

ROSEBUD HEALTH CARE CENTER  
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Business Office/Pt Access	Patient Account Therapy Services and Financial Counselor	Business Office Manager
<b>Effective Date:</b> 7/20/2015; 5/2017; 1/2019	<b>Supervisor Signature/Date:</b>	
Position Grade: 18	Administration Signature/Date:	
Status: Non-Exempt	Human Resources Signature/Date:	

Employee Name:
Hire Date: _____ Evaluation Due in Human Resources on: _____
Reason for Evaluation: 6 Month _____ Annual _____ Special _____

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**POSITION SUMMARY STATEMENT:** The Financial Counselor will work with all aspects of the Patient Financial Services Personnel, Patient Access, Patient Account Reps, UR/DC, physicians and any necessary departments to ensure that appropriate processes are set up and followed to maintain courteous, accurate, timely assessment of and collection of personal pay responsibilities; identifying alternative resources when applicable.

Therapy services includes working with Physical Therapist/Occupational Therapist on daily coding and billing for their services as well as monthly gathering of data for QA meeting preparation.

**ESSENTIAL DUTIES & RESPONSIBILITIES:**

1. Customer Service: Displays courtesy and sensitivity. Manages difficult or emotional customer situations. Meets commitments. Responds promptly, courteously and professionally to customer needs whether in person, or by telephone.
2. Familiar with Medicare, Medicaid and all third-party payers. Regular and timely A/R follow up of aging schedules for any assigned third-party payer/s and private pay accounts, in order to identify potential candidates with financial needs.
3. Screens uninsured inpatient and high balance outpatient for financial assistance: Medicaid, State, Local and/or Hospital charity programs (proof of income obtained); and/or Grants or Studies.
4. Responsible for the collection of patient due balances. Coordinates all necessary efforts to collect co-pay and deductible funds prior to services when necessary. Works in harmony with registration personnel to follow-up on difficult payment situations.
5. Follow-up on all patient correspondence necessary to see payment cycle through to completion, identifying alternative resources for payment when available, including internal financial assistance programs.
6. Responsible for identifying appropriate balances for submission to bad debt and for the coordination and submissions of report transfer to appropriate agencies.

7. Reviews, processes and submits to the Charity Care Committee all charity care financial assistance applications within 30 days from date of first initiation; following all RHCC's charity and payment policy and procedure.
8. Keeps accurate and clear records of applications, charges and total adjustments associated with charity/financial assistance accounts.
9. Documents any/all information relevant to patient eligibility, payments, conversations, communications, charity application acceptance, denial etc. on Healthland system.
10. Assists patients with details of and/or explanation of charges and/or remits and EOBs.
11. Meets productivity standards for follow-up.
12. Responsible for the PT/OT coding and billing daily. Works with the PT/OT department to monitor Medicare CAPS and G-codes.
13. Gathers necessary PT/OT information and provides to the BO Manager for monthly QA reporting.
14. Pass Quality Assurance reviews.
15. Attendance and participation in team and department meetings.
16. This position will cross train and provide cross coverage where required and/or assigned within the realm of patient financial services.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures.

**Education, Experience and Licensure/Certification Requirements:** Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. High School Diploma or general education degree (GED) with five to ten years related healthcare/financial experience and/or a combination of relative education and experience required.
2. Bachelor or Associates degree in a finance and/or related healthcare field, preferred.
3. Knowledge of and general aptitude with common computer software, applications and keyboarding functions.
4. Bookkeeping/Accounting experience.
5. Ability to communicate effectively and diplomatically within a multi-functional team
6. Strong organizational skills and attention to detail
7. Ability to successfully function in a fast paced, service oriented environment

**Reporting Relationship: Business Office Manager**

**Employees Supervised: N/A**

**Physical Demands**

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

Occasionally 0-33% of the work shift      Frequently 34-66% of the work shift  
Constantly 67-100% of the work shift      N/A      Not Applicable for this position

<b>Physical Factors</b>	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Environmental Factors**

Exposure to Weather	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Bloodborne Pathogens** Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue
- Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks
- Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

**Protective Equipment** Checked is the equipment that may be required to be worn in this position

Not Applicable

Hearing Protection     Gloves     Goggles     Safety Glasses     Face Shields

Face Masks-Surgical, N95, Respirator     Moisture Resistant-Gown/Lab Coat

**I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.**

Name \_\_\_\_\_

Date \_\_\_\_\_

# PERFORMANCE EVALUATION

Employee Name: \_\_\_\_\_ Position: Patient Account Financial Counselor

Department: Business Office

Evaluated By: \_\_\_\_\_ Position: Business Office Manager

Period of Review: \_\_\_\_\_ to: \_\_\_\_\_

## PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

### PERFORMANCE LEVELS

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| 5 Exceeds all requirements                          | 4 Exceeds many requirements | 3 Meets normal requirements  |
| 2 Improvement is needed to meet normal requirements |                             | 1 Fails to meet requirements |

**1. Duty/Responsibility:** Familiar with Medicare, Medicaid and all third-party payers. Regular and timely A/R follow up of aging schedules for any assigned third-party payer/s and private pay accounts, in order to identify potential candidates with financial needs.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_

**2. Duty/Responsibility:** Screens uninsured inpatient and high balance outpatient for financial assistance: Medicaid, State, Local and/or Hospital charity programs (proof of income obtained); and/or Grants or Studies.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_

**3. Duty/Responsibility:** Follow-up on all patient correspondence necessary to see payment cycle through to completion, identifying alternative resources for payment when available, including internal financial assistance programs.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_

<p><b>4. Duty/Responsibility:</b> Customer Service: Displays courtesy and sensitivity. Manages difficult or emotional customer situations. Meets commitments. Responds promptly, courteously and professionally to customer needs whether in person, or by telephone.</p> <p><b>Performance:</b> _____ _____</p>		
<p><b>5. Duty/Responsibility:</b> Responsible for identifying appropriate balances for submission to bad debt and for the coordination and submissions of report transfer to appropriate agencies. Keeps accurate and clear records of applications, charges and total adjustments associated with charity/financial assistance accounts. Documents any/all information relevant to patient eligibility, payments, conversations, communications, charity application acceptance, denial etc. on Healthland system.</p> <p><b>Performance:</b> _____ _____</p>		
<p><b>6. Duty/Responsibility:</b> Pass Quality Assurance reviews.</p> <p><b>Performance:</b> _____ _____</p>		
<p><b>TOTAL SCORE:</b></p>		

## PART TWO - GENERAL PERFORMANCE FACTORS

The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

### PERFORMANCE LEVELS

- 5 Exceeds all requirements                      4 Exceeds many requirements                      3 Meets normal requirements  
 2 Improvement is needed to meet normal requirements                      1 Fails to meet requirements

1. **Quality of Work:** Ensures accuracy and completeness of work performed. **Work Ethic:** When assigned work is complete, seeks additional tasks to be done.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
2. **Initiative:** Ability to originate / develop / implement constructive ideas and solutions to problems. **Judgment/Decision-Making:** Ability to analyze situations and arrive at logical, practical decisions.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
3. **Dependability:** To what extent can he/she be counted on to fulfill responsibilities?  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
4. **Communication Skills:** Provides oral or written information in a clear, concise manner.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
5. **Teamwork:** Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
6. **Ethics and Integrity:** Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
7. **Attitude:** Consistently displays behavior that enhances the image of the organization.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
8. **Education/Development:** Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis.  
 95-100% = 5    85-95% = 4    80-85% = 3    70-80% = 2    Below 70% = 1  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
9. **Attendance/Reliability:** Absence/Tardy occurrences are within policy guidelines:  
 90 day: Perfect Attendance = 5                      Annual: Perfect Attendance = 5  
           1 or less day = 3                                      2 or less days = 3  
           2 days = 1    3 - 5 days = 2  
           3 days = possible termination                      6 or more days = possible termination  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL:**

**PART THREE - DETERMINING THE OVERALL EVALUATION**

Add the Total Scores of the performance level for each criteria in Parts One and Two.  
Divide the Total Scores from Parts One and Two by the total number of criteria (15) to determine the average or Overall Evaluation Score.  
Indicate the Overall Evaluation Score here: \_\_\_\_\_

**Strengths/Accomplishments:** List areas of job performed well during the past year

**Goals for coming year:**

**Skills Improvement/Performance Improvement Plan**

List areas for improvement and identify resources available or needed to attain improvement

**Manager/Supervisor Comments**

**Manager/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

**Employee's Comments:**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL FOR YOUR RECORDS**