TRANSCEND MEDICAL BRANCH MANAGER
COMPETENCY

Name: _____

INSTRUCTIONS: *Complete this skill sheet. Use the "comments" section to state any concerns or issues.*
Skill Level Legend: 1 = No contact w/equipment or this patient situation. No knowledge of procedure.
2 = Understand procedure and patient situation but never performed task.
3 = Have performed this task infrequently and would need supervision.
4 = Have performed this task frequently and can perform independently.
For competency testing review skills of staff and grade accordingly.
Legend: E = Excellent
S = Satisfactory
N = Needs Improvement
N/A = Not Applicable
* Competency testing is completed on hire and on an annual basis.

TOPIC	SKILL LEVEL				Skills Review	COMMENTS
	1	2	3	4	Review	
Patient						
Acceptance Criteria						
Rights & Responsibilities						
Complaint Procedure						
Order Intake Procedures						
Medicare Coverage Criteria						
Medicaid Coverage Criteria						
Private Insurance Procedures						
CMN Auditing						
Billing Process						
Customer Service Standards						
Infection Control Procedures						
Home Environment Safety						
Computer Skills						
Emergency Plan						
Accident/Occurrence Reporting						
Quality Improvement Plan and Monitoring						
On-Call Procedures						
Communication Skills						
Verbal						
Written						
Universal precautions						
Department Goal setting and tracking						
Marketing Goals setting and tracking						
Budget development						

TOPIC	SKILL LEVEL				Skills Review	COMMENTS
	1	2	3	4	Review	
Materials Management						
Supervising Staff						
Completion of employee evaluations						
AR Management						
Completion of Inventory						
EQUIPMENT						
O_2 systems Compressed gas)						
LOX						
Concentrators						
Respiratory Equipment:						
Suction Machines						
Medication Nebulizers						
Continuous Passive Motion Devices						
Hospital Beds / APP or Egg Crate Mattresses						
Wheelchairs / Cushions						
Lifts/Traction/Trapeze						
Walk Aids/Bath Aids						
Adult volume ventilators:						
Type: _____						
Type: _____						
Type: _____						
Pediatric ventilators:						
Type: _____						
Type: _____						
Oxygen Conservers						
Apnea monitors:						

SPECIALTY INTEREST AREA:

COMMENTS (any additional skills):

Signature: _____   **Date:** _____

Reviewed by: _____   **Date:** _____

TRANSCEND MEDICAL BILIING REPRESENTATIVE COMPETENCY

Name: _____

> _**INSTRUCTIONS**: Complete this skill sheet. Use the "comments" section to state comments or issues._
>
> **Skill Level Legend:**   **1 =**   **No contact w/equipment or this situation. No knowledge of procedure.**
>   **2 =**   **Understand procedure and situation but never performed task.**
>   **3 =**   **Have performed this task infrequently and would need supervision.**
>   **4 =**   **Have performed this task frequently and can perform independently.**
>
> _For competency testing review skills of staff and grade accordingly._
>   **Legend:**   **E =**   **Excellent**
>   **S =**   **Satisfactory**
>   **N =**   **Needs Improvement**
>   **N/A =**   **Not Applicable**
> _Competency testing is completed on hire and on an annual basis._

TOPIC	SKILL LEVEL				Skills Review	COMMENTS
	1	2	3	4		
Communication Skills						
Verbal						
Written						
Medical Terminology						
Typing _____ WPM						
Computer Skills						
Computer Programs: _____						
_____						
_____						
_____						
Timely Processing of claims						
HCPC Codes						
Diagnosis and ICD-9 codes						
Processing Denials						
Cash Collections						
Billing file maintenance						
HCFA auditing						
Medicare Coverage Criteria						
Medicaid Coverage Criteria						
Private Insurance Procedures						
Managed Care Contracts and Authorizations						
Billing Process						
CMN Auditing						
A/R Management						
Billing Compliance						
Handling Complaints						
Cash Handling						