NOTICE OF PROPOSED CLASSIFICATION ACTIONS BY
THE HUMAN RESOURCES DIRECTOR

The following actions are being posted in accordance with Civil Service Rule 109. In the absence of a protest addressed to the Human Resources Director, the proposed changes will become final seven (7) calendar days from the posting date.

Posting No: 23
Fiscal Year: 2014/2015
Posted Date: 10/30/2014
Reposted Date:

AMEND THE FOLLOWING JOB SPECIFICATION(S):
(Job specification(s) attached.)

<table>
<thead>
<tr>
<th>Item #</th>
<th>Job Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2903</td>
<td>Hospital Eligibility Worker</td>
</tr>
<tr>
<td>2</td>
<td>2909</td>
<td>Hospital Eligibility Worker Supervisor</td>
</tr>
</tbody>
</table>

RETITLE AND AMEND THE FOLLOWING JOB CODE(S):
(Job specification(s) attached)

<table>
<thead>
<tr>
<th>Item #</th>
<th>Job Code</th>
<th>Former Title</th>
<th>New Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2908</td>
<td>Hospital Eligibility Worker</td>
<td>Senior Hospital Eligibility Worker</td>
</tr>
</tbody>
</table>

Protests on an item should be addressed to the Human Resources Director and can be submitted by mail to the City and County of San Francisco, Department of Human Resources, 1 South Van Ness Ave, 4th Floor, San Francisco, CA 94103 or by email to DHR.ClassificationActionPostings@sfgov.org. All protests must be received in writing no later than close of business seven (7) calendar days from the posting date, and must include the posting and item number(s), the basis on which the protest is submitted and identify the affected parties.

For additional information regarding this proposed classification action, please contact Megan Siems, Senior Classification and Compensation Analyst, at (415) 557-4898 or by email at Megan.Siems@sfgov.org.


cc: All Employee Organizations
All Departmental Personnel Officers
DHR – Class and Comp Unit
DHR – Client Services Unit
DHR – Employee Relations Unit
DHR – Recruitment and Assessment Unit
DHR – Client Services Support Services
Micki Callahan, DHR
Sandra Eng, CSC
Linda Cosico, DHR
Maria Newport, SFERS
Risa Sandler, Controller/Budget Division
Devin Macaulay, Controller/ Budget Division
Theresa Kao, Controller/ Budget Division
E-File
Title: Hospital Eligibility Worker  
Job Code: 2903

INTRODUCTION
Under general supervision, performs a variety of technical duties in the review and screening, determination of patient/client eligibility, and enrollment for medical coverage under the terms of various private and public health care and financial assistance programs.

DISTINGUISHING FEATURES
Positions in this classification are responsible for carrying out well defined rules and regulations pertaining to screening and enrolling patients in various categorical aid programs and explaining programs; explaining the provisions of various health care programs to patients/applicants and the general public; and determining eligibility for appropriate payor sources for medical treatment. Positions in this class have regular contacts with patient/clients, their relatives, hospital personnel, and representatives of outside agencies and the public.

2903 Hospital Eligibility Worker is the journey level class and is distinguished from the 2908 Senior Hospital Eligibility Worker in that the latter performs financial counseling, screening and enrollment for medical coverage for comprehensive aid programs such as Medi-Cal, by tasks and duties being performed under closer supervision. The 2903 Hospital Eligibility Worker is distinguished from the 2905 Human Services Agency Senior Eligibility Worker in that class 2903 identifies and determines patient eligibility for medical coverage under the terms of various public and private health plans and financial assistance programs, whereas class 2905 determines client eligibility for public assistance and certifies for reimbursement under the terms of various social service programs.

SUPERVISION EXERCISED

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Schedule and interview patient/clients, their relatives and others in the client's home, or in hospitals and various institutions to obtain financial and demographic information and determine new or continuing program eligibility for coverage of medical care under various Federal, State or County programs or under the provisions of private or public health care plans; verify insurance and arrange for billing of the appropriate agency or health care plan.

2. Admit and register patients for clinic and hospital services; hospital care; obtain demographic information; initiate referrals for incoming skilled or long term care patients.

3. Coordinate transfers of patients between counties medical facilities; inform patient/clients of procedures and necessary reports.
Title: Hospital Eligibility Worker  
Job Code: 2903

4. Explain eligibility programs, qualification standards, policy and procedure to patients; assist patients in completion of applications, forms and reports when necessary; review and evaluate applications for completeness and accuracy; prepare patient budget to determine eligibility.

5. Apply legal criteria to determine eligibility; provide recommendations regarding financial eligibility for assistance programs; determine eligibility and grant amount according to established policies and procedures; review and determine re-certification.

6. Prepare case records related to patient eligibility information and financial assistance received; update ease records; submit required reports.

7. Investigate statements and information received from applicant through the use of telephone or written verifications.

8. Investigate and resolve patient problems involving non-receipt of benefits questions and concerns regarding clinic and hospital bills.

9. Review cases with supervisor in assessing the quality of the payment source eligibility determination process and procedure.

10. Compose and prepare correspondence to patients, references, and State agencies; gather statistical data and prepare reports as required.

11. Answer questions and provide information to patients and the general public regarding assigned program area.

12. Perform related duties as required.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Knowledge of: Basic interviewing and investigative skills and techniques; principles and practices of caseload management; Federal, State, local laws, rules, regulations, policies, and procedures regarding assigned program area; services offered by related agencies; departmental programs, policies, procedures and terminology; office procedures, methods and computer equipment; basic mathematics.

Ability to: Interview applicants for public assistance and obtain appropriate information, often in different languages, or dialects of English; accurately gather, record and evaluate data necessary for the determination of eligibility; interpret and apply Federal, State and local policies, procedures, laws and regulations; Learn departmental programs, policies, procedures and terminology; learn principles and procedures of record keeping; learn to interpret and apply pertinent Federal, State, local and departmental laws, rules, regulations, policies and procedures regarding assigned program; learn to plan, organize and prioritize caseload; learn to interview applicants for public
Title: Hospital Eligibility Worker  
Job Code: 2903

assistance and obtain confidential information relative to personal, family, financial, medical or other circumstances of client relating to eligibility; learn to evaluate data and provide recommendations on eligibility of client; maintain accurate records and meet program deadlines; operate a computer terminal and standard office machines; make accurate mathematical computations; type and enter data at a speed necessary for successful job performance; effectively communicate with and elicit information from patients/clients in difficult situations; apply Federal, State, and local Equal Employment, Affirmative Action, and Civil Rights laws, procedures, and regulations; communicate clearly and concisely, both orally and in writing; establish and maintain cooperative working relationships with those contacted in the course of work.

Knowledge of: Principles and practices of caseload management; Federal, State, local laws, rules, regulations, policies, and procedures regarding assigned program area; services offered by related agencies; departmental programs, policies, procedures and terminology.

Ability to: Interview applicants for public assistance and obtain appropriate information, often in different languages, or dialects of English; accurately gather, record and evaluate data necessary for the determination of eligibility; interpret and apply Federal, State and local policies, procedures, laws and regulations; work independently with minimal supervision.

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

1. Two (2) years of direct public contact clerical work experience which must have included the following: use of computer applications to input, retrieve and analyze information; working with a diverse client population; performing responsibilities involving interviewing to acquire detailed personal or confidential information; interpreting and applying rules, regulations and policies; creating and processing documents related to financial or personal histories of clients; and assisting clients with the completion of forms or correspondence;  
OR  
2. One (1) year of experience determining eligibility for health and/or social services programs, loans, financial assistance, unemployment or veterans benefits;  
OR  
3. Sixty (60) semester units or ninety (90) quarter units from an accredited college or university. Substitution: Thirty (30) semester units or forty-five (45) quarter units from an accredited college or university may substitute for one (1) year of the work experience under qualification pattern number one (1) above.

LICENSE AND CERTIFICATION

SUPPLEMENTAL INFORMATION
Title: Hospital Eligibility Worker
Job Code: 2903

PROMOTIVE LINES

ORIGINATION DATE: 2/13/1968


REASON FOR AMENDMENT: To accurately reflect the current tasks, knowledge, skills and abilities defined in the most recent job analysis conducted for this job code.

BUSINESS UNIT(S): COMMN
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES

Title: **Senior Hospital Eligibility Worker**  
Job Code: 2908

INTRODUCTION

Under general supervision, performs financial counseling, screening and enrollment of a variety of hospital registration, admitting and discharge functions with the objective of determining eligibility for medical coverage under the terms of various private and public health care and financial assistance programs including Medi-Cal and Medicare to maximize hospital reimbursement and facilitate patient care.

DISTINGUISHING FEATURES

Positions in this classification are responsible for carrying out and explaining the provisions of various health care programs as well as the policies and procedures of the hospital as they pertain to financial counseling, screening and enrollment of a variety of hospital registration, admitting, and discharge functions and for the determination of eligibility for appropriate payor sources for medical treatment. Positions in this class communicate have regular contacts with patients, their relatives, hospital staff, and representatives of outside agencies and the public.

The 2908 Senior Hospital Eligibility Worker is distinguished from the 2903 Hospital Eligibility Worker in that the latter registers, admits and discharges patients and provides screening and enrollment services for categorical aid programs such as FamilyPACT, AIDS Drug Assistance Programs and Every Woman Counts, by the performance of the full range of duties as assigned. Employees at this level receive only occasional instruction or assistance as new or unusual situations arise, and are fully aware of the operating procedures and policies of the work unit.

The 2908 Senior Hospital Eligibility Worker is distinguished from the 2905 Human Services Agency Senior Eligibility Worker in that class 2908 identifies and determines patient eligibility for medical coverage under the terms of various private health plans and public assistance programs, whereas class 2905 determines client eligibility for public assistance programs and certifies for reimbursement under the terms of various social services programs.

SUPERVISION EXERCISED

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Explain programs, qualification standards, policy and procedure to patients; assist patients in completion of applications and forms when necessary; review and evaluate applications for completeness and accuracy; prepare patient budget to determine eligibility.

2. Conduct interviews with patients, their relatives and others in order to identify and determine patient eligibility for coverage of medical care under various Federal or State programs or under the provisions of private, fraternal, union or other health care plans; verify hospitalization insurance and arrange for billing of the appropriate agency or health care plan; continually reviews patient's case
Title: Senior Hospital Eligibility Worker  
Job Code: 2908

files to update vital statistics.

3. Obtain and provide medical and financial information with pertaining to patients eligibility status from hospital staff, outside government agencies, and insurance providers; attend ward rounds with appropriate staff.

4. Determine patient eligibility for a third party payment source according to established policies and procedures including private health insurance plans, victims of crime, workers' compensation, and lawsuit settlements.

5. Participate in generating revenue for the hospital.

6. Initiate and obtain approval of extension of Medi-Cal coverage for emergency and elective admissions.

7. Prepare records related to patient eligibility information and health care payment received; update records; submit required reports.

8. Investigate statements and information received from applicant through the use of telephone or written verifications.

9. Review cases with supervisor in assessing the quality of payment source determination process and procedure.

10. Compose and prepare correspondence to patients, references, and State agencies; gather statistical data and prepare reports as required.

11. Coordinate transfers of patients between various hospitals or medical facilities; inform patients of procedures and necessary reports.

12. When assigned to a long term care facility, may regulate patient finances by paying bills to maintain patient eligibility and entitlement to various benefits; may facilitate burial arrangements and final disposition of estate.

13. Refer non-payment cases to appropriate authority for recovery/legal action.

14. Answer questions and provide information to patient and the general public regarding assigned program area.

15. Assist in registering patients into the hospital; provide assistance to patients in completing applications; make referrals to Social Service agencies.

16. Perform related duties as required.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Knowledge of: Procedures, methods and techniques of assessing and screening for eligibility for
reimbursement from Medi-Cal, Medicare, and other public and private medical/financial assistance programs; methods and techniques of procedures and policies, financial counseling of patient registration and admitting; provisions of major public and private health care plans; principles and practices of caseload management; departmental programs, policies, procedures and terminology; medical terminology; principles and procedures of record keeping; interviewing and investigative skills and techniques; office procedures, methods and computer equipment; basic mathematics;

Ability to: Interview applicants to obtain appropriate information and to determine eligibility for reimbursement from third party payment source, often in different languages or dialects of English; accurately gather, record and evaluate data necessary for the determination of eligibility; evaluate data and provide recommendations on patient eligibility; interpret and apply Federal, State, local, hospital and Departmental policies, procedures, laws and regulations; work independently with minimal supervision; maintain accurate records and meet program deadlines; operate a computer terminal and standard office machines; make accurate mathematical computations; plan, organize and prioritize workload; type and enter data at a speed necessary for successful job performance; exercise sensitivity to the needs of the indigent sick; establish effective working relationships with representatives of public and private health care services; effectively communicate with and elicit information from patients and collaterals in difficult situations; communicate clearly and concisely, both orally and in writing; establish and maintain cooperative working relationships with those contacted in the course of work.

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Two (2) years of experience performing the duties of an Eligibility Worker in a hospital, medical clinic, Medi-Cal unit or a community-based health organization within the last five (5) years. The work experience must include determining eligibility for various Federal, State and county programs that reimburse for medical care.

LICENSE AND CERTIFICATION

Must obtain Certified Enrollment Counselor Certification for Covered California and pass federal background check within 3 months of hire.

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

ORIGINATION DATE: 5/20/1974
Title: Senior Hospital Eligibility Worker
Job Code: 2908

AMENDED DATE: 3/15/1993; 10/xx/2014

REASON FOR AMENDMENT: To accurately reflect the current tasks, knowledge, skills and abilities defined in the most recent job analysis conducted for this job code.

BUSINESS UNIT(S): COMMN, SFMTA
INTRODUCTION

Under direction, supervises, assigns, reviews and participates in the work of a unit responsible for a variety of hospital registration, admitting and discharge functions with the objective of determining eligibility of patients for assistance under the terms of various public and private health care and financial assistance programs including Medi-Cal and Medicare to maximize hospital reimbursement and facilitate patient care; and performs a variety of technical tasks relative to assigned area of responsibility.

DISTINGUISHING FEATURES

This is a first level full line supervisory class, which assumes responsibility for and participates in the work of a unit responsible for a variety of registration, admitting, and discharge functions and for the determination of eligibility for appropriate private and public payer sources for medical treatment.

Positions in this classification are responsible for explaining and enforcing regulations and procedures pertaining to public health assistance and related programs, and for exercising independent judgment in assessing and resolving patient accounts and complex reimbursement issues. Positions in the subject class differ from those in class 2908 which perform advanced journey level functions, in that the former have responsibility for supervising the maintenance of records and related statistics and submitting reports on the activities of the unit. Positions in this class communicate have regular contacts with patients, their relatives, hospital staff, and representatives of outside agencies and the public.

The 2909 Hospital Eligibility Worker Supervisor is distinguished from the 2907 Eligibility Worker Supervisor in that the 2909 class is responsible for supervising the determination of client eligibility for medical coverage under the terms of various private health care plans and public assistance programs including Medi-Cal and Medicare, while the 2907 class is responsible for supervising the determination of client eligibility and certification for reimbursement under the terms of various social service programs.

SUPERVISION EXERCISED

The 2909 Hospital Eligibility Worker Supervisor is responsible for supervising a unit of professional, technical and clerical workers performing activities with the objective of determining eligibility for assistance and enrolling patients in various public and private health care and financial assistance programs.

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Plan, prioritize, assign, supervise and review the work of a unit responsible for providing the review and determination of eligibility of patients for medical treatment under the terms of various public and private medical and financial assistance programs including Medi-Cal, Medicare and
Title: Hospital Eligibility Worker Supervisor
Job Code: 2909

other third party payers.

2. Participate in the selection of unit staff; provide or coordinate staff training; work with employees to correct deficiencies; implement discipline procedures as required.

3. Recommend and assist in the implementation of goals and objectives; establish schedules and methods for providing services; implement policies and procedures.

4. Evaluate operations and activities of assigned responsibilities; recommend improvements and modifications; prepare statistical summaries and reports on staff, operations and activities.

5. Assist in the preparation and monitoring of the budget.

6. Answer questions and provide information to the public; investigate complaints and recommend corrective action as necessary to resolve complaints.

7. Review and evaluate staff work in determining financial eligibility for a variety of payment sources; verify eligibility and financial assistance levels according to established policies and procedures; review completed cases with respect to eligibility factors and billing recommendations.

8. Maintain on-going effective communication with various clinical staff including radiology staff, nursing staff and physicians.

9. Review and interpret administrative letters, memos and changes in program regulations; evaluate impact of changes on internal procedures and hospital reimbursement for patient care; update staff on changes in regulations and policy or procedures; maintain providers eligibility and procedures manual.

10. Determine eligibility, recommend and explain third party payment source programs, qualification standards, policy and procedure to patients; assist patients in completion of applications and forms when necessary; review and evaluate Medi-Cal applications for completeness and accuracy; when necessary, prepare patient budget to determine eligibility.

11. Apply rules and regulations to determine eligibility; provide recommendations regarding financial eligibility for health assistance programs; determine eligibility for third party payment source amount according to established policies and procedures.

12. Prepare records related to patient eligibility information and payment source received; update records; submit required reports.

13. Investigate and verify statements and information received from patient and families through the use of telephone or written verifications.

14. Maintain current knowledge of Federal, State, or private medical plans; assure updating of staff on changes as required.
Title: Hospital Eligibility Worker Supervisor  
Job Code: 2909

135. Act as liaison with public and private medical care plans, outside institutions and community organizations.

136. Prepare statistical summaries of work performed by staff in reporting areas.

137. Compose and prepare correspondence to inform staff of changes in policy or procedures; maintain providers eligibility and procedures manual.

138. Oversee coordination of transfers of patients between various hospitals or medical facilities; ensure patients are informed of transfer procedures.

139. Oversee assignment of beds for patients being admitted; monitor bed availability; maintain a safe and clean work environment for employees.

140. May oversee workers assigned to a long term care facility; supervise the regulating of patient finances, facilities of burial arrangements, and disposition of estate.

141. Oversee the maintenance and operation of computer and manually operated data equipment; monitor adequacy of office supplies and forms; order supplies and forms as required; prepare biweekly master payroll roster.

142. Perform related duties as required.

IMPORTANT AND ESSENTIAL KNOWLEDGES, SKILLS, AND ABILITIES

Knowledge of: Procedures, methods and techniques of assessing and screening for eligibility for reimbursement from Medi-Cal, Medicare, and other public and private medical/financial assistance programs; methods and techniques of financial counseling; provisions of major public and private health care plans; principles and practices of caseload management; departmental programs, policies, procedures and terminology; medical terminology; principles and procedures of record keeping; interviewing and investigative skills and techniques; office procedures, methods and computer equipment; basic mathematics;

Ability to: Compile, interpret and explain legal information and Federal, State and local laws and regulations; interview applicants to obtain appropriate information and to determine eligibility for reimbursement from third party payment source, often in different languages or dialects of English; accurately gather, record and evaluate data necessary for the determination of eligibility; evaluate data and provide recommendations on patient eligibility; interpret and apply Federal, State, local, hospital and Departmental policies, procedures, laws and regulations; work independently with minimal supervision; maintain accurate records and meet program deadlines; operate a computer terminal and standard office machines; make accurate mathematical computations; plan, organize and prioritize workload; type and enter data at a speed necessary for successful job performance; exercise sensitivity to the needs of the indigent sick; establish effective working relationships with representatives of public and private health care services; effectively communicate with and elicit information from patients and collaterals in difficult situations; communicate clearly and concisely, both orally and in writing; establish and maintain...
Title: Hospital Eligibility Worker Supervisor
Job Code: 2909

cooperative working relationships with those contacted in the course of work.

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Two (2) years of verifiable work experience in a hospital determining the eligibility for Medi-Cal, Medi-Care or other sources of hospital reimbursement. This work must have been performed within the last five (5) years and must be equivalent to the work performed by a class 2908 Hospital Eligibility Worker.

LICENSE AND CERTIFICATION

Must obtain Certified Enrollment Counselor Certification for Covered California and pass federal background check within 3 months of hire.

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

ORIGINATION DATE:

AMENDED DATE: 10/xx/2014

REASON FOR AMENDMENT: To accurately reflect the current tasks, knowledge, skills and abilities defined in the most recent job analysis conducted for this job code.

BUSINESS UNIT(S): COMMN