

 Oroville Hospital	Department: Business Office
	Dept.#: 8565 Last Reviewed: 05/08; 08/12 Last Updated:

Reports To

Patient Access Manager

Job Summary

The Financial Counselor performs the quality control function for inpatient accounts, outpatient surgeries and outpatient radiology, ensuring all pertinent information is available and accurately documented, allowing for timely and efficient billing. These activities include generating weekly status reports, communication with multiple departments, monitoring accounts for proper documentation of third party review notification, authorizations, insurance verifications, collection of deposits and self pay balances, securing reimbursement methods of non-insured admits, computer update of accounts and the collection of verification of relevant patient data.

Duties

1. Follows policy and procedures in regard to financial screening, arrangements and third-party demands
2. Verifies and assures all accounts are ready for billing with adequate supporting documentation, within the established time frames
3. Serves as support to patients and their family members to assure customers have access to all available funding, this involves; working with private as well as governmental agencies; i.e., private insurance, HMO/PPO's, Medi-Cal, Medicare, Champus and Worker's Compensation
4. Initiates and completes charity applications on accounts at risk, for completing Medi-Cal application requirements and installment agreements
5. Maintains daily contact with Utilization Management, Business Office, Patient Registration, Medical Records, Ancillary departments, various third-party agencies, HMO/PPO's, patients, their families, physicians, offices and other outside entities
6. Reviews financial data to determine possible Medi-Cal eligibility and verifies with POS/AEVS
7. Assists patients in completing State and county medically indigent application forms and schedules appointments for patients with on-site County eligibility worker
8. Determines possible eligibility for charity assistance, Charity Policy, Proposition 99 Funding, and SB12
9. Prepares accounts for Supervisor's approval
10. Bills appropriate state or federally funded programs and follows required procedure for patient eligibility and/or transfer

11. Determines patients ability to pay and secure repayment arrangement with patient, according to Oroville Hospital established polices
12. Provides comprehensive audit and analysis
13. Updates all inpatient, outpatient, and surgery accounts to ensure completeness and accuracy
14. Exercises problem solving skills independently and update system to resolve any patient account delay
15. Monitors appropriate turn around on all accounts to ensure the business office within established time frames receives accounts
16. Assures proper financial classification, determines proper guarantor and updates system accordingly
17. Verifies Medicare eligibility utilizing DDE for appropriate coverage relation to service to be rendered
18. Identifies if an HMO or Hospice is managing Medicare benefits
19. Performs third-party certification/verification on Medicare HMO accounts
20. Verifies Medi-Cal coverage for other coverage and restricted services
21. Investigates Medi-Cal overage for other coverage and restricted services
22. Obtains needed authorization for scheduled Medi-Cal accounts requiring 50-1 and forwards to Utilization Management when received
23. Always handles all patient/family contact in a courteous, professional manner
24. Consistently interacts with sensitivity to patients/their families and is responsive to individual needs
25. Receives and places telephone calls in a skillful manner using appropriate etiquette
26. Handles all telephone requests wit courtesy, accuracy and respect for confidentiality
27. Provides estimates for procedures to patients, physicians' offices, and payers as requested
28. Consistently follows/reviews third-party guidelines for review notification and contract coding of patient accounts
29. Alerts Supervisor/Director to patterns in problem areas in order to initiate situation resolution
30. Alerts Supervisor if extended payment arrangements are needed to obtain approval from UM Director
31. Reviews each account for specific third-party billing requirements, including necessary document for prompt billing
32. Coordinates necessary activities with external review agents to ensure timely receipt of all third-party certification required for billing
33. Review account to assure that all third-party identification codes are used correctly according to documentation in computer system
34. Staff resource to hospital departments for information related to documents and other information necessary for billing

35. Contacts referring provider in a timely manner if needed authorization is not initiated on scheduled accounts
36. Utilizes UM Department as a resource for scheduled accounts when authorization cannot be obtained prior to service to determine medical urgency
37. Reviews daily pre-op, surgery and outpatient schedules generated to ensure account information is complete prior to services rendered
38. Obtains necessary referrals, authorization and pre-certifications as needed
39. Obtains patient demographic data not captured during scheduling process, which is necessary for claims processing
40. Determines co-pay, share of costs and deductible status using information obtained during verification process
41. Contacts patient prior to service to advise of OH's policy regarding co-pay and prepares installment agreement, if needed
42. Documents accounting in billing revisions and notes to include verification, authorization, and co-pay to be collected by Patient Registration Representatives at time of procedure
43. Forwards all needed paperwork for outpatient procedures to Patient Registration Representatives to be added to account folder to ensure timely billing
44. Completes and submits a weekly cash collection report
45. Completes and submits a weekly productivity report
46. Demonstrates commitment to total quality management through knowledge of its precepts, skillful workplace applications and continuous organizational improvement
47. Exhibits a customer/supplier philosophy that emphasizes both internal and external relationships
48. Identifies both customer and supplier needs/expectations and strives to exceed them
49. Actively participates in and encourages others to utilize creative and innovative approaches to accomplish tasks
50. Demonstrates responsibility for ongoing personal development, professional growth and continuing education
51. Performs duties in a self-directed manner with minimal supervision or direction
52. Ensures that routine and priority tasks are completed within established departmental time frames
53. Demonstrates a clear understanding of and consistently adheres to department and facility policies and procedures
54. Attends and actively participates in department and facility meeting and classes, including annual fire, safety and disaster programs
55. Follows safety procedures, operates equipment and performs job related duties in a safe manner which prevents accidents from occurring

Qualifications

1. A high school diploma or its equivalent is required
2. Two years of hospital experience and working knowledge of all patients accounting functions, including pre-admissions and admission registration
3. Demonstrated experience in credit, collection and billing is required, preferably in a hospital setting
4. Prior work experience operating a personal computer, in house computer system and other office equipment is required
5. Ability to interpret billing manuals, insurance and/or other third-party coverage
6. Understanding of the third-party review process
7. Understanding of payer funding and authorization procedures to ensure payment
8. Understanding of government/state payers, including eligibility factors
9. Knowledge of medical and insurance terminology is required
10. Ability to type 45 WPM
11. Must be proficient in the use of office machines, including computers
12. Must have excellent interpersonal and telephone skills
13. Must have effective written and verbal communication skills
14. Must possess patient interview techniques
15. Must obtain the ability to prioritize workload and possess ability to meet tight time frames
16. Must obtain the ability to work under minimal supervision, is detail oriented and possess problem-solving skills
17. Must be able to withstand a frequent amount of working at a computer terminal
18. Must obtain the ability to concentrate on detail in the middle of other activities

Lifting Requirements

This position requires repetitive motion (i.e. bending, stooping, twisting, walking, standing, sitting, reaching overhead, pulling or pushing). Manual dexterity required.

Sedentary- generally not more than 10 lbs. maximum and occasionally lifting and/or carrying such articles as ledgers, files and small items.