**MISSION:**

**PHILOSOPHY:**

**Job Position**: Business Office Clerk

**DIRECT SUPERVISOR**: Assisted Living Housing Manager

**FLSA Status:**  Exempt or Non-exempt Salary or Hourly

**Job Summary**: Provides office services by implementing administrative systems, procedures and policies, and providing assistance to the housing manager. Responsible for the overall clerical duties, billing, accounts receivable, accounts payable, and payroll function.

**Job Qualifications**:

* Prefer Two or four year degree in accounting, business administration or related field.
* Experience in healthcare billing, preferably long-term care.
* Experience working with general office policy, procedures & methods.
* Knowledge of various primary and secondary insurance providers.
* Knowledge of computer systems, preferably QuickBooks and Microsoft Office.
* Work effectively with minimal supervision and strong communication skills.
* Ability to communicate well with residents and families explaining financial and insurance needs/changes related to resident’s care as well as advocate for the proper services to be provided.
* Attend and complete/pass Home Health Aide class provided within the company.
* Meet the physical job demands of the position

**Hours of Work**: Full-Time. As scheduled.

**DUTIES:**

PUBLIC RELATIONS

* Complete Marketing duties as assigned by the housing manager.
* Accepts inquires and provides tours to potential residents and their families
* Maintains good relations with physicians, clinics, social worker, etc.
* Have current and updated brochures/pamphlets available to advertise and market the facility
* Provides effective communication with other providers (i.e. Medicare, Supplemental Insurance Carriers, Auditors, lenders/bank staff)
* Answers the telephone and greats visitors with enthusiasm.

RESIDENTS

* Ensure any resident/family concerns or grievance be directed to the appropriate person.
* Responsible to ensure a proper payer source prior to admission.
* Completes prior authorization; communicates with nursing for any necessary documentation.
* Ensures any grievance is documented and reported to the housing manager.
* Identifies and resolves any resident billing issues.
* Evaluates resident’s financial status and establishes budget payment plans.
* Provide or assist with direct care or supervision of residents as needed or upon request.

OPERATIONS

* Adheres to all HIPPA guidelines/regulations
* Conducts job responsibilities in accordance with appropriate professional standards and applicable state/federal laws.
* Possess excellent verbal, written communication and interpersonal skills.
* Effectively handles multiple projects simultaneously in a deadline driven environment.
* Identifies and resolves resident billing issues
* Records bank deposits into accounting software, monitor receivables and ensure payments are received and recorded in a timely manner.
* Follows and reports status of delinquent receivables accounts.
* Submit claims and follow up with insurance companies, perform various collection actions such as correcting and resubmitting claims to third party payers and contacting resident’s and/or responsible parties by phone.
* Enters bills received from vendors into appropriate accounting software.
* Manages accounts payable and review for accuracy.
* Receive and review invoices from vendors and match documents with appropriate invoice
* Set up invoices for payment
* Resolve invoice discrepancies.
* Maintains accounts payable files.
* Works with appropriate supervisor and assist with bill payment processes.
* Process, review and complete payroll for facility.
* Generate payroll reports and maintain payroll files.
* Monthly reconciliation of benefit bills and employee payroll deductions.
* Prepare and submit federal and state tax payments, garnishments and other payroll deduction related payments.
* Prepare and submit 401(k) contribution reports and payments for each payroll period.
* Assist in month end closing process.
* Responsible for the keeping of necessary files; organized, accurately labeled and complete as required.
* Responsible for the coordination of revenue and managerial activities as directed by the housing manager.
* Prepare billing for Medicaid, Medicare, private pay, veterans and other billing agents; prepare and submit corporate, Medicare and agency reports, ensure posting of ancillaries and perform month-end closings
* On a daily basis: complete receipt records, post deposits, run cash receipts batch listings, research/prepare/post adjustments
* Receive and review invoices from vendors, match documents, codes and batches, and processes checks to send to vendors.
* Other related duties as assigned.

BUDGET

* Monitors cash flow.
* Provides accurate monthly financials.
* Communicates significant changes to supervisor (i.e. changes in facility rates annually, changes in cash flow, delinquent accounts).
* Participate in the control of cost-effective services that include proper use of equipment, appropriate use of supplies, and effective, efficient organization of resident care duties.
* Codes payables to proper budget category.

BUILDING, GROUNDS, and EQUIPMENT

* Reports any noted environmental concerns to appropriate parties and/or assists with remedies to help maintain a clean and presentable environment.
* Responsible for the building cleanliness, and submitting requests to Maintenance Department in a timely fashion to request any repair or maintenances when appropriate.
* Aware and responds appropriately to fire drills, codes, and disaster plans for the facility.
* Responsible that office and storage area are kept neat and organized to promote a safe environment.
* Ensure that office equipment is cleaned and serviced routinely to prevent any damage.

EMPLOYEES

* Responsible for advertising and recruiting new team members.
* Assist with employee scheduling as needed.
* Monitors performance of business office and responds appropriately to both positive and negative outcomes.
* Insures proper documentation is provided and completed on each employee and maintains/updates employee files.
* Seeks opportunities to maintain education, knowledge and skills.
* Responsible for the management, implementation and development of new employee general orientation.
* Ensures compliance with state and federal employment practice laws.
* Report to work on time, properly groomed according to departmental/facility dress code
* Wears Name Tag at all times

**Physical/Mental Demands**

**Business Office Clerk**

|  |
| --- |
| **General Activity** |

**In a regular workday, employee may:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sit | **2** | Hours at a time; up to | **5** | Hours during the day |
| Stand | **.5** | Hours at a time; up to | **2** | Hours during the day |
| Walk | **.5** | Hours at a time; up to | **1** | Hours during the day |

|  |
| --- |
| **Motion** |

**Employee is required:**

(In terms of a regular workday, "Occasionally" equals 1% to 33%, "Frequently" 34% to 66%, "Continuously", greater than 67%.)

|  |  |  |  |
| --- | --- | --- | --- |
| Bend/Stoop | Occasionally | Kneel, Duration 30 sec | Occasionally |
| Squat | Occasionally | Balance | Occasionally |
| Crawl, Distance | Not at all | Twist | Occasionally |
| Climb, Height | Not at all | Keyboarding/Mousing | Continuously |
| Reach above shoulder level | Occasionally | Writing/Charting | Frequently |

|  |  |  |
| --- | --- | --- |
| **Other:** | | |
|  |  | Choose an item. |
|  |  | Choose an item. |

|  |
| --- |
| **Physical Demand** |

**Employee’s job requires he/she carry and lift loads from the floor, from 12 inches from the floor, to shoulder height and overhead. Employee’s job requires a pushing/pulling force to move a load (not the weight of the load).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Demand Classification:** | | | **Carrying/lifting weight and pushing/pulling force:** | | |
|  |  |  |  | Occasionally | 25 lbs. |
|  | **Light-Medium** |  |  | Frequently | 15 lbs.. |
|  |  |  |  | Constantly | 10 lbs. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sensory Requirements:** | | | |
|  |  | **Yes/No** | **Explanation (if Yes)** |
| Speech | 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. | Yes | Communicating with staff, vendors and residents. In person or over telephone. |
| Vision (VDT) | Are there specific vision requirements for the job? | Yes | Must be able to read near to small print (computer screens) with near to normal vision. Must be able to recognize colors. |
| Hearing | Ability to receive detailed information through oral communications (i.e. phone calls). Ability to make fine discriminations in sound (i.e. taking blood pressures) | Yes | Able to hear alarms and respond to need; able to hear with stethoscope for taking of blood pressures |
| Smell | Ability to smell scents and identify correct odors. | Yes | Must be able to smell odors and recognize any foul or improper scents. |
| Taste | Ability to taste varying foods, herbs and spices. | No | Must be able to taste the food being prepared for proper flavor. |
| Touch | Ability to feel/touch. Use of extremities and sensation of touch. | Yes | Ability to sense hot/warm/cold touch for assessing of potential resident change in condition and reporting; ability to hold syringes for administering of insulin; ability to administer needle poke for glucose check. Ability to control grasp in providing cares to resident. |

|  |  |  |
| --- | --- | --- |
| **Environmental Factors** | | |
|  | **Yes/No** | **Explanation (if Yes)** |
| Working on unprotected heights | No | ladders |
| Being around moving machinery | No | cleaning equipment, mowers, snow blowers |
| Exposure to marked changes in temperature and humidity | No | working outdoors |
| Driving automotive equipment | Yes | facility or personal vehicle for meetings |
| Wearing personal protective equipment | No | when working with chemicals or preventative precautions for infectious disease. |
| Exposure to atmospheric conditions (i.e. fumes, dust, odors, mists, gases, or poor ventilation) | No | general maintenance duties |
| Exposure to extreme noise or vibration | No | machinery |
| Exposure to blood, body fluids and waste | Yes | Resident direct contact |
| Exposure to radiation | No |  |
| Exposure to other hazards (i.e. mechanical, electrical, burns, or explosives) | No | machinery |
| Exposure to varying outdoor/weather conditions | No | Extreme cold/extreme heat |

|  |  |  |
| --- | --- | --- |
| **Emotional/Psychological Factors** | | |
|  | **Yes/No** | **Explanation (if Yes)** |
| Stress: Exposed to stressful situations | Yes | Must be able to work and adapt under stressful situations; change in resident behaviors, staffing needs/concerns. |
| Concentration: Must be able to concentrate on work tasks amidst distractions. | Yes | Must be able to work with constant interruptions such as phones ringing, others talking etc. |
| Must exert self-control. | Yes | Must display professional behavior at all times and in all circumstances. Must be able to listen to resident/customer requests and/or concerns |
| Must exert self-control. | Yes | Must display professional behavior at all times and in all circumstances. Must be able to listen to resident/customer requests and/or concerns |
|  | Choose an item. |  |

This job description is not intended to be all inclusive. Management reserves the right to change job responsibilities, duties and hours as needs prevail. This document is not intended to be a written or implied contract of employment. I have read and understand this job description and physical/mental demands of my position and I agree to the conditions outlined in it. I understand that I will be evaluated, at least in part, by the standards outlined.

Check One:

\_\_\_\_\_\_\_ **I am able to perform all of these essential functions of this position.**

\_\_\_\_\_\_\_ **I request reasonable accommodation(s)**. (Please describe below in detail how you propose to perform the essential functions of this position.)

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EMPLOYEE SIGNATURE SUPERVISOR SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE DATE