**July 28,2017 CPSI REGISTRATION PROCESS**

Patient presents for service.

**Procedure:**

Basic data gathered at the time of registration to include; demographic, financial/legal, social, clerical, and clinical information. Primary data components to be gathered:

* **Demographic**
1. Patient name
2. Patient address and phone number
3. Date of birth
4. Sex and race
5. Social Security number
* **Financial/Legal**
1. Employer name, address and phone number
2. Guarantor (person financially responsible for bill) name, address, and phone number
3. Guarantor’s employer name, address, and phone number
4. Insurance company’s name, address, phone number, policy number, group number, subscribers name, address, birthday and relationship subscriber to patient (18 self, 01 spouse, 19 child) preauthorization/precertification number, eligibility dates, injury information if liability or workers’ compensation case, subscriber information, billing priority if more than one insurance
5. Verify insurance eligibility. On the insurance screen after the above info is added to left of the screen is a box to **Eligibility Inquiry**. Click the submit button top left. A popup box will appear. Do you wish to wait for the response. Click yes and wait for response. Click on the view report: verify insurance is current on date of service and service is covered. Close report and Quit eligibility report. If Medicaid check for PASSPORT Provider. Add PASSPORT Provider number on Insurance System-Policy information screen bottom right corner under **Claim Approval** in the box Precer#/Type: the PASSPORT # is seven #’s the next box needs a 9F. ER’s **DO NOT** need PASSPORT #’S
6. Collect copay/coinsurance per report.
7. Scan or copy both sides of the card/cards.
8. Details of previous unpaid balances
9. Precertification and benefit information
10. Completion of insurance forms and other third-party payer information
11. Patient, guarantor, and/or responsible party signatures for release of information, consent for treatment, financial agreement/payment for services, release from liability, receipt of Medicare/Medicaid/CHAMPUS information, and receipt of advanced directives/living will information
12. It is mandatory the completion of the Medicare Secondary Payer questionnaire be completed as accurate and entirely as possible to ensure MSP situations are properly identified.
* **Social**
1. Contacts in case of emergency-names, address, and phone numbers
2. Permission to receive visitors or notify newspapers
3. Religion and church preference
* **Clerical**
1. Valuables taken for safe keeping
2. Registration date and time
3. Who provided and entered the information
4. Referral source, i.e., name of other hospital
5. Method of arrival, i.e., ambulance, walk-in, etc.
6. Room preference and assignment if an inpatient admission
7. Patient account number and/or medical record number
* **Clinical**
1. Diagnosis or chief medical complaint
2. Treatment plans, i.e., surgery
3. Physicians’ names, addresses and phone numbers
4. Physician orders

Additional processes the admission/registration department may responsible for:

* + Patient scheduling
	+ Patient placement
	+ Preadmission, outpatient, inpatient and emergency department registration
	+ Financial screening and counseling
	+ Acceptance of patient deposits
	+ Patient information
	+ Precertification
	+ Preparation of daily census and other special reports
	+ Guest relations/patient representatives
	+ Marketing/liaison with physicians’ offices
	+ Distributing mail
	+ Other related areas such as patient accounts, daily cash deposit

**Pre-registration script**

*Use this simple pre-registration checklist to ensure you collect all the information needed for an efficient and effective first visit. Adapt the checklist so that the fields match those in your EHR or registration software.*

Hello, How may I assist you today.

Patient responds

I will need to gather this information in order to ensure that your registration process is as simple as possible.

**Verify and/or enter the following general patient information.**

| Personal information |
| --- |
| First name | Middle name | Last name | DOB |
| Sex | SSN | Marital status | Preferred language |
| Address | City | State | ZIP code |
| Phone number (home) | Phone number (mobile) | Email address | Preferred method/time of contact |
| Referring physician | Phone number | PCP | Phone number |
| **Emergency contact person** | Phone number | **Guarantor Demographics** | Name/address/phone#/employer info |
| Work information |
| Employer | Phone number (work) | Address | City/State/ZIP code |
| Insurance information |
| Insurance company | Address  | City | State/ZIP code |
| Policy # | Group # | Relationship 18 self 01 spouse 19 child | Subscriber’s birthday |
| Phone number | Specialist copay | PCP copay |  |

**REGISTRATION PERSONNEL**

**Verify insurance eligibility**.

On the insurance screen after the above info is added to left of the screen is a box to **Eligibility Inquiry**. Click the submit button top left. A popup box will appear. Do you wish to wait for the response. Click yes and wait for response. Click on the view report: verify insurance is current on date of service and service is covered. Close report and Quit eligibility report. If Medicaid check for PASSPORT Provider. Add PASSPORT Provider number on Insurance System-Policy information screen bottom right corner under **Claim Approval** in the box **Precer#/Type**: the PASSPORT # is seven #’s the next box needs a 9F. ER’s **DO NOT** need PASSPORT #

According to your insurance company, you have a copay/deductible due of \_\_\_\_\_\_. You can pay for that today with Visa, MasterCard, American Express, or Discover. You can even pay by check over the phone. Which works best for you today?

**SCAN/COPY INSURANCE CARD/CARDS**

If patient is a Medicare beneficiary, be sure to complete the Medicare Secondary Payer form.

Thank you so much. Have a nice day/evening.

*Source: AMA. Practice transformation series: advanced pre-registration. 2016.*