

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☐ Yes ☒ No If yes, please list all employee names.

Division:

Department:

For Individual Questionnaires Only:

Employee Name: Gray Chasity D
(Last) (First) (Middle Initial)

Current Classification Title: Finance Technician

Division Ambulance Billing **Department** GJ Fire Department

Total Length of Time with organization 4 Years 7 months

Total Length of Time in Current Position 1 Years 3 months

Assigned Hours/Week:: from 7:30am **to** 4:30pm **Assigned Days/Week** 5

Email: chasityg@gjcity.org **Work Phone:** 970-244-1417

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jim Bright **Name:** Ken Watkins

Title: Deputy Chief of Administration **Title:** Fire Chief

Work Phone 970-244-1466 **Work Phone:** 970-1415

E-mail: jimb@gjcity.org **E-mail:** kenw@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

To review, process, complete and follow up on all ambulance transport claims in order to bill either the patient's or responsible insurance party. To provide customer service to patients, attorney's, and medical professionals regarding all medical transports done by the ambulance.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

- a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	0
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	3
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

YOUR COWORKERS' JOB TITLES

Chiefs
Senior Administrative Assistant
Finance Technicians
Fire Fighters
Paramedics
EMT's
Fire Prevention

YOUR DIRECT REPORTS' JOB TITLES

Please indicate the nature of the group supervised and the number supervised

☐ Full Time

☐ Part-Time

☐ Seasonal/Temp

☐ Volunteer

☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Fire Crews/EMT/Paramedics	Daily	Follow up with incomplete reports or missing information. Request all missing information which includes missing signatures, incorrect addresses in reports, or conflicting information that must be corrected before billing
Finance Technicians	Daily	Ensure all trip information is entered in correctly so that payments can be posted accordingly, for refunds to be processed if necessary, and ensure all claims have been sent to proper insurance companies
Chiefs	Weekly	Give them weekly updates of where we are at based on dates of entry, send suggestions on how the crews could improve performance, update them on any misc. anomalies that have happened so that they can be watch out for.
Financial Aid Bord	Monthly	Prepare all financial aid paperwork on a monthly basis for review. Send incomplete information to patients so their application can be reviewed at a later date.
IT	Weekly	Talk with IT regarding issues with programs and how to improve imports of information from one system (High Plains) to billing System (Zoll)
Finance	Daily	Process credit card payments from customers so that Finance has information for end of month closing and to help determine future revenue forecasts

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Patients	Daily	Answer all phone calls from customers regarding account information which includes insurance information, setting up payment arrangements, assisting them with missing information needed to send account to insurance company, update mailing information, process credit card payments, assist customers who walk in with questions and or payments. Send out invoices on a daily basis.
Zoll	Quarterly	Ask questions regarding program details or glitches in the system
High Plains	Quarterly	Ask questions regarding program detail or glitches in the system
Hospitals/Nursing and Assisted Living Homes	Daily	Request missing insurance information, address information, face sheets, medical records for

		appeals, assist with billing questions regarding facility accounts, and send them missing patient care reports. Also assist with scheduling Long Distance Transports of Patients
Attorneys	Weekly	Process all record requests ensuring we have all the proper documentation, that the attorney's office is billed for those copies, process payments when they are returned.
Insurance Companies	Daily	Follow up with insurance companies regarding status of claims. Send them any missing information needed to process claim which includes trip notes or copies of previous denials from other agencies.

3. ESSENTIAL DUTIES.

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

Essential Duties: Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

Decisions Required: List the decisions you make to carry out the essential duties.

Frequency: Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

Percent of Time: Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

Attach additional sheets if necessary.

E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Prepare and enter all trip information to be billed. This includes creating batches from High Plains to be imported into Zoll, attaching all PCR's, Face Sheets, PCS forms, EKG strips, etc to all the customer files in Zoll. Then I must go through all of the trips daily to ensure that we have all the proper documentation in order to bill the insurance companies (which is set forth by medicare rules). Enter all trip data including ICD 9 codes	What information is needed to make a file complete, which insurance company needs to be billed as primary vs. secondary, which ICD 9 codes are best to use based on PCR created by EMT's that are with in the medicare guidelines, understanding the rules and regulations of each insurance company	Daily	60%
2	Answer phone calls from patients, insurance companies, attorney's offices, and family members to direct them on what information we need in order to get an account paid in full and whether or not the account is ultimately the patient's responsibility. Direct them to what other options they have as patients to get insurance company to cover costs.	Ensure that I am able to speak to the person on the phone regarding medical information vs just billing information. Determine why an insurance company would not have paid a claim, as well as determine if the right insurance company was billed based on the medical necessity of the transport	Daily	10%
3	Follow up on all trips that need pre-approval from VA Hospital, Hospice, or State Medicaid	Need understanding of when a prior approval is required.	Weekly	5%
4	Request all missing information from hospitals, nursing homes, assisted living centers which can include face sheets, PCS Forms, insurance information, or other personal patient information.	An understanding of what paperwork is necessary when transporting a patient emergent vs. non emergent	Daily	5%
5	Process return mail, which include checking websites, polk, or calling the patient for updated mailing information.	Need to know what resources are available to find patient information as well as not violating HIPPA laws when requesting information from possibel other sources such as family members who answer the phone	Daily	3%

6	Process all financial aid applications for patient's needing assistance with paying their bills	Understanding City policy when it comes to documentation need to consider an application complete, understand the CACP and Poverty guidelines so that you can answer questions customers may have	Monthly	3%
7	Working assigned ques which include VA Holds, Hospice Holds, Return Mail, Return mail insurance billed, PCS Holds, Crew Signatures, Face Sheet requests, 3 rd Party Liability. These ques are worked weekly to ensure all requests are sent in and documented in the files.	Need to understand what information needs to be requested whether it is a face sheet which is required for each transport, police records to find out auto insurance information for a car accident, or faxing pre-authorizations to organizations	Weekly	4%
8	Follow up with Insurance companies either by phone or through their websites to determine eligibility and whether or not they paid the patient	Need to know what insurance companies we have contracts with as if we do not have a contract with them, they are not obligated to send us the check, they can send it to the patient which then in turns requires a follow up with them. Need to understand how to maneuver through the companies websites and have an understanding of what information is required in order to look up claims	Daily	10%
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

Knowledge: refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

Skills: refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge – Skills
1,2,3,5,	Must know and understand all HIPAA Laws and Medicare Rules
All	Basic data entry skills - 60wpm and 10 key typing
1	ICD 9 Coding
All	Basic knowledge of operating office equipment - computers, phone, fax, copy machines
All	Ability to make sound judgements
All	Ability to multi-task
2,3,4,5,8	Ability to communicate clearly and concisely both orally and in writing
2,6	Understanding of all city payment and discount policies available to our patients

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Ambulance Coder Certification - Required by Medicare

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Front Office Experience	5 years	Front office experience	2 years
Customer Service	15 years	Customer Service Experience	3 years
Medical Industry Experience	3 years	Medical Industry Experience	2 years

a. What field (s) should training or degree be in?

Medical industry experience would be preferred with an emphasis in coding. The ability to obtain the an Ambulance Coding Certification with one year of employment would be required

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

Ambulance Coding Certification and being able to continue to obtain educational credits to keep your license current and up to date. This can be done either online or by attending conferences.

4. MACHINES, TOOLS AND EQUIPMENT. List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
All	Computer	Daily - you will be glued
2,3,4,5,8	Phones	Daily - through out the day
1,2,3,4,6,7,8	Printer	Daily - all day
All	Scanner	Daily - through out the day
All	Fax	Daily - all day

5. DECISION-MAKING & JUDGMENTS.

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. When coding a claim, you need to be able to determine which codes best describe the patient's medical necessity for ambulance transport without trying to up code in order for the insurance company to pay. All of the decision made have to be within the Medicare and Federal guidelines

2. Being able to determine what information you can give a patient and or relative over the phone. You must be able to identify that the person you are speaking with is actually the patient, if not, there is limited information you are able to pass along so that you do not violate HIPPA Laws

3. Understanding when you must ask the EMT's or Paramedics to provide additional information on a patient's transport. The report must fully support your ICD 9 coding.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	0--Never	0--Not Important	
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	4--Weekly	0--Not Important	5,6
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	5,6
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,2,5
Standing: Particularly for sustained periods of time.	0--Never	0--Not Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	All
Pushing: Using upper extremities to press against something with steady force in order to thrust	4--Weekly	1--Somewhat Important	2,4

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	1--Somewhat Important	5,6
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	All
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	All
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	2--Quarterly	1--Somewhat Important	1,5,6
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	All
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	2,3,4,7,8
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	3--Monthly	2--Very Important	1,5,6

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	1--Annually	1--Somewhat Important	1,5,6
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☒ **Does Not Apply**

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

There is a lot of follow up work that is required with this position, whether it is following up with insurance companies, patients, hospitals, care facilities or even our own internal staff. All of this follow up work is essential for correct billing practices.

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed:

Chaity Gray

Date:

10-19-2012

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

☒ I agree with the incumbents' position questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature:

Charley Gray

Date:

10-19-12

Supervisor
Signature:

J. D. L.

Date:

10/19/12

Department Head
Signature:

L. Watson

Date:

10/22/12

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
--	---

Division: Fire Depatment **Department:** EMS Billing

For Individual Questionnaires Only:

Employee Name: Ottman Becky L
(Last) (First) (Middle Initial)

Current Classification Title: Finance Tech

Division Ambulance Billing **Department** Fire

Total Length of Time with organization 5 Years 4 months

Total Length of Time in Current Position 2 Years 01 months

Assigned Hours/Week:: from 07:00 **t o** 18:00 **Assigned Days/Week** 4

Email: beckyo@gjcity.org **Work Phone:** 970-244-1467

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jim Bright **Name:** Ken Watkins

Title: Operation Fire **Title:** Chief

Work Phone 970-244-1466 **Work Phone:** 970-244-1415

E-mail: jimb@gjcity.org **E-mail:** kenw@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

Ambulance Billing:

Performs a wide variety of responsible and complex administrative EMS Division of the Fire Department as well as instructing/training coworkers in the use of a variety of software programs. Currently, the main emphasis of this job is on ambulance transport billing. This position is required to have diverse internal and external contacts to enable her to independently resolve frequent internal and external customer issues

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

- a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	118
<input checked="" type="checkbox"/>	I make work assignments for others.	3
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	118
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	13

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

YOUR COWORKERS' JOB TITLES

Part Time EMT
Part Time Paramedic
Fianance Tech
Seasonal Part Time Finance Tech

YOUR DIRECT REPORTS' JOB TITLES

Please indicate the nature of the group supervised and the number supervised

☐ Full Time ☐ Part-Time ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Finance	3 time week	Billing questions pertaining to the EMS ambulance transports. Track cumulative totals for ambulance billing and provide dispatch per finance department requests. Bankruptcy, monthly reports, payroll, VA & Medicaid Payments
Legal	1once every 3 months	Patient Estate paperwork, Contracts
Battalion Chief	Daily	Cordinate for any out of town transfers and staff that is covering those events. Figure out what ambulances are available
EMS Single Role Part Time Employees	Daily	Call to find staffing for any out of town transfers, standbys or any other staffing needs. Provide information on various office processes. Provide instruction for records management systems.
Ambulance Staff	Daily	Instruct on correct process for EMS billing. To receive help with the data input of the patient care reports and the end of the month report calculations

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
St Mary's Hospital	Daily	Patient records for face sheets, medical records for insurance appeal. Customer service for issues or problems, Provide training to staff ER Department, work with Nurses and Doctors to received proper paperwork needed to bill Medicare Accounts payable
Community Hospital	Daily	Patient records for face sheets, medical records for insurance appeal. Customer service for issues or problems, ER Department, work with Nurses and Doctors to received proper paperwork needed to bill Medicare Accounts payable
VA Hospital	Once Week	Patient records for face sheets Customer service for issues or problems, ER Department Accounts Payable
Hospice	Daily	Hospice Approvals

		Customer service for issues or problems Provide training to staff Accounts payable
Nursing Homes	Once month	Accounts payable
Doctor office	Occassionally	Obtain proper paperwork needed to bill insurance Companies
Clifton and Fruita Fire Department	Occassionally	Training

3. ESSENTIAL DUTIES.

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

Essential Duties: Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

Decisions Required: List the decisions you make to carry out the essential duties.

Frequency: Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

Percent of Time: Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

Attach additional sheets if necessary.

E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>

<i>publication and overseeing distribution.</i>			
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Phone calls, visitors and mail, assist the public and other City staff in interpreting and applying City policies, procedures, responds to and track complaints and request for information and follow up. The processes below are sometimes very complex and time consuming	1, Incoming phone calls 2. Patient over the counter request and payments 3. Medicare and Medicaid requests 4. Insurance requests 5. Bankruptcy notices 6. Attorney request and invoices 7. Complaints 8. Mail out signature letters, insurance information, patient invoices	Daily	2%
2	Maintain a calendar of standby events, meetings and various events for assigned staff. Coordinate meetings with other City departments, the public and outside agencies.	1. Maintain a calendar of standby events with Amber Peck 2. Meetings with staff for training 3. Meetings with Hospitals 4. Meetings with Nursing Homes 5. Meetings with Finance	Daily	2%

3	Administer databases: perform data entry, make adjustments and updates to user tables, screens and reports; train and monitor users.	1. Assign databases to EMS Biller for information needed on daily, monthly and yearly basis 2. Update user rights to Zoll reports 3. Monitor users on monthly basis: 4. Coordinate and verify with dispatch a. Incidents that do not show up on daily reports to see if they are transports or canceled b. Verify which calls are EMS and which calls are Fire calls 5. Make sure patient care reports are complete (this requires careful analysis of each billing screen and can be extremely time consuming) 6. Export daily data from Highplains into Zoll	Daily	2%
4	Research and develop forms related to assigned area of responsibility; monitor and update department materials and manuals.	1. Update: a. In-house forms with Medicare updates b. Zoll forms with Medicare requirements c. Policy and Procedure manuals when needed d. Assist with updates in High Plains database 2. Train EMS Billing personnel on new forms and requirements	Annually	3%
5	Perform accounting work involved in financial record keeping and reporting for assigned area; verify, balance and adjust accounting records including journal entries. Enter, verify and administer data in various assigned systems: make adjustments and update customer/vendor accounts, user tables and screens. Create and maintain reports.	1. Monthly Income spreadsheet 2. Month-end reports 3. Balance month-end 4. Balance High Plains transports with Zoll transports 5. Assist with data entry when needed	Monthly	2%

6	<p>Process, prepare and review invoices, vendor accounts, deposits and payments. Check for discrepancies, correct inaccuracies and reconcile accounts. This can be complex and time consuming.</p>	<ol style="list-style-type: none"> 1. Create invoices. Requires specialized knowledge: <ol style="list-style-type: none"> a. When to bill patients, insurance companies, hospitals and nursing homes b. When to bill ALS and BLS rates c. Who needs to be billed and in what order d. When to send out approvals and authorization forms for a vendor to pay e. Medical billing (HC PCS) codes f. Billing modifiers numbers and when to use them g. How to bill multiple patients transported in one ambulance h. When Physician Certifications (PCS) are used and completed and processed correctly i. Who is able to sign for a patient when a patient is not able to sign for self j. When waiver of liability must be signed (ABN) in order to be able to process invoice k. Identifying and process dialysis patients with correct documentation 1. When to bill the VA Hospital m. When Flight teams are utilized and who to bill 2. Create weekly deposit 3. Post payments on correct spreadsheets 	Daily	25%
7	<p>Prepare, reconcile and submit daily, monthly, quarterly and annual reports related to EMS; maintain necessary records and logs.</p>	<ol style="list-style-type: none"> 1. Reports on daily bases to be able to balance the number of patients transported and patient refusals. 2. Reports for month end 	Daily	2%

8	Review, track and process delinquent accounts and coordinate with outside collection agency as necessary.	<ul style="list-style-type: none"> 1. Review all delinquent account to identify any insurance companies that have not processed an invoice. 2. Contact relevant insurance companies to identify reason for non-payment 3. Send delinquent accounts to collections monthly. 	Monthly	2%
9	Provide information to vendors and external customers, receive and verify payments from patients and insurance companies, enter information into patient's file; reconcile accounts.	<ul style="list-style-type: none"> 1. Ensure compliance with HIPAA regulations before releasing information 2. Receive and verify payments from patients and insurance companies. <ul style="list-style-type: none"> a. Enter information into patient's file. b. Reconcile account. c. Determine who the next payer is. d. Send out invoice. 	Daily	20%
10	Process, verify and review materials, applications, records and reports for completeness and conformance with established regulations and procedures. Apply applicable policies and procedures in determining completeness of applications, records and reports. Conduct research of files, records and databases, provide information and forms to the public and employees, collect, process and distribute appropriate information. This process can be complex and time consuming. It requires specialized knowledge in:	<ul style="list-style-type: none"> 1. Updated Medicare rates 2. Medicaid Authorizations 3. Contract updates 4. Yearly updates in policies and procedure 5. Releasing patient records and recording in appropriate database 6. Daily audit input between High Plains and Zoll 7. Medicare/Medicaid applications 8. Insurance applications 9. How to create forms for staff to use for transports 	Annually	2%

11	Oversee administrative process or program. Develop and monitor procedures. Track and compile data for special project and programs. Collect and assemble data and background materials for a variety of reports. Ensure supplies, contract and related items are available and in compliance.	Monitor: a. Data input process b. Medicare updates c. Billing updates d. Refunds to patients and insurance companies 2. Compile information for Homeless patients 3. Update contract information and Medicare rates	Quarterly	5%
12	Organize and maintain filing systems; maintain records related to specific area of assignment.	1. Attorney request 2. Record requests 3. Contracts	Daily	1%
13	Assist in planning and coordination functions and events; respond to request for information.	1. Standby events 2. Long distance transports 3. Scheduling and staffing	Daily	2%
14	Assist in maintaining department website: develop and update content. Assist in troubleshooting website issues and work with IT to resolve issues. Research, track and respond to website questions and inquires.	1. Assist in maintaining EMS Billing updated forms on website 2. Develop new forms and put on website as needed 3. Troubleshoot website and work with IT with Gateway (Billing Clearinghouse) to resolve issues with insurance rejections. Review claims that are overlooked in the process 4. Troubleshoot and work with IT with Zoll Billing program. 5. Respond to nursing homes and hospitals on website concerns and issues	Daily	2%

15	<p>Process department accounting data including accounts receivable, credit cards and payroll; input corrections and updates; code data; verify data of accuracy and completeness; conduct inquiries and complete report writing; complete journal entries; research and resolve issues.</p> <p>Complete monthly spreadsheet on monies received and monies posted to Zoll (Billing System); Correct data on monthly spreadsheet and verify.</p>	<ol style="list-style-type: none"> 1. Credit card payments <ol style="list-style-type: none"> a. Send letters to patients b. Refund overpayments, if necessary. 2. Specialized knowledge is needed: <ol style="list-style-type: none"> a. To determining when to write off and how much to write off on Medicare payments and other government agencies when we are contracted with them. 3. Complete daily deposit reports in Zoll billing system, make correction, if needed, and record on monthly spreadsheet 4. Complete payroll process for single-role staff and act as back-up person for payroll for Fire line employees and administrative staff. Enter upgrade pay and codes for other pay. 	Daily	5%
16	<p>Track and resolve customer and other departments' questions, issues and inquiries; research and disseminate responses; research and resolve sometimes complex issues and problems; work to resolve issues with difficult customers.</p>	<ol style="list-style-type: none"> 1. Hospital and nursing home issues and resolve 2. Other Fire Department issues with billing and training 3. All difficult EMS customers are referred to me for resolution of problems 4. Work with Finance to resolve issues with end-of-the-month reports and bankruptcy filing 5. City Attorney's office with Estate issues 	Weekly	3%
17	<p>Recommend and assist in the implementation of goals and objectives for assigned EMS Billing; develop, implement procedures; evaluation of operations and activities of assigned responsibilities; recommend improvements and modifications.</p>	<ol style="list-style-type: none"> 1. Assign responsibilities to EMS staff 2. Implement procedures to EMS staff 3. Recommend goals and objectives 	Weekly	2%

18	<p>Prepare, maintain and review a variety of records, documents, manuals and logs; recommend and implement records management procedures and process; monitor compliance of the record management system.</p>	<ol style="list-style-type: none"> 1. Review records, documents, manuals and logs 2. Review Power-of-Attorney records for medical records 3. Review Attorney request for proper information 4. Review bankruptcy notices 5. Maintain policy and procedure manual 6. View HIPAA manual and maintain logs 7. Recommend record management procedures, contracts 8. Maintain and manage patient record request 	Daily	5%
19	<p>Perform highest level of work within assigned function; complete projects related to assigned function; conduct research and implement change and updates; monitor and update EMS/function manuals and procedures; audit work of other EMS staff</p> <p>20. Act as supervisor when formal supervisor is absent.</p>	<ol style="list-style-type: none"> 1. Medicare/Medicaid changes and regulations 2. Maintain 20 hours of continued Education a year for Medicare/Medicaid rules and regulations 3. Train Fire and EMS staff on the new rules and regulations yearly 4. Maintain contracts for hospitals and nursing homes 5. Maintain contract for standby events 6. Verify long-distance transfers for payment, appropriate level of care and staffing 7. Complete projects and reports Fire Chief needs related to EMS 8. Research and implement changes and updates with staff and line employee 9. Monitor and update manuals and procedures 	Quarterly	<p>10%</p> <p>3%</p>

4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

Knowledge: refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

Skills: refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge – Skills
1, 2,3, 5,7,8,9,13,14,16,17, 20	Knowledge
4,6,10,11,12,15,18, 19	Skill

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Certified Ambulance Coder Certificate, Medicare and Medicaid laws, HIPAA Laws.

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>You</u>	<u>Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Customer Service	38	years		5 years
Supervisor	10	years	5	3 years
EMS Billing	32	years	3	1 years

a. What field (s) should training or degree be in?

HIPAA Training, Ambulance Coder degree, Medicare and Medicaid laws

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

Ambulance Coder
Medicare and Medicaid laws
HIPAA Compliance
Customer Service

4. MACHINES, TOOLS AND EQUIPMENT. List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
1-20	Computer	Daily
1-20	Copier	Daily
1-20	Fax Machine	Daily
1-20	Telephone	Daily
5,7,15,16	Calculator	Daily

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 - 1. Working with the Ambulance Billing personnel on work load and work duties.
 - 2. Working with Medicare and Medicaid patients and knowing the correct procedures on who to bill and how much we can bill.
 - 3. HIPAA compliance. Attorney and customer request for Patient Care Reports. Knowing who are able to obtain records and what documentation is needed.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

0 – Never

1 – Annually

2 – Quarterly (at least 3 per year)

3 – Monthly (at least 8 per year)

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

0 – Not Important

1 – Somewhat Important

2 – Very Important

3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	4--Weekly	2--Very Important	1,4,7,9
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	2--Very Important	all
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	1,4,6,7,13,14,19
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	1,4,6,7,13,14,19
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	1,4,6,7,13,14,19
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	all
Standing: Particularly for sustained periods of time.	5--Daily	1--Somewhat Important	all
Walking: Moving about on foot to accomplish	5--Daily	2--Very Important	all

tasks, particularly for long distances.			
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	1--Annually	2--Very Important	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	1--Annually	2--Very Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	all
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	all
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	3--Monthly	2--Very Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	all
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	all
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	all
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	all
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are	5--Daily	3--Extremely Important	all

sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.			
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5--Daily	2--Very Important	all
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	0--Never	Select	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	Select	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	Select	

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☒ **Does Not Apply**

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: Bucky Ottman Date: 10-23-12

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

☒ I agree with the incumbents' position questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature: Becky S. Ottman Date: 10-23-12

Supervisor Signature: [Signature] Date: 10-23-12

Department Head Signature: [Signature] Date: 10/23/12

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
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Danella Ferguson

Finance Technician

Division: EMS/Ambulance Billing Office

Department: Fire Department

For Individual Questionnaires Only:

Employee Name:	Ferguson	Danella	D
	(Last)	(First)	(Middle Initial)

Current Classification Title: Finance Technician

Division	GJFD	Department	Ambulance Billing Office
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Total Length of Time with organization 3 Years 6 months

Total Length of Time in Current Position 1 Years 6 months

Assigned Hours/Week:: from 6:00 **t o** 5:00 **Assigned Days/Week** 4

Email: dannif@gjcity.org **Work Phone:** 244-1419

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Jim Bright	Name:	Ken Watkins
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Title:	Deputy Fire Chief	Title:	Fire Chief
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Work Phone	244-1466	Work Phone:	244-1415
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E-mail:	jimb@gjcity.org	E-mail:	kenw@gjcity.org
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Ambulance Coder Certification

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Ambulance Billing Processes	4 years	Ambulance Billing Processes	2 years
General Accounting/customer Service experience	20 years	General Accounting/customer Service experience	1 years
Medicare & Medicaid Regulations	2 years	Medicare & Medicaid Regulations	1 years

a. What field (s) should training or degree be in?

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

4. MACHINES, TOOLS AND EQUIPMENT. List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
1-15	Computer	
2,3,4,8	Calculator	
1-15	Phone	
1-15	copier/fax	

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 - 1. Determine if the Federal Medicare and Medicaid laws and regulations are being followed.
 - 2. Research and determine account over payments, determine who should receive the refund and execute the process ensuring accuracy.
 - 3. Reconcile monthly revenues, prepare and submit corresponding reports to finance.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	2--Quarterly	0--Not Important	11
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	3--Monthly	1--Somewhat Important	1,11
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	0--Not Important	1,11
Crouching: Bending the body downward and forward by bending leg and spine.	1--Annually	0--Not Important	11
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,2,11,14
Standing: Particularly for sustained periods of time.	1--Annually	1--Somewhat Important	1,2,8
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	0--Never	0--Not Important	
Pushing: Using upper extremities to press	0--Never	0--Not Important	

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	1--Annually	0--Not Important	11
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1-15
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,2,3,6,8,11,
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	4--Weekly	2--Very Important	11
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1-15
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1-15
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1-15
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-15
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	1-15
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force	2--Quarterly	1--Somewhat Important	11

constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	0--Never	0--Not Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☒ **Does Not Apply**

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

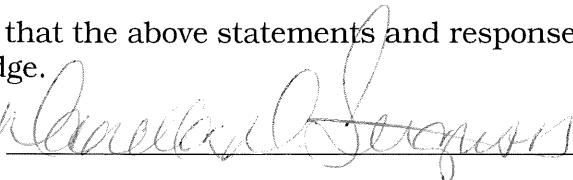
V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed:  Date: 10/13/12

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

☒ I agree with the incumbents' position questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature:  Date: 10/23/12

Supervisor Signature:  Date: 10/23/12

Department Head Signature:  Date: 10/23/12

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

Finance Technician- To process and submit Ambulance transportation claims. Collect, record and reconcile payments. Perform clerical support duties and assist customers with their medical claim needs. Monitor and/or enforce compliance of Medicare/Medicaid regulations.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the “Yes” column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	3
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

YOUR COWORKERS' JOB TITLES

YOUR DIRECT REPORTS' JOB TITLES

Please indicate the nature of the group supervised and the number supervised

☐ Full Time ☐ Part-Time ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Financial Technician	Daily	Billing/refunds/
Finance Supervisor	Monthly	Month end Closing
Health & Safety Chief	Weekly	Policies and Division information
Accountant/Analyst	Monthly	Financial Applications
Fire Department	Weekly	Billing requirements (signatures, PCRs, etc.)
Depty Chief & Fire Chief	Weekly	Billing policy, refunds, as requested by Chiefs

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	receiving payments, answering questions.
Facilities	Daily	Billing
Hospitals	Daily	Billing
Medicare/Medicaid	Daily	Billing, appeals etc.

3. ESSENTIAL DUTIES.

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

Essential Duties: Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

Decisions Required: List the decisions you make to carry out the essential duties.

Frequency: Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

Percent of Time: Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

Attach additional sheets if necessary.

E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Submit patient bills, 1500 HICF & Medicaid claims	Determine if Medicaid guidelines are followed.	Daily	5%
2	Receive & post payments from customers. Prepare deposits	Determine when the deposit will be made. Monitor and balance cash box.	Daily	25%
3	Post RMHP payment in Zoll, prepare deposit & post deposit to spreadsheet	Determine which patient account payments should be posted to. Calculate correct payments and identify over or under payments.	Weekly	8%
4	Receive & post Medicare & Medicaid payments, post to monthly deposit spreadsheet & determine contractual write offs.	Calculate correct payments and identify over or under payments. Apply contractual write offs to proper accounts.	Weekly	10%
5	Process, Medicare, Medicaid & RMHP rejections	Determine who to contact facilities, hospitals or patient to obtain current billing information.	Weekly	1%
6	Process, Medicare, Medicaid & RMHP denials. Follow up on appeals until a decision is made.	Research denial for accuracy. Determine if an appeal is appropriate, request medical records & file appeals. Determine if a second appeal is appropriate once the first is denied. Bill responsible party.	Weekly	10%

7	Submit claims to Gateway, Medicare & RMHP	Determine which batch of claims is submitted to each payor. Monitor batches to confirm processing.	Weekly	5%
8	Process over payment refunds, enter into New World & post to patient accts	Research patient account to determine who should receive refund.	Monthly	19%
9	Balance and close month, process month end reports for Chiefs and finance.	Check for discrepancies, correct inaccuracies and reconcile accounts.	Monthly	15%
10	Member of the Financial Aid Board	Decide if the patient's application qualify for a financial discount. Prepare and mail notification letters to applicants. Apply discounts to acct.	Monthly	.05%
11	Monitor & maintain billing supplies. Envelopes, invoices, 1500 claim forms, etc.	Decide when to order printed materials, confirm & approve content of printed materials.	Quarterly	.05%
12	Maintain 3 rd rider data & report information as requested.		Monthly	.05%
13	Maintain & monitor billing schedules	Decide if a claim needs to be resubmitted, determine appropriate schedule changes.	Weekly	.05%
14	Maintain Certified Ambulance Coder certification	Determine which classes to take to obtain 12 credits in the right subjects to recertify each year.	Annually	
15	Provide acct information/invoices to outside collection agencies as requested		Quarterly	.80%
16	Preform facility education visits	Determine which facilities need educational visits.	Quarterly	1%
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

Knowledge: refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

Skills: refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge – Skills
2,3,4,8,9,15	General accounting practices & record keeping
1,5,6,7,8	Federal Medicare & Medicaid regulations
1-15	Customer skills
1-15	Computer skills