer (W/M/V/D).