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| **Title: Access Insurance Questionnaire Process** | | | **Date: 10/25/2013** | |
| **Departments who must adopt: Registration Dept.** | | **Operators who must adopt:** Registration Clerks | | |
| **1** | During the registration process the clerk will review and verify the patient’s coverage. | | |  |
| **2** | If the patient does not have coverage or has private HMO/PPO, Medi-Cal Managed Care Plan or CCHP Medicare Managed Care Plan the clerk will inform the patient, patient’s parent, legal guardian or designee:   * **No coverage:** They can continue with the visit; however they need to make sure they contact Financial Counseling to see if they qualify for some type of coverage. If they do not call Financial Counseling, or do not qualify for any coverage, they will be responsible for paying for the services rendered. Would they like to continue with the visit? * **Private HMO/PPO, Medi-Cal Managed Care Plan or non CCHP Medicare Managed Care Plan:** They can continue with the visit, however, we are not a preferred provider for their coverage and they will be responsible for paying for the services rendered if the insurance company does not pay. | | |  |
| **3** | Patient, patient’s parent, legal guardian or designee wants to continue with the visit. | | |  |
| **4** | Clerk will complete the registration as usual, which includes entering/attaching applicable coverage to the Hospital Account Record (HAR). | | |  |
| **5** | Clerk will complete the Access Insurance Questionnaire form and ask the patient, patient’s parent, legal guardian or designee to sign and date acknowledging what was discussed.   * Date * Place patient label sticker on form * Check appropriate box * Have patient sign and date the Access Insurance Questionnaire form   NOTE: Access Insurance Questionnaire form is in English and Spanish (double sided copy). Use form according to the patient’s preferred written language. | | |  |

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| **6** | ***If the patient, patient’s parent, legal guardian or designee signs the Access Insurance Questionnaire form, skip step 6.***  If the patient, patient’s parent, legal guardian or designee refuses to sign the form and wants to continue with their visit, complete the form as stated on step 5 and write refused on the signature line and continue with step 7 and 8. |  |
| **7** | Clerk will scan the Access Insurance Questionnaire in the Access Insurance Questionnaire field in the Documents table. Clerk will enter Signed or Refused to Sign in the Description field and enter the Date Received, as applicable. |  |
| **8** | Clerk will include the Access Insurance Questionnaire form in the paperwork he/she provides to the nurse/provider. |  |
| **Patient, patient’s parent, legal guardian or designee does NOT want to continue with the visit:** | | |
| **1** | Clerk **will** **not** process the registration. |  |
| **2** | Clerk will complete the Access Insurance Questionnaire form and ask the patient, patient’s parent, legal guardian or designee to sign and date acknowledging what was discussed.   * Date * Place patient label sticker on form * Check appropriate box * Have patient sign and date the Access Insurance Questionnaire form   NOTE: Access Insurance Questionnaire form is in English and Spanish (double sided copy). Use form according to the patient’s preferred written language. |  |
| **3** | ***If the patient, patient’s parent, legal guardian or designee signs the Access Insurance Questionnaire form, skip step 3.***  If the patient, patient’s parent, legal guardian or designee refuses to sign the form and wants to continue with their visit, complete the form as stated on step 2 and write refused on the signature line and continue with step 4, 5 and 6. |  |
| **4** | Clerk will scan the Access Insurance Questionnaire in the Access Insurance Questionnaire field in the Documents table. Clerk will enter Signed or Refused to Sign in the Description field and enter the Date Received, as applicable.  ***NOTE: Do not Sign in or Check in patient, select Reg Appt*** |  |
| **5** | Clerk will place the Access Insurance Questionnaire form in the paddle and place paddle in designated clinic/nurse in-box, or direct patient, patient’s parent, legal guardian or designee to deliver to designated clinic/nurse in-box. |  |
| **6** | Clerk will ask the patient, patient’s parent, legal guardian or designee to have a seat and wait for the nurse/provider to come and speak with them. |  |
| **Example:** | | |