

TRANSCEND MEDICAL CUSTOMER SERVICE REPRESENTATIVE COMPETENCY

Name: _____

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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	COMMENTS
	1	2	3	4	Review	
Communication Skills						
Verbal						
Written						
Medical Terminology						
Typing _____ WPM						
Computer Skills						
Computer Programs: _____						

Order Intake Procedures						
Order Building						
Diagnosis and ICD-9 codes						
Patient						
Acceptance Criteria						
Rights & Responsibilities						
Complaint Procedure						
Source of Referrals						
Medicare Coverage Criteria						
Medicaid Coverage Criteria						
Private Insurance Procedures						
Managed Care Contracts and Authorizations						
Billing Process						
CMN Auditing						
A/R Management						
Occurrence Reporting						
Handling Complaints						
Cash Handling						

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						

SPECIALTY INTEREST AREA:

COMMENTS (any additional skills):

Signature: _____ **Date:** _____

Reviewed by _____ **Date :** _____