

## POSITION DESCRIPTION

INCUMBENT: \_\_\_\_\_ CSN: \_\_\_\_\_ FLSA STATUS: Non-Exempt

PRESENT CLASSIFICATION: Patient Services Specialist DATE: \_\_\_\_\_

WORKING TITLE: Financial Counselor

DEPARTMENT/DIVISION: Family and Community Medicine

### **Function**

This position works on-site at the Federally Qualified Health Center (FQHC) and serves as a financial counselor to patients. The position is responsible for assisting patients in obtaining medical coverage through the FQHC, setting up payment plans, or qualifying and enrolling patients for coverage through the Affordable Care Act either with Medicaid or through the State of Illinois Insurance Exchange Marketplace.

### **Organizational Relationship**

This position reports to the Director of Finance of FQHC, Department of FCM, who reports to the Executive Director of FQHC, Department of FCM.

### **Duties and Responsibilities**

The following information is intended to be representative of the work performed by incumbent in this position and is not all-inclusive. The omission of a specific duty or responsibility will not preclude it from the position if the work is similar, related, or a logical extension of position responsibilities.

Demonstrates, by actions, commitment to the mission and the behavioral standards of SIU School of Medicine. Provides excellent service to both internal and external customers through collaboration and partnership; compassion and respect; integrity and accountability; diversity and inclusion; as well as continuous learning and improvement.

### **Patient Assistance**

**40%**

1. Enforce and implement federal and state rules and regulations regarding eligibility for patients who need insurance
2. Assist patients who qualify for Medicaid or for the purchase of Insurance through the State Insurance Exchange Marketplace.

3. Assist patients in completing application for means testing and inform patients of required personal financial statements and documents.
4. Review patient applications and financial statements and following the process for "Means Testing", inform patient what plan or plans they qualify.
5. Document notes and adjustments in the practice management system to keep patient's account accurate and up to date and to inform others who may access the account.
6. Assist patient by providing the appropriate information for them to apply for coverage through the appropriate plan or assist them to apply on-site through the patient kiosk.
7. Keep detailed records to include patient's application for assistance and patient's financial statements.
8. Prepare weekly and monthly reports for Administrator to include numbers of applications reviewed, numbers approved, and numbers of patients who qualify for plans by percentage of poverty level.

### **Financial Counseling**

**30%**

1. Handle patient requests on-site or by telephone regarding billing process and Inquires and make appropriate entry of actions taken in the practice management system.
2. Meet with patients to collect on accounts and discuss payment options and set up payment plans.
3. Utilize Internal and External Systems; such as: SIU's Patient Medical Scheduling, SIU's Medical Revenue Cycle, State of Illinois Medi System, or Medicare's System
4. Attend weekly/monthly meetings organized by Illinois Health Connect (Medicaid) to relay information and provide updates.
5. Stay informed of online updates from HFS, CMS and forward important information to appropriate units affected, i.e. changes in payments for certain services, etc.
6. Perform eligibility checking using various systems as needed.

### **Insurance Marketplace Affairs**

**25%**

1. Research and stay up to date on other coverage options for patients, i.e. Illinois Breast and Cervical Cancer Program (IBCCP), Planned Parenthood, Local/County Health Departments, and others.

2. Respond to a variety of questions from physicians, hospitals, government agencies, insurance companies and related interested parties concerning the status of insurance claims.
3. Attend workshops and seminars conducted by the Illinois Primary Health Care Association and the State of Illinois to stay informed.

## **Service**

**5%**

1. Attend weekly meetings or as needed.
2. Remain up to date with safety and other University required mandates and training.

## **Minimum Qualifications**

A combination of the following categories totaling three years, with a minimum of two years of work experience in patient services:

- 1) Work Experience: Progressively responsible experience in patient services work (such as admissions, billing, collection, and/or interviewing) in a hospital or clinic setting.
- 2) Education: College credit for coursework in business, finance, public administration, or a social science
  - a. College credit will be evaluated on the basis of one semester hour being equivalent to 1.5 months of experience

## **Skills, Abilities and Knowledge Required for the Job**

Demonstrated proficiency in the application Microsoft Office including Outlook and Word.

Ability to work independently, evaluate problems, and develop and implement action plans.

Communication skills and ability to interact with other employees, as well as faculty and staff, dealing tactfully with controversial issues.

Knowledge of, or the ability to learn federal and state policies, procedures, laws, regulations, and codes applicable to the administration insurance programs.

Sensitive to the needs of underrepresented minority populations.



# PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

SIU SCHOOL OF MEDICINE

Incumbent: \_\_\_\_\_ Classification: **Patient Services Specialist**

Position No. (If applicable): \_\_\_\_\_ Department: **Family and Community Medicine/Springfield-SMS**

**WORK ENVIRONMENT: (Check all applicable environments)**

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Clinic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Research Laboratory	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Other (Be Specific): _____	

PHYSICAL DEMANDS:	Seldom	Occasionally	Frequently	Constantly	N/A
(Indicate frequency of activity during performance of position duties)	(Performed rarely less than 2% of the time)	(Performed less than 25% of the time)	(Performed 26% to 50% of the time)	(Performed 51% or most of the time)	

*(Click on the Physical Demands Definitions button at the bottom of the form for a list of physical demands definitions)*

Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Close visual acuity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Travel	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing - Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hearing - Other Sounds	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stooping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in dust, fumes, gases, or irritants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in extreme cold, heat and/or humidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in close quarters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Operating motor vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working above shoulder level	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twisting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing or pulling	Less than 5 lbs.				<input type="radio"/>
Carrying	10 - 20 lbs.				<input type="radio"/>
Lifting	10 - 20 lbs.				<input type="radio"/>
Other (Please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I affirm the environmental and physical demands listed on this form are an accurate reflection of the requirements of this position to the best of my knowledge and belief.

I have read, understand and am capable of meeting the physical and environmental demands of this position.

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_