RCM Staff Onboarding Checklist

30-day training roadmap for new billing specialists

Week 1: Foundation

■ Review practice management system (login, navigation, basic functions)
■ Learn claim submission workflow (demo mode, no real claims yet)
■ Study top 10 CPT codes used in practice
■ Shadow experienced biller for full work day
■ Complete HIPAA training and sign compliance agreement
■ Set up access: clearinghouse, payor portals, EHR
■ Review current payor mix (which insurance companies you bill most)

Week 2: Payor Knowledge

■ Create payor quick-reference guide (auth requirements by payor)
■ Learn prior authorization process for top 3 payors
■ Practice verifying insurance eligibility (run 10 test verifications)
■ Study denial codes (CARC/RARC) and common fixes
■ Review contract fee schedules for top payors
■ Learn coordination of benefits (COB) workflow
■ Submit first 5 claims under supervision

Week 3: Claims & Denials

■ Begin daily claim submission (start with 10-15 claims/day)
■ Learn denial management workflow (categorize, prioritize, appeal)
■ Write first appeal letter (reviewed by supervisor)
■ Practice posting payments and adjustments
■ Learn how to read EOBs and ERAs
■ Identify and correct common claim errors
■ Review accounts receivable aging report

Week 4: Independence & Mastery

■ Handle full claim workload independently (20-30 claims/day)
■ Manage assigned denial queue (10-15 denials/day)
■ Submit 3 appeals independently
■ Conduct patient billing calls (under supervision)
■ Learn month-end reporting (revenue cycle metrics)
■ Review performance: accuracy rate, denial rate, days in AR
■ Set 90-day performance goals with supervisor

Ongoing Training (Monthly):

■ CPT/ICD-10 code updates (January annual updates)
■ Payor policy changes (quarterly reviews)
■ Compliance training refreshers
■ New software features and workflow improvements
■ Peer learning sessions (case studies, tough denials)

Key Performance Indicators (90-Day Benchmarks):

• Clean claim rate: 92%+ (goal: 95%+)
• First-pass resolution rate: 85%+
• Days in AR: <35 days
• Denial rate: <8%
• Appeal success rate: 60%+
• Claims per day: 25-40 (varies by specialty)

Red Flags (Address Immediately):

• Clean claim rate <85% after 60 days → Needs additional CPT/coding training
• Denial rate >12% → Not catching errors before submission
• Days in AR >45 → Not following up on aging claims
• Appeal success rate <40% → Not citing policy language correctly

Pro Tip: Create a "Mistake Log" for new billers. Every error is a learning opportunity. Review weekly for first 90 days, then monthly. Most billers repeat the same 3-5 mistakes until they're documented and studied.