

6. Business Office Staff

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6.1 Business Office Staff Descriptions

The following sections provide a list of duties and qualifications for key Business Office personnel.

6.1.1 Receptionist

- Duties**
- Addresses patients, visitors, and co-workers in a pleasant and respectful manner; displays courtesy at all times.
 - Directs patient to appropriate person or clinic.
 - Answers questions.
 - Checks and/or validates the patient's schedule on the system.
 - Contacts departments or staff, if needed.
 - Works on various reports in between activities, as assigned by supervisor.
 - Answers telephone calls to facility and directs calls appropriately.
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- Qualifications:**
- High school graduate
 - Personal and friendly patient relations

6.1.2 Admitting Clerk

- Duties**
- Relates well with facility, providers, and patients.
 - Complies with the facility's general policies and procedures.
 - Schedules patient for admission to the facility.
 - Verifies insurance prior to admission.
 - Interviews patient upon arrival at facility.
 - Contacts elective patients to confirm admitting information, assigns appointment time and reminds patient to bring insurance cards.
 - Enters complete and accurate information on the admission record prior to patient's arrival.
 - Obtains signatures for medical and financial documents.
 - Obtains any prior authorization.
 - Assures preadmission testing is completed and is received by the facility.
 - Retains test results, provider records and medical and financial consents until time of admission.
 - Admits patients.
 - Enters complete and accurate information on the admission record.
 - Obtains signatures on medical and financial documents.
 - Prepares and places identification bands on patients.
 - Records and deposits patient valuables properly.
 - Contacts nursing station before the patient is escorted to the assigned room.
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- Either escorts “walking elective patients” or places non-elective patients in wheelchairs and takes them to the nursing station.
 - Complies with facility-wide policies and procedures, safety and disaster plans and the quality assurance program.
 - Attends department meetings to present/exchange pertinent information
 - Prepares reports on admissions.
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- Qualifications:**
- High school graduate
 - Hospital experience is preferred
 - Familiarity with computer systems
 - Positive and cooperative outlook

6.1.3 Check-in Clerk

Note: This function must occur at the point of check-in.

- Checks patient in the Patient Information Management System (PIMS).
- Verify eligibility.
- Identify the order of billing/coordination of benefits based on reason for visit or clinic type.
- Accept payment from non-beneficiaries, if applicable.

The check-in clerk can be under the supervision of a department other than the Business Office, or the position can be combined with Registration based on the patient process.

6.1.4 Registration Clerk

- Duties**
- Greet and register patients.
 - Verify insurance benefits and eligibility within the timeframe set by the facility.
For Medicare and Medicaid: verifies eligibility electronically.
For private or dental insurance: initiates telephone calls to determine eligibility, certification requirements, and any benefit limitations.
 - Makes initial determination on which insurance is primary, secondary.
 - Copies new insurance cards.
 - Makes new patient chart.
 - Has patient sign any required forms.
 - Collects any payments (non-beneficiary only).
 - Checks patient in (scheduled patient).
 - Updates insurance and demographic information (every 30 days) in RPMS.
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- Pulls patient's medical record (walk-in).
 - Enters all information into the RPMS Patient Registration application and free text screen.
 - Notifies staff that patient has arrived.
 - Refers potentially eligible Medicare and Medicaid patients to Patient Benefit Coordinator.
 - Continues to stay informed of any changes in regulations or statutes that could impact reimbursement.
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- Qualifications:**
- High school diploma
 - Exceptional customer service
 - Attention to detail
 - Familiarity with and understanding of insurance
 - Proficiency with computer systems

6.1.5 Appointment Clerk

- Duties**
- Schedules and coordinates patient appointments.
 - Updates provider's schedule into scheduling system.
 - Mails reminder appointment letters to patients or calls to verify appointment.
 - Cancels and reschedules appointments or makes changes to provider's schedule.
 - Contact patients to reschedule appointment.
 - Updates system with no show patients.
 - Prepares monthly report of scheduled, walk-in and no show patients.
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- Qualifications:**
- High school graduate
 - Familiarity with computer systems
 - Exceptional customer service

6.1.6 Patient Benefit Coordinator

- Duties**
- Determines if any other third party alternate resources are available to patient.
 - Coordinates with registration to follow up on potential Medicare and Medicaid patients.
 - Educates registration staff on basics of alternate resource programs.
 - Evaluates patient eligibility for the state Medicaid program.
 - Explains the benefits and values of the Medicaid program to the patient.
 - Assists patient in completing the Medicaid application.
 - Reminds patient of information needed by the state agency.
 - Follows up with state agency regarding eligibility.
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- Maintains a log of all patients to include notes and status.
- Updates the RPMS system on conversations and updates on patient eligibility.
- Sends a notice to the billing office with the new Medicaid number.
- Evaluates patient eligibility for the Medicare pharmacy program.
- Explains the benefits and values of the Medicare pharmacy program to the patient.
- Assists patient with application for pharmacy program.
- Determines when patient becomes eligible and updates RPMS system.
- Prepares monthly reports of activity for Administration:
 - Number of patients identified potentially eligible
 - Number of patients interviewed
 - Number of applications completed
 - Number of patients not able to contact
- Continues to stay informed of any statutes and regulations that could affect patient eligibility.

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- Qualifications:**
- High school graduate or several years appropriate work experience that would indicate a high level of communication skills and organizational ability
 - Previous experience working with state Medicaid, if available, or familiarity with statutes and regulations that impact eligibility
 - Familiarity and understanding of insurance
 - People oriented person

6.1.7 Biller

- Duties**
- Responsible for completing insurance claims for designated third-party payers in a timely and accurate manner.
 - Responsible for correcting all errors in RPMS for orphan test, missing information, etc. prior to submission of claims to insurer.
 - Responsible for assuring that all coding (CPT, ICD-9, HCPCS, etc.) are billed in the correct manner to the insurance company.
 - Validates compatibility and medical necessity between CPT and ICD-9 coding.
 - Inputs computer information for electronic processing and edits of eligible claims (Medicare and Medicaid) and corrects any electronic rejections immediately.
 - Prints, sorts, and mails manual claim forms (private and dental) to insurer.
 - Reviews insurance return mail and determines reasons for return.
 - Reviews inquiries from insurance company related billing specifics, such as coding timely manner.
 - Shares information on any significant changes in coding, benefits, coding errors, etc.
 - Keeps in close contact with the insurer to better understand their specific

coding and billing requirements.

- Conducts random reviews of provider records and coding as part of the quality assurance initiative.
 - Researches all information related to a denied claim and processes a corrected bill in a timely manner, one that is established by the facility.
 - Bills the appropriate primary insurer and follows up that secondary insurance is paid, either manually or electronically.
 - Keeps abreast of CPT, ICD-9, and HCPCS coding.
 - Always respects the confidentiality of medical/charge information in performing job duties.
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- Qualifications:**
- High school diploma
 - Proficiency in the use of computer systems and keyboarding skills
 - Good communication skills
 - Previous experience with coding and insurance requirements

6.1.8 Accounts Receivable

Depending on the size of the facility, the following duties may be split between follow-up and posting. In smaller facilities, they are combined.

- Duties**
- Consistently evaluates the accuracy of third-party payment.
 - Researches, reviews, and resolves any inconsistent payments (under or over the expected amount).
 - Follows up on all outstanding accounts over 45 days, post submission of the claim.
 - Validates that all electronic payments have been appropriately credited.
 - Posts all manual payments and adjustments to patient accounts in a timely and accurate manner.
 - Highlights rejections for billing.
 - Prepares reports for billing supervisor, finance, and area office.
 - Researches and forwards inappropriate payments to either the appropriate facility or Area office or back to the insurer.
 - Regularly foresees potential problem situations and intervenes to offset adverse impact.
 - Checks are verified, copied, tallied, and validated by supervisor or finance staff person.
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- Qualifications:**
- High school diploma
 - Previous accounting or insurance posting experience
 - Attention to detail

6.1.9 Compliance Officer

Duties

- Oversees and monitoring the implementation of the third party compliance program.
 - Reports on a regular basis to the facility's Administrative or Executive committee on the progress of the implementation, any issues to date, and any improvement to the facility's efficiency and quality of services.
 - Periodically revises the program in light of changes in the needs of the facility and/or in the law, policies, and procedures of the government or of the health plans.
 - Develops, coordinates, and participates in multifaceted educational and training programs that focus on the elements of a compliance program.
 - Ensures that independent contractors who furnish medical services to the facility are aware of the requirements of the facility's compliance program, especially with respect to contract providers, or outsourced coding and billing.
 - Coordinates personnel issues with the facility's Human Resource Office.
 - Assists the facility's finance office in coordinating internal compliance review and monitoring activities.
 - Independently investigates and acts on matters related to compliance, including the flexibility to design and coordinate internal investigations and monitor any imposed corrective action.
 - Develops policies and programs that encourage supervisors and staff to report suspected fraud and other improprieties without fear of retaliation.
 - Has the authority to review all relevant compliance documents throughout the facility to include relevant patient records, billing records, and other related data.
 - Coordinates periodic audits on health records, coding, billing, and payment.
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Qualifications:

- High school graduate and Bachelor's degree
- Preference of medical background or experience in health field
- Previous experience with quality or compliance monitoring
- Ability to communicate with individuals throughout the facility
- Understanding of state and Federal regulations

6.2 Performance Appraisal and Productivity

The performance appraisal process begins at the time of hire, with proper orientation of new staff. Daily performance feedback is essential to deal with errors, recognize achievements, and let employees know where they stand.

The performance appraisal is a periodic meeting between the staff person and supervisor to discuss the employee's job performance. This is an opportunity for the supervisor to assess the employee's job performance during a specified period. The discussion of job performance should improve understanding between the staff person and supervisor regarding job responsibility and performance expectations.

It is recommended that annual appraisals and salary reviews be held near the same time, but not necessarily at the same meeting. Salary reviews and adjustments may distract from the performance review and, therefore, dilute its purpose to correct performance and encourage better job productivity.

Timely performance appraisals are essential to maintain the credibility of your performance appraisal process. In situations of misconduct, disciplinary warnings should be issued to the employee.

In the absence of a scheduled discussion, there is often very little performance feedback to the staff person. If the supervisor is too busy to talk, the employee typically assumes that his/her performance is okay. The other common occurrence is that the employee only hears complaints when something goes wrong. Neither opportunity promotes a good understanding of job expectations.

Even though typical performance reviews occur annually, an evaluation should take place to accomplish the following:

- **Correct poor performance**

Corrective performance decisions can be scheduled at any time when it becomes necessary to advise the employee of performance problems and to specify corrective action.

- **Coach for improved performance**

Through coaching and advice, the supervisor can offer suggestions to staff on better or more efficient ways of performing job duties. Through a systematic assessment of the employee's skills and abilities, job assignments can be identified to provide broader experiences or new challenges.

- **Justify pay adjustments**

Employee performance ratings can be used as a basis for making salary adjustments.

- **Evaluate candidates for promotion**

The performance appraisal serves as an excellent process to identify employee career interests and evaluate candidates for promotion.

- **Document personnel actions**

The performance appraisal documents personnel decisions such as promotions, pay increases, transfers, disciplinary actions, or discharges. In the event of subsequent legal proceedings the documented personnel actions help to justify the supervisor's decisions. All actions must be documented and become a part of the personnel file.

The performance appraisal may be based on the criteria of (1) most of the time, (2) Sometimes, or (3) Infrequently.

Make sure the evaluation is based on the most current job description. For each new employee, the job description should be reviewed in detail with the employee. In addition, a signed form should be placed in the employee folder that the information on the job description was reviewed with the employee.

6.2.1 Progressive Performance Evaluations

Most facilities provide an annual review where all performance activities, good or bad, are saved and discussed on an annual basis. There are several pitfalls related to an annual review:

- If overall performance is satisfactory or above, the few areas in which staff fail to meet expectations tend to get neglected.
- Once-a-year reviews often focus on the past three months rather than the actual twelve months; therefore, an accurate picture of the staff members' full year's worth of work is distorted or incomplete or both.
- Annual reviews favor subjectivity. A supervisor's mood on the day the annual review is written can taint or enhance a staff person's evaluation.

A progressive performance evaluation is one that occurs quarterly, with the final review being a culmination of the quarterly reviews. The value of the Progressive Performance Evaluation is that problems and issues can be identified and action plans designed to improve staff performance. The quarterly reviews will also determine if staff is on course to meet targeted facility goals.

Benefits of a Progressive Evaluation are:

- Standards are defined and measurable – The problems with staff who do not meet targeted goals with the first quarter can be identified and improved.
- Staff is evaluated on their actual performance with measurable standards.
- Standards can be evaluated as well – standards can be evaluated and changed as changes in performance or requirements occur.
- A cumulative record is the base for a more complete and accurate review of performance.
- Staff has a good sense of where they stand. With annual reviews, staffs are left in the dark until year end.

6.2.2 Performance Appraisal Traps and Pitfalls

Performance appraisal now carries with it a growing number of potential legal traps, such as in the case where documentation on the performance appraisal does not match the reason for the person being terminated.

The biggest problem or trap is lenient appraisals – stating on the record that the individual's performance is acceptable, when in truth it is unsatisfactory in some respect.

Here are some guidelines to help prevent such legal traps.

- The performance appraisal system is based on the job, with the appraisal criteria arising from an analysis of the legitimate requirements of the position.

Focus on the job, not the person who does the job and whether he/she is meeting the expectations of the job.

- Performance is assessed using objective criteria as much as possible, given the unique requirements of the job. There must be reasons and examples behind the assessment.

- The appraisers have been trained in the use of the system and possess written instructions on how the appraisal is to be completed. This statement means that anyone writing or giving appraisals consistently use the same format and process.
- The results of each appraisal are reviewed and discussed with the employee. Documentation of performance problems and efforts to correct them are necessary.

This is a major concern. If an employee fails to improve and must be let go, it is necessary to prove that the employee knew about the difficulties. The legally defensible appraisal system can be used to demonstrate that the employee knew of the problems and was given the opportunity to correct them.

The following areas represent common employee reactions or responses to performance reviews that can affect the supervisor's comments.

- **Personal problems**

Problems from one part of a person's life will have an effect on other parts. Personal problems in one's personal life can affect work performance.

People have different ways of handling personal problems – some keep problems to themselves and others bring them to work. Therefore, it is important to understand that problems experienced outside of work by the employee, can have adverse effects on work performance.

The evaluator needs to continually relate to the impact on work performance and not get involved with the personal life situations.

- **Defensiveness**

No one can understand the reactions of a staff person, especially when less than positive evaluations are being conveyed. With a defensive posture during the appraisal, the chances of constructive learning and problem solving diminish dramatically.

- **Blind spots**

Many people have their own favored beliefs, opinions, and prejudices that prevent supervisors from seeing that person clearly.

- **Identification**

Many supervisors not only seek employees who mirror their qualifications, beliefs, and opinions, but also appraise employees the same way. Therefore, it is important for the supervisor to focus clearly and deliberately on performance only.

- **Promises**

Do not be swayed into making promises that you cannot keep.

In summary, *do not*

- Argue with the employee
- Scold or reprimand
- Dispense advice
- Wield authority

6.3 Examples of Performance Evaluation Criteria

The following examples of performance evaluation criteria can be used in evaluating your staff based on current job description.

Note: The criteria listed in the following sections are guidelines only.

6.3.1 Check-in Clerk Performance Evaluation Criteria

- Demonstrates responsibility for accurately completing the check-in process for every patient.
- Is reliable in keeping work schedule.
- Is appropriately dressed.
- Maintains professional attitude and courtesy while obtaining information from all patients.
- Informs all staff in a timely manner of patient's arrival.
- Maintains logs of activities.
- Works with the supervisor on any potential issues or problems in a timely manner.
- Cooperates with IHS staff in registration area.

6.3.2 Admitting Clerk Performance Evaluation Criteria

Performance Factor	Evaluation Criteria
Reliability	<ul style="list-style-type: none"> • Reports to work on time and/or early enough to start work at assigned time • Takes responsibility for knowing and keeping work schedule • Notifies supervisor in advance of requests for scheduling changes • Is appropriately dress for facility
Cooperation	<ul style="list-style-type: none"> • Recognizes need for changes in daily routines • Demonstrates willingness to adjust work schedule due to illness, etc. • Treats every patient and staff person with courtesy, respect, and concern
Initiative	<ul style="list-style-type: none"> • Maintains adequate supplies and when necessary orders new ones • Assumes responsibility for maintaining clear and orderly work area
Responsibility	<ul style="list-style-type: none"> • Recognizes and resolves financial problems • Oversees and supervises admitting office personnel in absence of immediate supervisor • Discerns and reports to appropriate supervisor problems requiring his or her attention • Follows through to complete assignments and projects • Maintains accurate bed list and count of admissions • Assigns patients to beds according to the facility procedures • Places correct, complete and appropriate information in patient's record • Makes sure patients' papers are properly completed • Acquires pertinent information regarding emergency admissions • Add admissions requiring insurance verification are handled in a timely and accurate manner • Demonstrates willingness to train and support new staff • Problem situations are resolved appropriately and independently • Plans ahead
Communication	<ul style="list-style-type: none"> • Gives accurate and thorough report • Maintains inter- and intradepartmental working relationships • Alerts necessary people of computer shutdowns • Is diplomatic in dealing with financial problems, department errors

6.3.3 Registration Staff Performance Evaluation Criteria

Performance Factor	Evaluation Criteria
Confidentiality	<ul style="list-style-type: none"> • Discusses only appropriate patient information in public and private areas protecting the confidentiality and dignity of all patients • Releases only appropriate patient information over the telephone • Maintains record confidentiality by sending all internal and external written patient information in sealed envelopes • Follows facility policy on release of information
Patient Relations	<ul style="list-style-type: none"> • Meets and greets all patients and patient families with an appropriate, friendly greeting • Answers phones with a pleasant voice in a timely manner and transfers calls according to department policy • When placing calls on hold, follow policy, returning to the caller at regular intervals, to ensure excellent communication • Takes and forwards all messages to the appropriate staff • Responds to all complaints and forwards information to the correct person • Exhibits a positive attitude and provides assistance to all patients
Registration Process	<ul style="list-style-type: none"> • Ensures each patient is assigned an appropriate patient record number • Obtains and inputs complete and accurate patient demographic and other information into the RPMS registration application • Obtains all insurance information for the patient and updates the system accordingly and timely • Obtains assignment of benefit forms, signature-on-file forms and other forms as needed • Refers appropriate patients to the Benefit Coordinator • Ensures that all patients are registered in a timely manner, prioritizing registrations during periods of high volume • Enters all other data as required by the registration area for proper reporting and documentation • Problem situations are resolved appropriately and independently
Collection	<p>(for non-beneficiaries only)</p> <ul style="list-style-type: none"> • Accepts payments and issues receipts to all patients • Ensures accurate patient-related information and patient medical record numbers are listed with every payment accepted • Inspects all checks for accuracy and completeness • Completes a tallying sheet on all checks received in a given day • Accurately labels receipt envelopes and submits to finance office • Ensures safety of all cash, checks and charges received • Certified as collection agents, based on Financial Management and Integrity Act (contact your finance officer to obtain training)

Performance Factor	Evaluation Criteria
Responsibility	<ul style="list-style-type: none"> • Adheres to and is aware of all procedures • Refers to policy or operation manuals as needed • Updates supervisor on any issues • Follow dress code • Adapts flexibly to scheduling decisions and changes to meet staffing needs
Quality Improvement	<ul style="list-style-type: none"> • Participates in department meetings • Participates in in-services and training programs • Reports completely and accurately any incident that may warrant review by a Risk Manager • Consistently and accurately records any requested quality data and reports this information in a timely manner • Consistently maintains department standards

6.3.4 Patient Benefit Coordinator Performance Evaluation Criteria

- Communication activities promote positive patient relations and follow through from patients
- Increases the number of qualified eligible patients for alternate resources
- Problem situations are resolved appropriately and independently
- Participates in department meetings
- Has developed a close working relationship with registration and has trained registration on the eligibility requirements for Medicaid
- Has appropriately documented the results and outcomes in RPMS
- Has communicated timely to billing when patients have received a Medicaid number
- Knowledgeable of state and Federal alternate resource programs
- Track status of applications and provides summarized information to management
- Assists patients with appeal processes

6.3.5 Biller Performance Evaluation Criteria

- Billing is maintained at an acceptable level, minimizing backlogs
- Accuracy and proficiency of billing are within acceptable measurements
- Problem situations are resolved appropriately and independently
- Supervisor is made aware of any unusual problems, consistent insurer problems, or significant issues that may impact timely reimbursement

- Follow up with insurers is done within the timeframes established by the facility
- Consistent or repetitive system errors are conveyed to the supervisor in a timely manner
- Information related to follow up is accurately documented in the RPMS
- Billing errors are maintained at an acceptable percentage (90% or 95% accuracy)
- Random periodic audits of documentation, coding and billing
- Knowledge of HIPAA security and privacy rules for electronic transactions

6.3.6 Accounts Receivable Performance Evaluation Criteria

- Manual accounts are posted to patient accounts in a timely manner, one that is set by the facility
- Posting errors are maintained at an acceptable level (95% and above accuracy)
- Errors and issues are resolved immediately
- Check validation and verification process is adhered to 100% of the time
- Backlogs are maintained at a minimum
- Denials are researched and appealed in a timely manner
- Monthly reconciliation completed in a timely manner
- Monthly accounts receivable reports provided to management in a timely manner
- Monitors the unpaid accounts beyond 45 days
- Processes refunds according to facility's policy