

**JOB DESCRIPTION**

<b>TITLE:</b> MOW Program Rep II (Meal Program Representative II)		<b>DEPARTMENT:</b> Meals on Wheels – Nutrition Services		<b>EFFECTIVE DATE:</b> 5/30/13 <b>REVISED:</b> 1/6/14, 9/25/17	
<b>JOB CODE:</b> 539	<b>GRADE:</b> N3	<b>BENEFITS:</b>	<b>FLSA STATUS:</b>	<b>EEO STATUS:</b>	<b>PAGE:</b>

**FUNCTION:** Performs duties to ensure the efficient operation of the Meals On Wheels program. Works to resolve participants’ and volunteers’ issues related to Meals On Wheels program. Answers phone calls from participants and volunteers. Maintains records participant records.

**REPORTS TO:** MOW Operations Manager

**RELATIONSHIPS:** Integral part of MOW office team. Provides problem resolution for participants, volunteers, and URMHC staff.

**HOURS:** Full Time or Part Time, depending on department need.

**MANAGES/SUPERVISES:** None

**RESPONSIBILITIES:**

1. Perform all responsibilities of the Meal Program Representative I.
2. Recertify current participants as their orders expire. Assign correct schedule, meal type, and route.
3. Enter orders for CDR meals, write and send menus to CDR.
4. Perform data entry of authorizations from managed long-term care plans.
5. Scan and upload documents to McKesson and PeerPlace.
6. Enter notes from participant and volunteer contacts, referrals and discharges, recertifications, service cancellations and resumptions, and other communications.
7. Coordinate annual mail and phone customer satisfaction surveys. Make calls or assign calls to MOW staff and/or volunteers.
8. Compile customer satisfaction survey data on a regular basis so spreadsheet reflects current responses and scores.
9. Schedule MOW clerical and phone volunteers to ensure coverage matches need.
10. Assist in preparing the quarterly participant newsletter.
11. Generate and print contribution letters for designated payors.
12. Remove charges for participants on MOW contribution programs.
13. Code participant payments by payor and deliver to PFS or Payroll.
14. Track payments of participants who have switched from full or partial fee programs to contribution programs. Hold contribution letters until bill is paid in full.
15. Monitor participants who are on hold, follow up with them to check status, discharge or re-activate as requested or required.

16. Prepare statistical and financial reports for program management and payors.
17. Track participants who request no holiday meal delivery.
18. Act as a resource for MOW statistical data and reporting. Exchange information with other URMHC departments.
19. Maintain participant lists for the Pet Food Program. Notify participants of upcoming deliveries.
20. Complete meal delivery route (minimum one volunteer route or one staff driver route each year, unless on the URMHC Adopt-a-Route team) when scheduled or as needed.
21. Routinely review processes and suggest enhancements to increase efficiency and decrease cost.
22. Serve as backup for the MOW Intake Specialist.
23. Order office supplies as needed or requested.
24. Responsible for the Key Performance Indicators (KPI's) established by their manager.
25. Performs other similar, comparable or related duties as may be required or assigned.

**QUALIFICATIONS:**

- Knowledge:** Knowledge of office practices and medical terms. Working knowledge of computers. AAS or equivalent preferred.
- Experience:** At least one year of related experience that includes data entry and telephone communications.
- Skills/Aptitudes:** Strong communication skills, both oral and written. Demonstrated organizational skills. Must be able to function as a member of a “self-directed” work team.
- Supervision Required:** Works under minimal supervision and exercises a moderate degree of discretion and judgment.
- Work Environment:** Normal office environment and hours. Occasional extra hours.

**EMPLOYEE ACKNOWLEDGMENT**

I have reviewed my job description and agree to perform all duties mentioned to the best of my ability. I understand my job duties may change as the needs of the company change. I further agree to notify my immediate supervisor if I am unable to complete any of my job duties in a timely manner.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date

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