

CSR (Front Desk)/MA Workflow Document

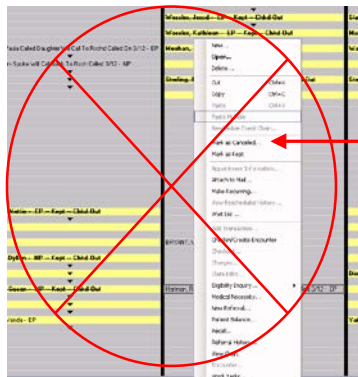
It is important that all understand what happens in earlier workflow areas even if that is not your direct role. Meeting our goal to close encounters within the 96-hour window is significant to everyone. Upfront tasks set the stage and can either contribute or hinder meeting that goal. Understanding how the workflow should happen, can help with empathy, building community, and accountability.

Our front desk and medical assistants play a critical role in an efficiently run clinic. This workflow module is meant to provide all team members insight into front end and checkout workflow. The sections are organized highlighting important best practices for all to know, then moving into move detailed role specific information. Click on the icon to move through each section. The icon will change color once complete.

Scheduling

We will look at the following processes:

1. Special situations: Cancellations and Reschedules – important for all
2. Scheduling a new patient



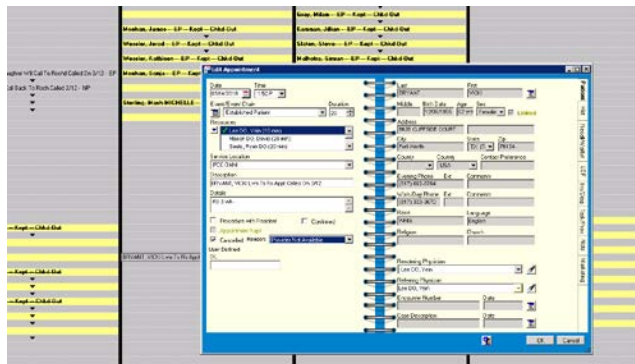
Cancellations and/or reschedules can happen prior to the appointment or after the person checks-in.

If 'quick cancel' is used to cancel an appointment, it can result in encounters left open and not finalized.

This can negatively influence our encounters closed goal, making it appear that a provider has not closed the encounter.

This method also leaves no documentation of the action. It may seem expedient at the moment but it creates problems later.

Always use the following best practice to cancel appointments, even if you are rescheduling the person. It is best to cancel the original appointment and make a new appointment.



Cancel by opening the appointment from the schedule. Check the box for cancelled and document the reason. In our example, the provider was not going to be available. Click ok when finished. If rescheduling, you would open a new appointment.

Always check “Appointment Look Up” for Patient Status, either Established or New Patient.

If more than 3 years has passed since the patient has been seen, they are considered a new patient.

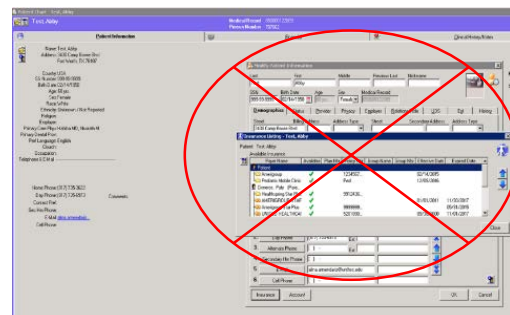
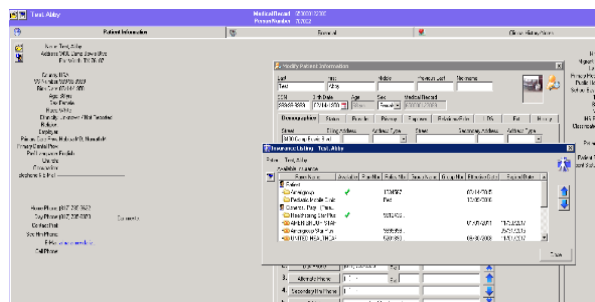
Steps:

1. Right click **NEW**
2. Select **Event/Event Chain**
3. Select Patient by Date of Birth and First Name
 - a. This is the most accurate way for NextGen to suggest Duplicates. In the situation there is something causing the system to think there is a duplicate, when there is not, change the date of birth and complete the possess. THEN go immediately back to the chart and put in the correct Date of Birth.
4. Adding new patient details, complete all the areas not just the RED areas
 - a. Ask for the Social Security number; this will also help avoid duplicates
 - b. The patient DOES have the right to deny giving the number
5. Parent or Spouse details go under **Relations/Role** – there is a **COPY** button to fill in address details
 - a. If patient is a child it is very important to get the Policy holders information
 - b. When dealing with Custody/Court Order the Responsible party is the Parent/Guardian bringing the patient into the appointment. Our clinic collects full amount of copay, deductible, co-insurance from the person bringing in the child. It is the parent’s responsibility to collect any reimbursement from the other parent/person.
6. Add insurance details with Insurance button – We will cover the details of this area in the next section.
7. In the **Edit Appointment** box list in **Details** specific treatment or reason for the visit (e.g. leg pain, hypertension, injection, etc...), whether Established Patient (EP) or New Patient, also include any radiology or testing reports that are to be reviewed with the doctor at the time of visit
8. Click **OK** to save and close the appointment.

Insurance Verification

Verifying insurance is a critical step for both patient and clinic. Making sure that the current active insurance coverage is clearly noted in the electronic record can save the team much downstream difficulties. With so many variations in plans under the same company, great attention to detail is needed. Providers and other downstream will only see the insurances marked as active by the green check. Always adding the Effective Date and Expiration Date when entering an insurance can help eliminate confusion as well.

Note all the green checks in the second example. This represents wasted time and frustration downstream.



Take Home – Only allow current and inforce insurance to show as ACTIVE in NEXTGEN.

1. In **Insurance Maintenance** box the start date of the insurance policy needs to be in the **Effective Date** box.
2. When the insurance terminates type the date of termination in the **Expiration Date** box within the **Insurance Maintenance** box.
 - a. If you don't know the date but know the start date of the new insurance policy, use the day before that date for the **Expiration Date** of the old policy.
3. In the **Insurance Listing** part of the patient chart, make sure there is only a green check mark on the active insurance.
4. Always put the **Effective Date** and the **Expiration Date** to eliminate any confusion for other healthcare team members as to which insurance policy is active.

Additional Insurance Verification Information not included in EHR Toolkit Training

Insurance verification while checking in and out patients is easiest when Patient Data Sheet is printed out. It gives you the ability to multi-task without mixing up patient info with a hard copy print out while in EPM Nextgen.

Print the Patient Data Sheet Detail form

1. Appointment Lookup
2. select date Beginning and Thru should be the same date
3. Select the Resource as the Provider/Doctor schedule
4. Find
5. Check the box in the top left corner Appointment List, unselect check box for all Canceled appointment)
6. Click on any selected appointment and right click Print to get to the Patient Data Sheet Details.

Important thing to remember about insurance verification:

1. Each Front desk UNT employee should have received a form titled Website Access request form -All website to log in to verify benefits
2. RTS is built into Nextgen but IS NOT always available with all Insurance for verification
3. The insurance you need to go to the website no matter what is going to be all of you Medicare Replacements Plans- United Healthcare AARP Wellmed Secure Horizon plans Cigna, Humana and Aetna Medicare policies.
 - a. Each is very specific on Providers being in-network and Referral approval. It's best to go directly to the website for verification. Along with Medicaid. Check Medicaid monthly to verify eligibility on the TMHP website.
4. Special Notes:
 - a. If injection- make sure it does not require prior-authorization.
 - b. If Radiology/labs -make sure reports have been received from imaging facility and pair with Chart or scanned into chart for doc review at appointment
 - c. If Work Comp- verify work Status Report/Case are approved for visit.
 - d. **Double check on procedures that are not filed with Insurance** that the patient is aware of cost and payment options that will be due at the time of services.

ALL THIS INFO SHOULD BE LISTED ON THE PATIENT DATE SHEET FOR VERIFICATION AND PREP FOR THE NEXT APPOINTMENT

5. When verifying insurance, the following details need to be available
 - a. Plan- name and PPO/HOM
 - b. EFFECTIVE DATE
 - c. COPAY
 - d. CO-INSURANCE
 - e. DEDUCTIBLE
 - f. OUT OF POCKET MAX
 - g. LIFETIME MAX
 - h. IF REFERRAL OR AUTHORIZATION IS REQUIRED
 - i. MAKE SURE THE MEDICARE REPLACEMENT POLICY ARE UNDER THE CORRECT INSURANCE SELECTED IN NEXGTGEN –
 - i. Wellmed policy should be under Wellmed insurance NOT Secure Horizon NOT AARP Medicare Complete or AARP Medicare Complete Silverback TPA (See examples of Insurance card)
 - j. ALL INSURANCE SHOULD BE UNDER THE CORRECT INSURANCE IN NEXTGEN ACCORDING TO POLICY -PPO, POS, and EPO etc.
 - k. **ALL THIS INFORMATION COLLECTED SHOULD BE TYPED INTO THE BENEFIT INFO SECTION OF THE INSURANCE MAINTENANCE BOX**
 - l.

VERY IMPORTANT PART OF VERIFICATION OF INSURANCE IS TO ONLY ALLOW CURRECT AND ACTIVE INSURANCE ACTIVE IN NEXTGEN

Referrals

General Information on Referrals:

1. If a referral is required, please obtain **BEFORE** next scheduled appointment.
2. Tricare Prime and BCBS Health Select are the main insurances that need referrals.
3. Keeping up with the referrals can be done any way **as long as you** count all kept appointments to all available units or authorization approvals.
4. NextGen does not always sync to each used authorization.
5. It is the front desk job to count each appointment kept to make sure the patient and the doctor's office have **enough time** and **details** to request the appointment **BEFORE** the next scheduled appointment to prevent any delay in care.

The big take home here is the importance of timing and negative effects on patient AND clinic when referrals are not completed and communicated in timely manner. Please read through each of the listed points for more details.

ADD a Referral to NextGen

1. In the patient's chart go to **INSURANCE**
2. Select the insurance policy to add the **Referral** to

3. In the **INSURANCE MAINTENANCE** box select the tab **REFER**
4. Click the box
5. **New referral**
6. Complete all **RED** details (Referral Code, Effective Date and Expiration Date)
7. Number of encounters is not in **RED** but needs to be filled in with the amount of visits authorized
8. **Rendering** - doctor the referral was approved for
9. Description should lead with Department- OMM, GI, CARDIO... then the diagnosis - chest pain, neck pain, or whatever the Diagnosis is on the Authorization
10. Click OK to save all entered details

Checking In

Take home –

1. Changing patient status to “waiting room” when check-in is complete keeps workflow running smoothly and improves the day for all.
2. We can’t measure what is not recorded.
3. We can’t improve what we can’t measure.

The big picture take home point is changing patient status to “Waiting Room” is the way the Medical Assistant knows the patient is ready to room. By doing this the workflow keeps running smoothly. All the healthcare team benefits. We need to obtain realistic timing data if we are to improve out processes.

Getting started:

1. Greet patient and direct to sign-in if needed
2. Pull stick with patient's name
3. Pull chart with Patient Date Sheet Details
4. Start Auto-flow with NextGen, Right click on patient's appointment.
5. Select Check-in.
6. Encounter Maintenance box will pop open. Make sure the Rendering box has the correct doctor in the box. (Treating Physician or covering Preceptor for the Resident doctors) Make sure Service LOCATION is correct.
7. Click Ok to prompt to the next box in Auto-Flow.
8. Modify Patient Information this is patient demographic. Make sure all info is current and up to date. Auto flow to the next box.
9. Privacy tab, enter the dates or make sure the date for the PRIVACY NOTICE ISSUED TO PATIENT AND PRIVACY NOTICE RECEIVED FROM PATIENT is complete and current for the year. Select SIGNED, OR SIGNED BY PARENT/GUARDIAN or whichever applies to the patient in PRIVACY NOTICE REASON
10. WHITE EMPTY BOX, note if the patient signed PHI AND PR. Free type PHI/PR with the date the patient signed and completed forms, AUTOFLOW.
11. UDS is the next tab. Click the box for Consent to Treat for check mark along with the date the patient completed the form, AUTOFLOW.
12. INSURANCE box is next box to open- make sure the correct insurance is pulled over to the Selected Insurance Right side of the box for the selected insurance to bill (sometimes the box below with ask if the insurance was confirmed mark YES) AUTOFLOW

13. PATIENT BALANCE will appear next. AUTO FLOW through.
14. Payment Entry box is next. Enter COPAY if collected or required-PAYER should be PATIENT PAY AMT: should be the amount collected PAY CODE should be COPAY CREDIT, CASH OR CHECK which ever applies AUTOFLOW
15. ITEMIZED Bill FOR ENCOUNTER is the last box select AUTOFLOW.
16. PRINT

Once Encounter slip prints out, **record the payment collected, if any**, on the slip. CIRCLE Cash, Check with check number or Credit card with the type of credit card VISA MC or Discover with the last four numbers of the card.

1. Highlight if the patient is a NEW PATIENT.
2. Write MEDICAID in the top left corner below patient info printed if the patient has Medicaid.
3. If patient has NO Insurance write SELF PAY in the area you would find the insurance name on the Encounter slip- This is important so the provider knows to use the correct CPT codes for the charges.
4. If the patient is a student of UNT with the Student Insurance, please Highlight Insurance and write on Encounter slip STUDENT OMM OR STUDENT HEALTH or whichever department in the Service Location on the Encounter Slip

Change work flow status in NextGen to "Waiting Room" for the Medical Assistant to know the patient is ready to be pulled back.

Place the Chart in the appropriate physician's slot.

Check Out

Big Picture Take Homes

1. Changing patient status to "checked out" when complete, closes the loop and enables us to gather important data.
2. Potential billing issues particularly for self-pays occur if task is not sent to Accounts Receivable for self-pay adjustment.
3. Understanding of time needed past last patient seen is important to the workflow.

If the patient is a SELF PAY or is without insurance the charges will be discounted and collected at this time along with Sending a Task to the AR Team to adjust charges in Patient's account.

TASKING

1. VIEW CHART
2. Right click after selecting the ENC Number the task applies to
3. Select Task
4. Add Task box will pop open fill in all RED areas appropriately

5. TASK TYPE: RCM Self Pay F/U
6. Subject SELF PAY ADJUSTMENT
7. Assigned to : RCM AR TEAM
8. Ctrl+Shift+D will date/time and sign for task to begin in the white box
9. Hit Enter then start with ENC# and DOS -enter
10. Then the CPT code with prompt pay adjustment \$** * (cost amount)
11. Each CPT code should get a line to its adjustment
12. List the total of charges all together and the amount the patient paid and how they paid cash, check or charge AND note that the amount was collected in the office
13. Follow up OT is the follow update its best to give a few days to allow doctor to input charges and billing to finalize adjustment.
14. Click OK when task is completed.

Check Out -- Next Appointment

1. Check Appointment Lookup to see if the patient already has their next scheduled appointment or if they need to create one.
2. Preventing duplicate appointments aids scheduling AND helps with “no show” rate.

Front Desk Opening and Closing – not included in EHR Toolkit Training

Opening

1. Copy credit card batch ticket (closing credit card batch)
2. Check paper in Copier and Fax machine
3. Pick up Voicemails from Voicemail
4. Un-forward Phone from Service at designated time

Closing Out for the Day

1. Add all payments received- cash as one, credits as one, and then checks as one
2. Get a UNT Batch sheet and write in amounts collected according to the form ,along with Date and department
3. Click POSTING in Nextgen, right click select Print -BATCH LISTING
4. Match all totals with what is entered in Nextgen and what is collected in hand
5. Once the two balance -Make copies of check and Credit cards
6. Pair up the Batch sheet, Batch listing print out, along with copies of credit card, cash and checks -paper clip all payments together to turn into the Supervisor for review/verification and posting with Encounter slip when done for the day
7. Phones should be rolled over at the end of the day and double check voicemail to return all calls for the day before leaving the office.

MA Rooming

Take home –

1. Changing patient status to “exam room” when rooming is complete keeps workflow running smoothly and improves the day for all.
2. We can’t measure what is not recorded.
3. We can’t improve what we can’t measure.

The big picture take home point is changing patient status to “Exam Room. By doing this the workflow keeps running smoothly. All the healthcare team benefits.

We need to obtain realistic timing data if we are to improve our processes.

How can we know we are improving or not if we are not able to pull accurate data?

Medical Assistant Intake

1. Verbally checking Patient Name and DOB
2. Computer check of above along with Date of Service, Place of Service, Correct Provider/Attending, New or Established patient
3. Any specialty specific tasks e.g. removal of belts and shoes for OMM clinic

Common tasks -- New patients

- Vitals
- Past medical history
- Past surgical history
- Social history
- Medications
 - Pharmacy information
- No chief compliant or PHI

Common tasks -- Established patients

- Vitals
- Medication changes (check appropriate box associated with medication updates)
 - Pharmacy information
- No chief compliant or PHI

Big Picture Take Home: change status in EHR along the way, e.g. from waiting room, exam room, etc.