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RVMC
RUBY VALLEY MEDICAL CENTER

Job Title:
Patient Financial Counselor

Position Summary

The Financial counselor is responsible for performing financial clearance functions, including but not limited to, verifying insurance eligibility and benefits; ensuring authorizations on file are accurate; and providing price estimates and waivers to scheduled patients. This position works closely with the prior authorization specialist. The financial counselor will ensure all patients are financially cleared and screened for financial risk before receiving services. Patient Financial Counselor reports to Revenue Cycle Director.

Principal Duties and Responsibilities

- Uses key indicators of financial risk established by Ruby Valley Medical Center to screen accounts and identify patients that may have trouble making payments (e.g., uninsured, underinsured, etc.)
- Helps patients at high financial risk to complete financial assistance paperwork
- Verifies insurance eligibility and benefits prior to service for patients with scheduled services (e.g., procedures
- and imaging)
- Calls payers to verify eligibility and benefits for unscheduled inpatient services
- Reviews authorizations secured by the prior authorization specialist ensure they are complete and accurate
- Contacts payers if an authorization needs to be updated (e.g., a procedure was added last minute or the
- scheduled service was changed)
- Provides waivers to patients in the event an authorization has not been secured but the patient or
- Physicians wish to proceed with the scheduled service
- Explain the waivers to patients and answer any additional questions
- Ensure patients sign and return the waivers prior to receiving care
- Prepares price estimates for patients with scheduled services when requested
- Communicates patient liability clearly and accurately while adequately explaining concepts such as deductibles, coinsurance, and/or co-payments and how they may affect the cost of care
- Explains how non-covered and out-of-network services factor into the out-of-pocket cost

- Manage self-pay accounts by proactively contacting patients to discuss outstanding balances and available payment options
- Provides clear explanations of charges, payment plan options, and financial assistance programs available to self-pay patients
- Initiates timely follow-up calls, letters, and/or electronic communications to collect payments or arrange payment plans in accordance with facility policy
- Documents all collection activities and patient communications in the electronic health record or billing system
- Works collaboratively with billing and revenue cycle staff to ensure accuracy of self-pay account balances and to resolve discrepancies promptly
- Ensures compliance with federal and state regulations, as well as Ruby Valley Medical Center's policies regarding patient collections and financial assistance
- Follows departmental policies and procedures and meets performance goals set by Ruby Valley Medical Center and manager
- Focuses on the quality and accuracy of accounts worked to contribute to individual and department goals
- Stays apprised of denial trends as they relate to department goals and individual performance
- Writes off patient accounts that qualify for financial assistance
  Posts payments
- Other duties as assigned

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and should not be considered a detailed description of all the work requirements that may be inherent to the
position.

Position Qualifications

Education
- High school diploma or equivalency (GED) required
- Associate degree in healthcare administration or equivalent college coursework preferred but not required

Experience
- 2 –4 years of work experience with insurance verification, revenue cycle functions, hospital/physician offices, or related areas required
- Prior experience strongly preferred

Knowledge, Skills, Abilities
- Strong organizational skills and ability to prioritize tasks
- Strong interpersonal skills and ability to build rapport with a wide variety of individuals
- Knowledge of payer reimbursement processes and insurance terminology
- Basic understanding of procedure codes (CPT, HCPCS, ICD-10 coding, etc.)

- Working knowledge of medical terminology
- Ability to identify and solve problems independently
- Excellent computer skills and the ability to adapt to various programs/systems
- Excellent verbal and written communication skills

Signature:_____**Date:**_____

Print Name:_____