

**TRANSCEND MEDICAL MARKETING REPRESENTATIVE  
SKILL SHEET**

Name: \_\_\_\_\_

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**INSTRUCTIONS:** Complete this skill sheet. Feel free to use the "comments" section to state type of equipment with which you have experience and other pertinent skills you possess.

**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 should be completed on an annual basis.

TOPIC	SKILL LEVEL				Skills	COMMENTS
	1	2	3	4	Review	
<b>EDUCATION</b>						
Sales Training						
PSS						
Dale Carnegie						
Other						
Communication Skills						
Verbal						
Written						
Patient						
Acceptance Criteria						
Rights & Responsibilities						
Basic Reimbursement						
Order Intake Procedures						
Customer Service Standards						
Medicare Coverage Criteria						
Medicaid Coverage Criteria						
Private Insurance Procedures						
CMN Auditing						
Billing Process						
Equipment & Services Provided						
Rapport with: Prescribers						
Front Line, UR Nurses, Case Mngrs						

Contract Negotiation						
Discounted Fee for Service						
Per Diem Rates						
Capitation Rate						
Strategic Partnering / Joint Ventures						
Managed Care Organizations						
Medical Groups						
IPA, HMO, PPO, STAFF Model						
Point of Service,						
Self Insured Companies						
Medi-Cal Risk Mgmt Program						
Third Party Administrators						
Case Mgmt Companies						
Company Features and Benefits						
Budget Goals						
Account Management						
Membership with Professional Groups						
Local Network Meeting						
In-Service Capabilities						
Organization:						
Office, Desk, Automobile						
Scheduled appointments						
Time Organization, Day Planner, Use of Map Book						

**COMMENTS (note any additional skills):**

I completely understand the legal and regulatory responsibilities that I must follow in marketing and sales. I understand that as a representative of The Company, I will not engage in any illegal referral activities. \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_