Registration REG100

Centricity® Business 4.3

New Patient: SAM, YOS - Main Patient Registration Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td></td>
</tr>
<tr>
<td>AKA</td>
<td></td>
</tr>
<tr>
<td>GENDER</td>
<td></td>
</tr>
<tr>
<td>MARITAL</td>
<td></td>
</tr>
<tr>
<td>ADDR1</td>
<td></td>
</tr>
<tr>
<td>ADDR2</td>
<td></td>
</tr>
<tr>
<td>CTY/ST</td>
<td></td>
</tr>
<tr>
<td>ZIP</td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
</tr>
<tr>
<td>CELL</td>
<td></td>
</tr>
<tr>
<td>EMAIL</td>
<td></td>
</tr>
<tr>
<td>GUARANTOR NAME</td>
<td></td>
</tr>
<tr>
<td>PT REL TO GUAR</td>
<td></td>
</tr>
<tr>
<td>EMERGENCY CONTACT NAME</td>
<td></td>
</tr>
<tr>
<td>OTHER CONTACTS</td>
<td></td>
</tr>
<tr>
<td>REL TO PT</td>
<td></td>
</tr>
<tr>
<td>W PH</td>
<td></td>
</tr>
<tr>
<td>AOB CONSENT DT</td>
<td></td>
</tr>
<tr>
<td>NPP DT</td>
<td></td>
</tr>
<tr>
<td>PRIMARY DR</td>
<td></td>
</tr>
<tr>
<td>ADD/CHANGE TO PCP DICTIONARY?</td>
<td></td>
</tr>
<tr>
<td>FINANCIAL AID</td>
<td></td>
</tr>
<tr>
<td>OLIN</td>
<td></td>
</tr>
<tr>
<td>OLIN CURRENT</td>
<td></td>
</tr>
<tr>
<td>OLIN COMMENT</td>
<td></td>
</tr>
</tbody>
</table>

MSU HealthTeam Training and Education (M-F 8a – 5p)
Melody Frye  517-432-0898  melody.frye@ht.msu.edu
Overview

Registration is the process of adding a new patient or editing an existing patient’s demographic and insurance information in the Centricity Business system. Accurate patient registration is critical to billing and collections as well as patient satisfaction. This module is designed to instruct you how to use the screens and functions of the Registration Activities to create and maintain patient accounts.

Objectives

Upon completion of the skills verification review students will be able to demonstrate the following:

1. Implement the standard registration/verification process following scheduling and registration policies and procedures
2. Learn terminology commonly used in the registration process
3. Use the necessary forms in registration
4. Register/verify/edit a patient’s demographics information
5. Print encounter forms and face sheets
6. Definitions of all demographic registration screens and fields
<table>
<thead>
<tr>
<th>Terms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centricity Business</td>
<td>The software that is used by HealthTeam for accounts receivable, scheduling, form generation and reporting.</td>
</tr>
<tr>
<td>Delete</td>
<td>To permanently erase something from a field, screen, or program</td>
</tr>
<tr>
<td>Department</td>
<td>Group of providers at one or more location</td>
</tr>
<tr>
<td>Dictionaries</td>
<td>The building blocks of Centricity Business, that store data that would otherwise have to be reentered frequently into the system</td>
</tr>
<tr>
<td>Edit</td>
<td>To revise or make changes to data which has already been filed in Centricity Business</td>
</tr>
<tr>
<td>Facesheet</td>
<td>A standard form, generated by Centricity Business with a summary of patient’s registration and insurance information. (MSU HealthTeam uses Encounter Form 33 as our standard facesheet.)</td>
</tr>
<tr>
<td>Field</td>
<td>An area on the screen to enter specific data, defined by data type and length.</td>
</tr>
<tr>
<td>Guarantor</td>
<td>The person who is legally financially responsible for paying the medical bills (the account charges)</td>
</tr>
<tr>
<td>Medical Record Number (MRN)</td>
<td>An unique number assigned to a patient’s account</td>
</tr>
<tr>
<td>Registration</td>
<td>The process of entering demographic and insurance information on a patient record</td>
</tr>
<tr>
<td>Username</td>
<td>Unique log in ID that has been assigned to each user, allowing secured access into Centricity Business</td>
</tr>
</tbody>
</table>
**Functionality**

<table>
<thead>
<tr>
<th>Critical Information</th>
<th>What it Does</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue field</td>
<td>Identifies the field the cursor is in</td>
</tr>
<tr>
<td>Yellow field</td>
<td>Indicates a required field.</td>
</tr>
<tr>
<td>Control T (Hot Key)</td>
<td>Date and time stamps comments</td>
</tr>
<tr>
<td>Delete</td>
<td>Erases</td>
</tr>
<tr>
<td>@P</td>
<td>Copies Patient Address Information To Guarantor or Other Parent address fields</td>
</tr>
<tr>
<td>F11</td>
<td>Refreshes Screen</td>
</tr>
<tr>
<td>Logout</td>
<td>Exits the system</td>
</tr>
<tr>
<td>OK/Save</td>
<td>Files information entered (Saves it and records updated date.)</td>
</tr>
<tr>
<td>Tab</td>
<td>Moves through the fields. <em>Exclusively use tab to move to the next appropriate field.</em></td>
</tr>
</tbody>
</table>
Patient Look-up Commands

The following table displays all the look-up commands that can be utilized to look up an existing patient in the Centricity Business database. Enter any of these commands at the patient name field on Patient Services Screen, New Appt Screen, or on the Patient Selection Screen. The system will search for matches and display these matches on the Patient Selection List.

<table>
<thead>
<tr>
<th>To Look up a patient by the…</th>
<th>Enter</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial name</td>
<td>first 3 letters of last name, first 3 letters of first name</td>
<td>ROM,ELI</td>
</tr>
<tr>
<td>Partial name and year of birth</td>
<td>first 3 letters of last name, first 3 letters of first name; the last two digits of the birth year</td>
<td>ROM,ELI;65</td>
</tr>
<tr>
<td>AKA</td>
<td>first 3 letters of AKA last name, first 3 letters of AKA first name</td>
<td>ROM,PEG</td>
</tr>
<tr>
<td>Partial name and approximate age (within 5 years)</td>
<td>first 3 letters of last name, first 3 letters of first name; the letter A and the approximate age.</td>
<td>ROM,ELI;A33</td>
</tr>
<tr>
<td>Partial name and sex</td>
<td>first 3 letters of last name, first 3 letters of first name;: (two semicolons) and the sex.</td>
<td>ROM,ELI;;M</td>
</tr>
<tr>
<td>Medical Record Number</td>
<td>“M” or “.” followed by patient’s MRN. The system may display a summary of the patient’s registration and financial information. To suppress display, enter /N after the MRN</td>
<td>M12345678 .12345678 M12345678/N .12345678/N</td>
</tr>
<tr>
<td>Other Account Number</td>
<td>“A” followed by the patients other account number. (Since student PIDs begin with an A be sure to include it as part of the number)</td>
<td>A34567 (regular lookup) AA12345678 (PID lookup)</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>S followed by the patient’s actual SSN or</td>
<td>S123456789</td>
</tr>
<tr>
<td>Or Social Security DOB Formula</td>
<td>S followed by 3 zeros plus patient 6 digit birth date (in MMDDYY format)</td>
<td>S000110180</td>
</tr>
<tr>
<td>To Look up a patient by the…</td>
<td>Enter</td>
<td>Example</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| **Invoice Number** | “I” or “-” followed by the patient’s invoice number. The system may display a summary of the patient's registration and financial information. To suppress this display, you can enter /N after the invoice number | I2345678
-2345678
I2345678/N
-2345678/N |
| **Guarantor** | @, followed by the last name, first name of the guarantor | @ROTH, SARAH |
| **Insurance Contract Number** | “W” followed by the contract number of the insurance listed in the insurance table | WXYZ854987654 |
Registration

Registration can be completed through Patient Services, Scheduler or Appointment Manager. Depending on where you are sitting in the clinic and what your responsibilities are for the day, you may be performing registration activities in one of the three system access points mentioned above.

If you are sitting at the referral desk and obtaining authorizations you will access registration through **Patient Services** by clicking on the “Demographic” and “Insurance” link.

If you are sitting at the scheduling desk taking calls for appointments, you will access registration through **Scheduler New Appointment Screen** by clicking on the **Reg** button just to the right of the patient name field.

If you are sitting at the front desk checking in patients or checking out patients you will access registration from **Appointment Manager** by clicking the patient name hyperlink or the “Actions” button at the bottom of the **Daily Appointment List** screen or by using the Demographics hyperlink on the **Appointment Overview** screen.

In this module you will be registering new patients and updating existing patient’s registration information through Patient Services. Regardless of the origination point, the patient registration screens will appear and function the same as in this example.

**Patient Services Screen**
When accessing registration from some areas, the below pop up window will appear.

- To accept the default and view first Demographics (Reg) and then Insurance (FSCs) hit enter or click the OK button.
- To proceed to only one area, while the text is still highlighted in dark blue, type the number of the area you want to access then press enter or click the OK button.
### Appointment Manager Screen

#### Appointment Overview Screen

**Demographics**
- 580 Woods Place
- #222
- Cedar Lake, MI 48812
- Home: 332-090-5312
- Email: 
- Updated: 11/18/2009  By: MSUTRAIN03

**Appointments**
- **Appointment:** 359
- **Provider:** POHLOD DO, CHRISTOPHER
- **Department:** COM PEDIATRICS
- **Location:** OKEMOS PEDIATRIC ASSOC CLINIC
- **Type:** OMT
- **Appt Status:** PENDING
- **Date/Time:** 11/24/2009 08:50 AM
- **Arr:** To MD: Out:
- **Referral No.:** Visit No.:

**Registration/Insurance**
- Active Only

<table>
<thead>
<tr>
<th>Insurer</th>
<th>Policy No.</th>
<th>Coverage Date</th>
<th>Term Date</th>
<th>Eligibility</th>
<th>Referral No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid HMO</td>
<td>811</td>
<td>10/8888888888</td>
<td>8/99999999</td>
<td>Eligible</td>
<td></td>
</tr>
<tr>
<td>CIGNA</td>
<td>94</td>
<td>10/8888888888</td>
<td>8/99999999</td>
<td>Eligible</td>
<td></td>
</tr>
</tbody>
</table>

**Statement Balances**
- **Prior Physician Bal.:** $0.00

**Amount Due:** $0.00

**Attaches:**
- Type: Description
Looking Up The Patient – Search Methods

Prior to any new patient registration or existing patient update, the patient must be looked up in the system. This process is critical to determine whether the patient is already an established patient with MSU HealthTeam or is a new patient to the practice, and to ensure you are updating information for the correct patient. **It is important to note that a patient may be new to a specific MSU HealthTeam clinic but not new to the MSU HealthTeam Group Practice.**

Three Required Searches to Determine If a Patient Is a New Patient

Prior to registering a patient in the Centricity Business database as a new patient, a thorough search will be done to identify if the patient already exists in the system. There are three specific searches that are always performed at the time of a patient being registered for a new patient appointment.

At the **Patient Name** field identify if the patient is already in the Centricity Business database by using the following three searches in the order given.

1. **First search** – S followed by the patient’s actual social security number
3. **Third search** – First three characters of the patient’s last name followed by a comma and the first three characters of the patient’s first name. Example: TES,MAG

**Additional Search/Filter Options**

Additional search options can be used in conjunction with name (especially common names).

- **Age** will return patients who are within 5 years more or less than the age entered.
- **Sex** will return all patients of the sex indicated.
- **DOB** can either have a complete date of birth (MM-DD-YYYY) or just a year (YYYY) entered. The system will return all patients that have that date of birth (when using MM-DD-YYYY) or were born in that year (when using the YYYY).

Using more than one of the above fields will narrow the search by the multiple factors – Patients whose name matches JOH,SCO who are Men born in 1977 for example. Be sure to have the **Search By Name** field filled in, then enter the additional search criteria and click on **Search**. (Clicking OK will select a highlighted patient, not perform an additional search.)
First Search – Letter “S” followed by patient’s social security number

If no match to the search is located the No Patients Found pop up will appear. Click the OK button and the system will take you to the Patient Selection screen where additional searches can be performed.

Second Search – S three zeros and the six digit birth date (000MMDDYY).
Third Search – first three characters of last name, first three characters of first name. (no space after comma)
Search Results

Patient Found
Within the Patient Selection screen, verify the patient name and DOB. Select the patient by clicking on the patient name (this will highlight the line) then click okay to open the patient record. Verify/update the patient’s information as needed, being sure to follow requirements of MSU HealthTeam Policy.

Policy BLG 26 – Regarding Appointment Scheduling and Registration:

All patients scheduled for appointments with MSU Health Team providers will have demographic and financial information entered/updated in CENTRICITY BUSINESS at time of appointment scheduling. A full registration will be completed for all new patients. Established patient’s information will be updated at a minimum of every 30 days and whenever information has changed. Staff will also capture referring physician information necessary to complete clinical and billing functions. When scheduling appointments with someone other than the patient, patient information will not be provided for verification, rather information to be verified will be gathered from the individual scheduling the appointment.

Patient Not Found
After performing all three mandatory searches, if the patient has not been located, click on the New Reg button at the bottom left of the Patient Selection screen to register the new patient.
REGISTERING A NEW PATIENT

After selecting a patient or choosing new registration, the registration/verification process will begin.

PATIENT DEMOGRAPHIC REGISTRATION

Ask open ended questions like:
“May I please have the spelling of your Legal name?”
“May I please have your home telephone number?”
“May I please have your street address?”

Protect your patient’s confidentiality........

If you are in an area where another patient may be present.....
NEVER ALLOW PATIENT PERSONAL INFORMATION TO CROSS YOUR LIPS!!!!
**Name:**
This field is always the patient’s legal name
Type in patient’s legal name

*Last Name, First Name <space> Middle Name*

*See name convention policy in back of manual.*

**AKA#1: Also Known As**
Type in the patient’s nickname or previous name if name changed.

Examples: TEST, KATHERINE
SMITHTEST, KATHERINE

**SSN: Social Security Number**
Enter the patient’s *Social Security Number*

Example: 321654870

**If a patient does not have a Social Security Number enter 3 zeros followed by six-digit birth date Example: 000110180**

**MRN (Medical Record Number):** Enter the letter G to generate a MRN if the patient is new

**OLIN:** Enter the Olin Student Number if you are doing Olin Registration
Field               | Data
---|---
DOB: | Enter the patient’s date of birth (mo/dt/yr) or any delimiter
Gender: | F = Female  
 | M = Male  
 | I = Indeterminate
Marital Status: | Enter the marital status of the patient

<table>
<thead>
<tr>
<th>Martial Status Options</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>S</td>
</tr>
<tr>
<td>Married</td>
<td>M</td>
</tr>
<tr>
<td>Widowed</td>
<td>W</td>
</tr>
<tr>
<td>Separated</td>
<td>SE</td>
</tr>
<tr>
<td>Divorced</td>
<td>D</td>
</tr>
</tbody>
</table>

ADDR1: | Enter the patient’s current street address
ADDR Line 2: | Enter the apartment number or lot number  
Example: APT 2B

**Centricity Demographic Street Address and P.O. Box For Patients That Have a P.O. Box for Mail Receipts See Addendum Page 53**

Zip Code: | Enter the patient’s zip code (typing Asterisk prior to zip code  
| Allows for override if Zip is not a U.S. Zip code) <tab>
City,St: | If you enter the zip code the city and state will default.  
Verify the city and state when it displays.  **NOTE: When entering address in another country enter ”**” followed by full address including Country.  
Home phone #: | Enter the patient’s home phone number with area code.  
If patient does not have a home phone enter cell phone number with the area code (no hyphens).
Cell phone #: | Enter the patient’s cell phone number with area code (no hyphens).
Email: | Enter patient or guarantor’s e-mail address only if requested by patient or guarantor. Patient must sign form (see Page 54).  

**Per Arrival Policy Blg 25 Attachment #5: Email addresses are not required and are not requested by HealthTeam Staff for unsecured email communication.**
<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt Emp:</td>
<td>Enter the name of the patient’s employer</td>
</tr>
<tr>
<td>Addr1:</td>
<td>Enter the street address of the patient’s employer</td>
</tr>
<tr>
<td>Addr2:</td>
<td>Enter a suite number, etc.</td>
</tr>
<tr>
<td>Zip:</td>
<td>Enter the zip code of the patient’s employer</td>
</tr>
<tr>
<td>City, St:</td>
<td>If you entered the zip code the city and state will default. Verify the city and state when it displays.</td>
</tr>
<tr>
<td>Phone:</td>
<td>Enter the patient’s work phone number with area code (no hyphens).</td>
</tr>
<tr>
<td>Extension:</td>
<td>Enter the Patient’s work extension.</td>
</tr>
<tr>
<td>Guarantor Information:</td>
<td>Enter the name of the guarantor formatted last name, first name (no spaces). This will take you the patient search screen. If the patient is their own guarantor leave this field blank unless patient is using alternative mailing address. See attached policy referencing Guarantor Information.</td>
</tr>
<tr>
<td>Emergency Contact Name:</td>
<td>Enter the name of a person to contact in case of an emergency. LAST NAME, FIRST NAME no spaces. This person is not authorized to receive medical information about the patient. Do not enter a dependent child or another adult in the same household as an emergency contact</td>
</tr>
<tr>
<td>Rel To Patient:</td>
<td>Enter the emergency contact’s relationship to the patient:</td>
</tr>
<tr>
<td>H PH: W PH: C PH:</td>
<td>Enter the 10 digit phone number, of emergency contact (no hyphens).</td>
</tr>
<tr>
<td>Other Contacts:</td>
<td>Enter “Y” to go to other contact page for “other emergency contacts and other parent”</td>
</tr>
<tr>
<td>Field</td>
<td>Data</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>AOB Consent Dt:</td>
<td>Enter date patient (or parent) signed AOB Consent. (Assignment of Benefits) (Example 12/2/2008)</td>
</tr>
<tr>
<td></td>
<td>If patient refuses to sign AOB, their insurance is not entered into Centricity Business and the patient pays all charges at the time of service.</td>
</tr>
<tr>
<td>NPP Dt:</td>
<td>Enter the date the patient (or parent) signed NPP (Notice of Privacy Practices) notification (see page 51). (Example 12/2/2008)</td>
</tr>
<tr>
<td></td>
<td><em><strong>All patients must be offered a copy of the provider’s Notice of Privacy Practices. The notice must be offered to all new patients at the point of access, prior to treatment, except in cases of emergency. Patients must sign the form indicating they were offered the Notice of Privacy Practice. NPP signature obtained once or when a minor turns 18.</strong></em></td>
</tr>
<tr>
<td>PCMH Dt:</td>
<td>Enter date the patient (or parent) was presented with the Patient Centered Medical Home brochure for primary care participating clinics.</td>
</tr>
<tr>
<td>Primary Dr:</td>
<td>Enter the last name of the patient’s Primary Care Doctor (PCP). A dictionary drop down box will display. Select the provider that matches the name and address of the patient’s PCP by clicking on the name and then clicking okay.</td>
</tr>
<tr>
<td>Add/Change Primary Provider:</td>
<td>Enter “Y” if you need to add a new provider to the provider dictionary or change information regarding an existing provider already in the dictionary. This will take you to another screen.</td>
</tr>
</tbody>
</table>
This is an example of a completed first page of registration

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>SAM, YOSIMITE</td>
</tr>
<tr>
<td>MRN</td>
<td>08000048</td>
</tr>
<tr>
<td>AKA</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>M</td>
</tr>
<tr>
<td>Marital Status</td>
<td>SINGLE</td>
</tr>
<tr>
<td>Address 1</td>
<td>123 LAUREL LANE</td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City/State</td>
<td>EAST LANSING, MI</td>
</tr>
<tr>
<td>Zip</td>
<td>48823</td>
</tr>
<tr>
<td>Phone</td>
<td>517-364-4502</td>
</tr>
<tr>
<td>Cell</td>
<td>517-230-1817</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Guarantor Name</td>
<td>SAM, YOSIMITE</td>
</tr>
<tr>
<td>PT Relation to Guarantor Name</td>
<td>OTHER</td>
</tr>
<tr>
<td>Relation to Patient</td>
<td>EMER-OTHER</td>
</tr>
<tr>
<td>Home Phone</td>
<td>517-666-2005</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>517-230-1234</td>
</tr>
<tr>
<td>AOB Consent Date</td>
<td>12/02/2009</td>
</tr>
<tr>
<td>NPP Date</td>
<td>12/02/2009</td>
</tr>
<tr>
<td>PGMH Date</td>
<td>12/02/2009</td>
</tr>
<tr>
<td>Primary Dr</td>
<td>MYSLIWIEC DO, LAWRENCE</td>
</tr>
<tr>
<td>PCP Phone</td>
<td>351-9888</td>
</tr>
<tr>
<td>PCP Fax</td>
<td>351-7109</td>
</tr>
<tr>
<td>Add/Change to POP Dictionary?</td>
<td></td>
</tr>
<tr>
<td>Financial Aid %</td>
<td></td>
</tr>
<tr>
<td>End Date</td>
<td>12/02/2009</td>
</tr>
<tr>
<td>Upd</td>
<td>12/02/2009</td>
</tr>
<tr>
<td>By</td>
<td>M5UTRAI\08</td>
</tr>
<tr>
<td>OLIN Consent Form?</td>
<td></td>
</tr>
<tr>
<td>OLIN Consent Form</td>
<td></td>
</tr>
</tbody>
</table>

Click on page to move to another registration page. Side arrows will move you forward and backwards between pages. Clicking actions will bring up audit trail action code.
Page 2- Guarantor Information

When do I complete the Guarantor Screen?
1) the patient is under the age of 18
2) the patient is mentally disabled under a guardianship
3) there is a power of attorney involved
4) patient is using a mailing address other than their physical address

Field                      Data

Guarantor Name:             LAST NAME,FIRST NAME MIDDLE NAME (no spaces)

The Guarantor is the person financially responsible for any account balances insurance does not cover. See attached Guarantor Information Sheet.

Field                      Data

Guarantor Information Sheet

<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guarantor Name</td>
<td>LAST NAME,FIRST NAME MIDDLE NAME (no spaces)</td>
</tr>
<tr>
<td>Relationship to Patient</td>
<td>Click Drop Down Box or to get a list of choices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship Options</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dep Child</td>
<td>D</td>
</tr>
<tr>
<td>Other</td>
<td>O</td>
</tr>
<tr>
<td>Self</td>
<td>SE</td>
</tr>
<tr>
<td>Spouse</td>
<td>SP</td>
</tr>
<tr>
<td>Student</td>
<td>ST</td>
</tr>
<tr>
<td>Field</td>
<td>Data</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
<td>The address where the guarantor lives. Enter @P if the guarantor lives in same household as the patient.</td>
</tr>
<tr>
<td><strong>Address line 2:</strong></td>
<td>Apartment number, Lot number or PO Box</td>
</tr>
<tr>
<td><strong>Zip (City, State):</strong></td>
<td>Enter the Zip code for the Guarantor. This will automatically fill in City, State.</td>
</tr>
<tr>
<td><strong>Home Phone:</strong></td>
<td>Guarantor’s 10 digit home phone. Enter cell phone if no home phone.</td>
</tr>
<tr>
<td><strong>Cell Phone:</strong></td>
<td>Guarantor’s 10 digit cell number (leave blank if no cell phone).</td>
</tr>
<tr>
<td><strong>SSN:</strong></td>
<td>Guarantor’s SS #.</td>
</tr>
<tr>
<td><strong>Guarantor Employer:</strong></td>
<td>If guarantor is not the patient then enter the name of the guarantor’s employer.</td>
</tr>
<tr>
<td><strong>Addr:</strong></td>
<td>Enter the street address of the guarantor’s employer</td>
</tr>
<tr>
<td><strong>Addr 2:</strong></td>
<td>Include any Suite or PO Box, of guarantor’s employer Do not use any special characters (i.e. #)</td>
</tr>
<tr>
<td><strong>Zip:</strong></td>
<td>Enter the zip code of the guarantor’s employer</td>
</tr>
<tr>
<td><strong>City, St:</strong></td>
<td>Entering the zip code populates the city and state will. Verify the city and state when it displays.</td>
</tr>
<tr>
<td><strong>Employer Phone #:</strong></td>
<td>Enter the 10 digit guarantor’s work phone number.</td>
</tr>
<tr>
<td><strong>“EXT”:</strong></td>
<td>Enter the guarantor’s work phone extension.</td>
</tr>
</tbody>
</table>
**Page 3 (CNT) - Contacts**

The Contacts Screen displays information regarding a minor child’s other parent, a patient’s emergency contact information and authorization information.

<table>
<thead>
<tr>
<th><strong>Field</strong></th>
<th><strong>Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Parent:</td>
<td>Enter the name of the minor’s other parent (last name, first name no spaces)</td>
</tr>
<tr>
<td>Other Parent Address:</td>
<td>Enter the street address of the other parent <em>Can use @P to fill address if it’s the same as patient.</em></td>
</tr>
<tr>
<td>City/ST:</td>
<td>Enter the City and State of the other parent</td>
</tr>
<tr>
<td>Zip:</td>
<td>Enter the Zip Code for the other parent</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Enter other parent’s 10 digit home phone number (no hyphens).</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Enter other parent’s cell phone with area code</td>
</tr>
<tr>
<td>Employer:</td>
<td>Enter the name of the other parent’s employer</td>
</tr>
</tbody>
</table>
Field | Data
--- | ---
Work Phone: | Enter other parent’s 10 digit work phone number (no hyphens).
Work Extension: | Enter the other parent’s work extension,
2nd and 3rd Emg Name: | Enter the name(s) of the person to contact if the patient’s primary emergency contact cannot be reached (Last Name, First Name no space). This contact should be an individual who lives outside of the patient’s home. This person is not authorized to receive the patient’s medical information.
Pt Rel To Cont: | Select the pt’s relationship to the emergency contact from the drop down box.
Home Phone: | Enter the 10 digit home phone number for the Emergency Contact (no hyphens).
Work Phone: | Enter the 10 digit work phone number for the Emergency Contact (no hyphens).
Cell Phone: | Enter the 10 digit cell phone number for the Emergency Contact (no hyphens).
Auth To Present Minor Child: | Enter “Y” if the parent presenting the minor for care signs the authorization form to authorize other individuals to present their child for care. Enter “N” if parent does not want anyone other than parents to present a minor for care (see page 45).
Sig. Date: | Enter date parent signed authorization form. Enter “T” for today’s date.
Name Authorize: | Enter Names of individuals authorized to present child for care.
<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Info Release Auth:</strong></td>
<td>Enter “Y” if patient/parent signs authorization form authorizing someone else to receive the medical information from the clinic concerning a patient. Enter “N” if patient does not want anyone else to receive their healthcare information <em>(see page 44)</em>.</td>
</tr>
</tbody>
</table>
| **Sig Dt:**                   | Enter the date the patient/parent signs the form authorizing other individuals to receive medical information about themselves or their child.  
**See attached policy regarding authorization.** |
The general comments is a communication tool that can be used to record information about the patient that is not specific to a particular MSU HealthTeam financial group. Examples of comments entered in General Comments are bad addresses, bankruptcy, and bad check information.

**Field**

**Data**

**Edit General Comments:**

Click in box to add a comment

**General Comments:**

The cursor will show in the general comments free text area. Enter comment, date and time stamp, and enter your initials followed by **. The next comment follows immediately after “**”. <control-T> to date and time stamp comments.
## OSO, WC, Financial Assistance, Date of Death (OT5)

<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased:</td>
<td>Enter Y if patient is deceased. <em>See addendum on deceased patient, page 51.</em></td>
</tr>
<tr>
<td>Date of Death:</td>
<td>Enter the date of death if known. If unknown leave blank.</td>
</tr>
<tr>
<td>VIP:</td>
<td>Leave Blank</td>
</tr>
<tr>
<td>OSO Name:</td>
<td>Name of the entity or person that is paying for a particular service(s). Examples may include an attorney’s office, a school district, or a charity group that has offered to pay the patient’s bill for a particular service or services. Entry in this field requires written documentation to support billing the third party.</td>
</tr>
<tr>
<td>OSO Addr:</td>
<td>The street address of the OSO Name</td>
</tr>
<tr>
<td>OSO Addr2:</td>
<td>The Second line of the street address such as a suite number</td>
</tr>
<tr>
<td>OSO Phone:</td>
<td>The 10 digit telephone number of the OSO name (no hyphens).</td>
</tr>
<tr>
<td>OSO Fax:</td>
<td>The 10 digit fax number of the OSO Name (no hyphens).</td>
</tr>
</tbody>
</table>
Workman’s Compensation

***If the patient states the reason for the visit is due to a Worker’s Compensation injury or illness, WC fields need to be filled in order to send claim to the carrier. The patient should have a letter or form from the employer indicating Worker’s Compensation will pay for the medical bills related to the condition the patient is presenting for care. If the patient does not present adequate documentation, they are responsible for payment at time of service. ***

<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>W/C Carrier Name:</td>
<td>Enter name of the <em>Worker’s Compensation Carrier</em></td>
</tr>
</tbody>
</table>
| Federal Workers Comp? Yes/No| FEDERAL WC Y/N: Y
                                 WC ADDR1: N
                                 WC ADDR2: N                                                                 |
| Case #:                     | Enter the *case number* that is located on the Worker’s Comp authorization the patient brings to the visit |
| W/C Address:                | Enter the *street address* of the Worker’s Compensation Insurance Carrier – where the bills are to be sent. |
| W/C Address Line 2:         | Enter a *suite number* or *PO Box* number in this field if the Worker’s Compensation address includes one. |
| W/C City, State:            | Enter the *city, state, and zip code* of the Worker’s Compensation Carrier |
| W/C Date:                   | Enter the date of injury                                             |

***Any other information regarding WC (i.e. – case worker) should be noted in the general comments on page 3***

Financial Assistance: Financial Assistance is completed when a patient applies for a discounted fee for service. Enter Y/N. *Completed by the Financial Services area.*

Discount Percentage: Enter % amount of discount. *Completed by the Financial Services area.*

End Date: Date that the financial assistance ends. *Completed by the Financial Services area.*
<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>First C.T. (Clinical Trials):</td>
<td>Name of Clinical Trials patient is participating in.</td>
</tr>
<tr>
<td>First C.T. Dept:</td>
<td>Name of Department where patient is receiving care under the Clinical Trials program.</td>
</tr>
<tr>
<td>Resident:</td>
<td>Enter the name of the resident that the patient sees for primary care.</td>
</tr>
<tr>
<td>Specialist:</td>
<td></td>
</tr>
<tr>
<td>Race:</td>
<td></td>
</tr>
<tr>
<td>MSU Athlete:</td>
<td></td>
</tr>
<tr>
<td>Student:</td>
<td></td>
</tr>
<tr>
<td>#:</td>
<td></td>
</tr>
</tbody>
</table>
The Other Number screen provides other system numbers that identify the patient and can be used as a lookup to locate a patient in the CENTRICITY BUSINESS system.

This screen also houses AKA (also know as) fields for additional names the patient may be go by. When entering additional AKA names enter the Last Name, First Name (no space between the last and first name) followed by a middle name or initial if appropriate. The last three Registration Update dates and user initials are listed in the lower left hand corner of the other number screen.

To view who made a change to the patient’s registration info and the date it occurred.
(OLN) Olin Information Screen:

This page will only be used by Olin Health Center.
Page 7 Add/Edit PCP Dictionary Information

This screen is used to report the Patient’s Primary Care provider’s name and all related information if the PCP’s name could not be brought up in the drop down box for PCP Name on page 1 (provider is not in dictionary).

The screen is also used to request updates (new telephone number, new address etc.) for the PCP listed on page 1 (provider is in the dictionary). For updates to existing PCP information make sure the Provider Name Field is completed with the provider’s name; the update report will not pick up the change without provider name.

The screen information you enter on this page will be picked up in a report and added to the system dictionary. The PCP Name field on page 1 (dictionary driven) will also be completed for you by system support.

<table>
<thead>
<tr>
<th>Field</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is This The Pt’s PCP?:</td>
<td>Enter “Y” if the provider you need loaded into the CENTRICITY BUSINESS dictionary is the patient’s Primary Care Provider. Enter “N” if it is not the patient’s Primary Care Provider.</td>
</tr>
<tr>
<td>Field</td>
<td>Data</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Add Dr. To an Open Referral:</td>
<td>Enter “Y” to request the provider be added to an Open Referral in CENTRICITY BUSINESS (Enter no if you do not use the Open Referral Module or if You have no Referral open for the Provider)</td>
</tr>
<tr>
<td>Is Dr New To Dictionary:</td>
<td>Enter “Y” if the provider needs to be added to the CENTRICITY BUSINESS Dictionary. Enter “N” if the provider already exists in the Provider Dictionary and needs information updated.</td>
</tr>
<tr>
<td>Appt # For Referring Provider:</td>
<td>If this provider needs to be added to the scheduled visits as a referring provider then add the appointment number (visit number) in this field.</td>
</tr>
<tr>
<td>Provider Name:</td>
<td>Enter the full name <strong>and credentials</strong> of the provider for which you are requesting the update or new entry into the dictionary.</td>
</tr>
<tr>
<td>Address:</td>
<td>Enter the provider’s street address</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Enter the provider’s city, state and zip code.</td>
</tr>
<tr>
<td>Phone:</td>
<td>Enter the provider’s 10 digit telephone number (no hyphens).</td>
</tr>
<tr>
<td>Fax:</td>
<td>Enter the provider’s 10 digit fax number (no hyphens).</td>
</tr>
<tr>
<td>Taxonomy #:</td>
<td>Enter the provider’s taxonomy code</td>
</tr>
<tr>
<td>NPI #:</td>
<td>Enter the provider’s National Provider’s Identification Number</td>
</tr>
<tr>
<td><strong>Click on Insurance Links in Vertical Tool Bar to locate NPI # as well as Taxonomy#, etc.</strong></td>
<td></td>
</tr>
<tr>
<td>State Lic. #:</td>
<td>Enter the provider’s state license number</td>
</tr>
<tr>
<td>Mich. Prov. PHP #:</td>
<td>Enter the provider’s Michigan PHP provider number</td>
</tr>
<tr>
<td>Comment:</td>
<td>Enter a free text comment to provide more information regarding the request to add or update a provider in the CENTRICITY BUSINESS provider dictionaries.</td>
</tr>
</tbody>
</table>
### Field | Data
--- | ---
**ALERT:** | Select from drop down menu either **DISCHARGED or MORE**

**DEPARTMENT:** | Click on magnifying glass to select from menu of available departments. Click on department for which the alert pertains, and then click OK.

**DATE OF DISCHARGE:** | Enter the date the patient was discharged from the department. If it is today enter T then TAB.

**DISCHARGE COMMENT:** | Select from drop down menu from the following choices for Discharge comment.

![Screen capture of Centricity Business interface with CREDIT RISK and DISCHARGED MORE options highlighted.](image)
**Field**

**Data**

**NON DISCHARGE COMMENT/OTHER INFO:**

This is a free text area for you to enter information pertinent to the patients alert for “MORE” option. (Examples of more options include patient is on bad check list and has information in financial comments. More Comment will read – see financial comments.)
Printing Face Sheet (Form #33)

Forms can be printed from:
- Appt Manager List and Appt Overview in Appointment Manager
- Appt List in Scheduler
- In Registration Demographic and Insurance after updating information.

In Registration or Insurance you must specify Encounter Form on the Registration Document Drop Down Box and click okay

Enter #33 in Form field, click OK.
Centricity Business Data Capture On Deceased Patient

Deceased patient information will be captured in IDX and transferred to the EMR through the systems’ interface.

In order to ensure that information is captured and entered correctly in IDX the following steps are taken by users responsible for capturing and entering deceased patient information.

**Procedure**

1. A staff person identifies a patient is deceased
2. Enters the IDX Patient Registration Demographics Section
3. **Completes following fields** With
   i. Patient Is Deceased Y in character cell or a check mark in GUI
   ii. Date of Death mo/day/yr of death (if unknown leaves blank)
   iii. Relationship To Guarantor Other *(eliminate this step for minor children)*
   iv. Guarantor field Last Name,Estate of First Name Middle Name 
      Example (Smith,Estate of Mary Ellen) *(eliminate this step for minors)*
   v. AKA Last Name,Estate of First Name Middle Name *(eliminate this step for minor children)*
4. Files the screens by pressing F10 in character cell or clicking “Save” in GUI
5. Verifies in Scheduling whether the patient has up-coming appointments with any HealthTeam Clinic.
6. Notifies clinic of appointment if appointment is with another clinic, if appointment is within, cancels any up-coming appointments.

*Name fields in IDX are always filled with last name, first name and middle name
There is a comma after last name, (no space) followed by first name, (space) followed by middle name.

_____________________________________________________________________

Corrections (If entered deceased information on the wrong account) *(If patient is Minor Child perform first two bullets only)*
- Remove the “Y” indicator in character cell or remove the check mark in GUI
- Remove the date of death
- Change Guarantor Name Field back to Guarantor Name (remove “estate of”)
- Change Relationship To Guarantor field to Self
- Remove “Estate of” name from AKA field
- Press <F10> in character cell or click “Save” in GUI to file

Editing (Adding or changing a date of death)
- Enter or change the date of death with the mo/day/yr format
  Press <F10> in character cell or click “Save” in GUI to file
E-MAIL CONSENT FORM FOR NON-SECURE E-MAIL

Patient Name: ___________________________ Date of Birth: ________________

Patient E-mail Address: ________________________________________________

- **MSU HealthTeam cannot guarantee the security and confidentiality of an e-mail transmission.** Employers and on-line services have the right to access and archive e-mail transmitted through their systems. If your e-mail is a family address, other family members may see your messages, therefore, please be aware that you e-mail at your own risk. Because of the many internet and e-mail factors beyond our control, we cannot be responsible for misaddressed, misdelivered or interrupted e-mail. Your health care provider is not liable for breaches of confidentiality caused by yourself or a third party.

- E-mail is best suited for routine matters and simple questions. You should not send us e-mail for urgent or emergency situations or for matters requiring an immediate response. Your provider will attempt to read and respond promptly to e-mail but cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Time sensitive issues should be taken care of by telephone.

- Please do not use e-mail for communications regarding sensitive health information, such as sexually transmitted diseases, AIDS/HIV, mental health or substance abuse.

- Please include your full name, birthdate and telephone number in all e-mails. List the subject of your e-mail in the "Subject" line of your message.

- All e-mails between you and your provider regarding diagnosis or treatment will be printed and made part of your permanent health information.

- Your provider may forward your e-mail to other staff members as necessary for response. However, your e-mail will not be forwarded outside the HealthTeam without your authorization.

- In order to prevent the introduction of computer viruses into our system, do not send attachments to us in your e-mail.

- You are responsible for protecting your password or other means of access to e-mail.

Signature of Patient: __________________________________ Date: ________________

Witness: ________________________________ Date: ________________
In accordance with the MSU Social Security Number Privacy policy (based on the Michigan Social Security Number Privacy Act), the use of an individual’s (patient’s) social security number shall be restricted.

The patient’s social security number shall not appear on forms unless it is absolutely essential to the purpose of the form. Each clinic/department/unit shall review all current forms and ensure that social security numbers are removed. Newly developed forms shall not contain social security numbers unless it is absolutely essential to the purpose of the form.

The patient’s social security number will continue to be obtained in IDX as part of the registration process for use in patient identification, insurance eligibility verification, and for billing/collection purposes.
POLICY: All patients scheduled for appointments with MSU Health Team providers will have demographic and financial information entered/updated in IDX at time of appointment scheduling. A full registration will be completed for all new patients. Established patients’ information will be updated at a minimum of every 30 days and whenever information has changed. Appointment scheduling staff will capture all required and critical data elements at the time of appointment scheduling. Staff will also capture referring physician information necessary to complete clinical and billing functions. When scheduling appointments with someone other than the patient, patient information will not be provided for verification. Patient information needing verification will be gathered from the individual scheduling the appointment.

PROCEDURE:
Appointment Scheduler
1. Captures all required and critical data elements as outlined in Addendum A.
   1.1 New patient to the HealthTeam:
   - Completes a thorough patient search on IDX, verifying if patient is an existing patient in IDX (see addendum C).
   - Creates a new patient MRN if patient is not an existing patient.
   - Captures all required and critical data elements (see addendum A).
   1.2. Established patients:
   - Verifies at every visit the patient’s address, day-time phone number, emergency contact, and insurance information.
   - Checks all required fields in IDX registration and insurance and adds pertinent information if a field is blank.
   - If patient information has changed or the “last updated” field in IDX registration is greater than 30 days, verifies and updates all demographic and financial information fields as needed.

2. Determines if the HealthTeam provider is par with patient’s insurance (see participation grid on HT internal website (http://www.healthteam.msu.edu/internal/). If provider is non-par or pending, see Addendum D for guidelines.
   a. Explains to patient that they will be responsible for full payment at time of service.
      (Notifies patients of payment amounts required prior to their service)
   b. Informs patient that they may be eligible for a payment plan if they cannot pay the entire fee.
      a. Advises patient to check with their insurance company to determine whether or not they have out of network benefits and if an authorization or referral is required.

Reviewed and approved by the Front End Standardization Process Group 1/2008
3. Selects IDX insurance fsc based on patient’s insurance and completes all fsc follow-up questions in IDX.

4. Asks patients if visit is related to an accident or injury (clinic specific) or a hospital follow-up.
   a. If visit is worker’s comp or auto related, staff will obtain pertinent insurance information and request patient to bring any required paperwork to visit.
   b. If visit is hospital follow-up obtains hospital records and verifies participation status for patient’s insurance. If provider is non-par provider, informs patient of non-par status. Notifies billing department if hospital care was emergent care and provider is non-participating with a HealthTeam contracted carrier (provider’s enrollment still in process).

5. Enters guarantor information in IDX based on guidelines for defining and determining guarantor
   (See Addendum B)

6. Follows clinic scheduling guidelines and scripts to schedule patient appointments appropriately; and obtains referring provider, PCP, and any required authorization.

7. Enters referring physician information on IDX scheduling custom appointment information screen. If referring physician is not in IDX dictionary, follows procedures for entering IDX “temp provider” information.

8. Documents authorization information in the IDX Open Referral Module if authorization number is obtained at time of appointment scheduling.
   See training guidelines and standards for using the IDX Open Referral Module

9. Initiates obtaining authorization if authorization was required and not obtained prior to visit.
BLG 26
Appointment Scheduling and Registration Policy - ADDENDUM A:
IDX New Patient Registration Information Mandate
IDX Required Registration Information
Patient Full Legal Name
Patient Birth Date
Patient Gender
Patient Social Security Number or formatted Birth Date substitutes if no SS#
Patient Full Address
Patient Telephone Number (can be cell phone)
Workers Comp Information if visit related to Workers Comp
All insurance information
Authorization of Benefits (AOB) signature and signature date field (completed at time of arrival)
NPP (Notice of Privacy Practice) field (completed at time of arrival)
IDX Critical Registration Field
Marital status
Emergency contact
Other contacts
Work Name, address and telephone number
Primary care provider name, address and telephone number
IDX Registration Information Captured As Needed
Cell phone number
Comments
E-mail (requires e-mail signature form completed and is entered at time of arrival)
AKA (also known as)
FAX number
IDX Additional Minor Child and Adult Guardianship Registration Required Information
Guarantor name, address and telephone number (Completed at initial visit time of arrival)
Relationship to Guarantor (Completed at the initial visit time of arrival)
Guarantor employer name, address and telephone number (Completed at the initial visit time of arrival)
Other parent name, address and telephone number (Completed at the initial visit time of arrival)
Signature and date field for treatment consents if a parent or guardian of adult patient wishes another individual to bring child or adult patient for treatment (completed at time of arrival)
SEE TRAINING DOCUMENTATION FOR SPECIFIC SCREEN/FIELD COMPLETION

Reviewed and approved by the Front End Standardization Process Group 1/2008
Defining and Determining Guarantor

- Guarantor Information is responsible party information. **A Guarantor (or responsible party) is the person held accountable for the patient's bill.**

- The guarantor is always the patient, unless the patient is a minor or an adult patient with guardianship.

- The guarantor is not always the insurance subscriber, the spouse, or the head of household.

- A patient presenting for care that is 18 years of age or older is always the guarantor for bills relating to their care except an adult patient with guardianship.

- College students 18 years of age or older are always the guarantor for services they receive.

- The **guarantor for a minor child (a child that is under 18 years of age except for an emancipated minor) is the parent who presents the child for care at the time of the initial visit.** (This requires that the guarantor is entered at the time of arrival)

  **NOTE:** If the parent that presents their child for care brings the divorce decree stating the other parent is financially responsible for the child’s medical bills, the guarantor is changed to the parent designated in the divorce decree.

- The “other parent” is not the guarantor.

- An emancipated minor is the guarantor for services they receive.
NAMING and SOCIAL SECURITY NUMBER CONVENTIONS FOR REGISTERING PATIENTS IN IDX/XTEND

Rationale: Accurate entry of patient registration information is essential to identify individuals for the purposes of patient care and billing.

1. **Look up and determine whether the patient being registered is a new patient** to the system or already exists in the system by:

   a. Search for the patient’s **Social Security #**. This is the **primary** search mechanism, which should be used. Enter the actual SS# or if SS# is not available enter patient’s date of birth using the following format S000MMDDYY (e.g. October 13, 1983 = S000101383 or April 2, 2003 = S000040203). Exception for newborn, see 1.c

   b. Search by **partial name lookup** if there are no matches to the search of the patient’s social security number by either the actual number or the birth date created number. (e.g. Bro,Eli for Elizabeth Brown). Partial name lookups consist of 3 letters of last name and 3 of first name.

   c. **Exception: Newborns** – every attempt should be made to obtain the legal name of the newborn prior to registering the patient in IDX. Newborns, who have not yet been scheduled as a patient visit, may have hospital charges, which need to be billed. Generally these patients are entered as BABY BOY OR BABY GIRL with the parent’s last name. See specifics below for entering this information.

2. Only after you have ensured that the patient is not in the system by checking for DOB, SS# format, actual SS# and by guarantor, enter the new patient’s full legal name according to the following naming convention:

   a. **Use all CAPS** when entering information.

   b. Information needs to be entered as follows:

   c. **Last name**

   i. If hyphenated last name – do not use a hyphen; blend both names together (e.g. Smith-Brown would be entered as SMITHBROWN); **no hyphens or spaces between the names**

   ii. Special characters cannot be entered (e.g. Umlauts, tilde, accents – Renee’)

   iii. **International** students name convention –Enter the name using first three characters of last name and first three of first. If no match, reverse last and first name to identify match. If no match enters what you believe is last name,first name (no space between last name and first name. In AKA enter name reversed. It is sometimes difficult to identify the proper position of names for internationals, therefore enter both ways.

   iv. Newborns – name on hospital information sheet, if not available contact hospital to obtain legal name or use name provided by the parent

   d. **First name**

   i. This should be the patient’s legal name

   ii. Do not enter nicknames or alias (e.g. Maggie Brown needs to be entered as BROWN, Margaret unless Maggie is her legal name, do not enter Maggie, Peggy, Peg, etc.)

   iii. Alias should be entered in the AKA field with the same format.

   iv. If newborn has not been named (name unknown) enter first name as BABY GIRL or BABY BOY. (Note: system must be thoroughly searched as the newborn could have been entered under the patient’s Birth date SS#, or other method). Be sure steps A-C are followed prior to entering BABY GIRL.

*Reviewed and approved by the Front End Standardization Process Group 1/2008*
e. Middle Name  
   i. Enter full middle name. If full middle name is not available enter middle initial. If no middle name leave blank.

f. Suffixes  
   Do not enter suffixes (e.g. Ms, MD, DO, Dr) unless the suffix is Jr, Sr, III, IV, etc. The suffix should be entered at the end of the last name (e.g. Smith Jr)
ADDENDUM D MSU HealthTeam Guidelines

Urgent Visits with Non-Par/Pending Provider

Scenario One – Provider’s not fully paneled (exception new patients are not scheduled)

- Established patient calls to request an Urgent visit (not routine)
- Scheduler follows HealthTeam scheduling guidelines by reviewing patient’s insurance.
- Scheduler confirms patient’s insurance via website
- Scheduler compares website information with HealthTeam Par, Non-Par, Pending Insurance FSC matrix located on the HT Intranet under Insurance Tab.
- Scheduler identifies provider for that day is not fully paneled with patient’s insurance (exceptions Traditional Blues, Medicare and Medicaid)
- Scheduler advises patient of provider’s insurance status and proceeds to have Clinic Manager triage the call.
- Clinic Manager approves patient to be seen by provider who is not fully paneled with the patient’s insurance and advises scheduler to make appointment
- Scheduler proceeds through normal scheduling procedures and files appointment
- Scheduler creates an Open Referral to document the approval of the Clinic Manager
  i. In Referral Type drop down box – choose Urgent Appointment – Pending Provider
  ii. In Status drop down box – choose - C.M approved Pt to be seen by Pending Provider
  iii. In Description – type – Provider agrees to see patient.
  iv. Encounter form has DNB (do not bill) following insurance activity
  v. Clinic Manager must sign and date encounter form with DNB message
  vi. CBO data entry person will change the invoice to DNB FSC for this date of service

Scenario Two – Provider does not PAR

- Established patient requests Urgent visit (not routine)
- Scheduler follows HealthTeam scheduling guidelines by reviewing patient’s insurance
- Scheduler confirms patient’s insurance via website
- Scheduler compares website information with HealthTeam Par, Non-Par, Pending Insurance FSC matrix
- Scheduler identifies provider does not PAR with patient’s insurance
- Scheduler advises patient that provider for the day is non-PAR with his/her insurance and patient would be responsible for his/her bill if he/she was to be seen.
- Patient agrees to be seen, patient agrees to pay for visit.
- Scheduler creates an Open Referral to document the patient has agreed to be seen by a Non-Par Provider and pay for the day of services.
  i. In Referral Type drop down box – choose Urgent Appointment – Non-Par/Pending Provider
  ii. In Status drop down box – choose – Pt. requested to be see by Non Par/Pending Provider
  iii. In Description – type – Patient agrees to pay for date of service
  iv. Encounter form has Self pay w/Clinic Manager signature and date encounter form with patient payment agreement attached to Encounter From.
  v. CBO will proceed with normal procedures, if denial of payment patient will be responsible.

Scenario Three – Scheduler does not follow recommended guidelines noted above, results in bad debt write off which must be approved by department chair and HealthTeam CEO

- Established patient calls to request Urgent visit (not routine)
- Scheduler does not follow HealthTeam scheduling guidelines by reviewing patient’s insurance
- Schedule does not compare website information with HealthTeam Par, Non-Par, Pending Insurance FSC matrix located on the HT Intranet under Insurance tab.
- Scheduler does not identify provider on staff is Non-Par or Pending with patients insurance
- Scheduler does not advise patient of provider’s insurance status and does not proceed to have the Clinic Manager triage the call
- Scheduler proceeds to schedule and file appointment
- Scheduler is held accountable by Clinic Manager for not following HT written guidelines according to Human Resources policy and procedure.
POLICY

Front Desk staff arriving new MSU HealthTeam patients will follow standard processing procedures to ensure essential registration information is obtained, required forms are completed and data is appropriately recorded prior to services being provided.

Patients arriving for their first appointment may fall into three registration scenarios

1. New Patient Packet complete and returned prior to arrival
2. New Patient Packet complete and presented at arrival
3. New Patient Packet completed and signed at arrival

Note: Minors presenting for initial care must be brought by the child’s legal guardian. Exceptions to this policy include life threatening emergent care, emancipated minors, and those seeking appointments for contraceptive management and HIV and sexually transmitted diseases.

PROCEDURE

1. Obtains the patient’s driver license and insurance cards from patient for verification of identity and insurance coverage.
   1.1 If patient does not have a driver license, obtains alternative form of picture ID.
   1.2 Verifies the patient’s identity at every clinic initial new patient visit.
   1.3 Reviews insurance card information and adds any needed insurance information not captured in the pre-registration process, to the registration data.
   1.4 Returns cards to patient.

2. Verifies that all essential IDX registration information entered at time of scheduling has been provided and entered correctly into IDX and EMR. See addendum A.

3. Verifies and enters into the appropriate depository (EMR, IDX) information from New Patient Packet forms that were completed and returned by mail or presented at arrival.
   3.1 Responds to and resolves any questions regarding the forms. See addendum B for New Packet Forms

4. When the patient presents with no pre-registration forms, presents forms to the patient, provides explanations, resolves questions and obtains signature/date of signature where needed. Enters the information into the appropriate depository (EMR, IDX)
5. If patient provides E-mail address, presents and explains the E-mail consent form, resolves questions and obtains signature. See Policy MRC 8. Gives patients a copy of e-mail consent form. Note: E-mail addresses are not required and are not requested by HealthTeam Staff for unsecured e-mail communication.

6. Presents The Notice of Privacy Practices to the patient and obtains the patient’s written acknowledgement of receipt. See Policy HIP5

7. Informs parents or guardians bringing their child or the patient that they must sign a Treatment Consent Form if they want another individual to bring their child or the patient for care. See Addendum C

8. Arrives the patient through IDX Encounter Manager

9. Prints an encounter form (if not previously printed, or registration information has changed since previous print date) for the visit.

10. Collects co-pay’s and other patient balances, posts to the practice management system, and provides a receipt to the patient.

11. Advises the back office of patient arrival.

12. Thanks patient and offers a seat in the waiting room.
IDX New Patient Registration Information Mandate

IDX Required Registration Information

Patient Full Legal Name
Patient Birth Date
Patient Gender
Patient Social Security Number or substituted formatted Birth Date if no SS#
Patient Full Address
Patient Telephone Number (Can be cell phone)
Workers Comp Information if visit related to Workers Comp
All Insurance Information
Authorization of Benefits Signature field and date field
NPP (Notice of Privacy Practice) Field

IDX Critical Registration Information

Marital Status
Emergency Contact
Other Contacts
Work name, address and telephone number
Primary Care Provider name, address and telephone number

IDX Registration Information Used As Needed

Cell phone number
Comments
E-mail (Requires e-mail signature form completed)
AKA (also known as).
FAX number

IDX Additional Minor Child and Guardianship Registration Required Information

Guarantor Name, Address and Telephone Number
Patient Relationship to Guarantor
Guarantor Employer Name, Address and Telephone Number
Other Parent Name, Address and Telephone Number
Treatment Consent Field completed if parent or Guardian authorizes another individual to bring child or patient for care
Addendum B

New Patient Arrival
Packet Forms

b. Cover letter
c. Medical History Form
   c. MSU HealthTeam Practice Brochure
d. Assignment of Benefits (AOB), Disclosure of Information For Reimbursement, and Communication of Your Protected Health Information Form

(AOB) – This signature will provide authorization for MSU HealthTeam to bill third party carriers and receive reimbursement for services provided.

1. Patient receives pre-registration packet or presents for service
2. MSU registration staff gives patient or guarantor for minor patient the “assignment of benefits” form (AOB and The Disclosure of Information for Reimbursement). See attached form.
3. MSU registration staff explains form content and instructs patient/guarantor to sign and date form. Patients that refuse to sign will be required to pay for service prior to visit and no insurance information will be accepted. Exceptions to signature requirement include patients sent by employer or third party entity that assumes financial responsibility for service. Appropriate written documentation is required. Other unrelated services would still require AOB signature.
4. Patient signs form and returns to clinic staff for filing.
5. MSU staff scans form into EMR for storage and retrieval

Communication of Your Protected Health Information – Signature will authorize MSU HealthTeam to speak with the specified individual about the patients care.

1. Patient receives in New Patient Packet or presents for care.
2. MSU registration staff gives patient, or guarantor for minor patient, the “Communication of Your Protected Health Information” form.
3. MSU HealthTeam staff instructs patient to complete form and sign if they want MSU HealthTeam to speak with another individual about the patient’s care.
4. Patient completes, signs and dates the form if they wish to provide a contact.
5. MSU staff scans form into EMR for storage and retrieval.

e. Patient No Show Policy – See Policy BLG15
Addendum C

Treatment Consent for Minor or Patient With Guardianship

Parents or guardians bringing their child or adult patient to MSU HealthTeam for care will be informed that they must complete and sign a “Treatment Consent For Minor or Patient With Guardianship” form if they want to authorize another individual to bring their child or the adult patient for care. Another Individual cannot bring a minor or adult patient under guardianship to their visit if this form is not completed. See attached Treatment Consent For Minor or Patient with Guardianship form

1. Parent presents their child for care.
2. MSU registration staff gives the parent the “Treatment Consent For Minor” form.
3. MSU HealthTeam staff explains content and instructs patient to complete form and sign if they want another individual to bring their child to MSU HealthTeam for care.
4. Parent completes, signs and dates form if they want to authorize another individual to bring their child to MSU HealthTeam for care.
5. MSU staff scans form into EMR for storage and retrieval.

The Treatment Consent For Minor Child or Patient With Guardianship form requires yearly review.

Minors can bring themselves for routine office subsequent care (follow-up visits, lab, x-ray, allergy injection, etc.) but the HealthTeam requires a parent’s consent for a treatment of a new episode of care.
Patient Name: ___________________________ Date of Birth: __________
(Please Print - Last Name, First Name)

PAYMENT
I acknowledge it is my responsibility to pay for any services I receive from the MSU HealthTeam.

Signature _______________ Date _______________

IF I HAVE INSURANCE, I acknowledge Michigan State University HealthTeam will disclose protected health information to my insurance carrier or other third party responsible for my bill as required in order to receive reimbursement for services provided. This information may include mental health treatment, genetic testing, and information about serious communicable diseases, such as STDs, hepatitis, HIV and AIDS.

I authorize and request assignment of benefits to be paid directly to Michigan State University. I acknowledge and agree to pay any unpaid balances not covered by my insurance policy, including deductibles, co-payments, and unauthorized or out of network services.

Signature _______________ Date _______________

MEDICARE PATIENTS ONLY
I authorize and request that payment of authorized Medicare benefits be made to the MSU HealthTeam on my behalf for any services furnished to me by a provider of the MSU HealthTeam.

Signature _______________ Date _______________

MSU HEALTHTEAM NOTICE OF PRIVACY PRACTICE
I acknowledge that I have been given the MSU HealthTeam Notice of Privacy Practices

Patient Name (please print) ___________________________ Signature _______________ Date _______________

COMMUNICATION OF YOUR PROTECTED HEALTH INFORMATION
If you want us to speak with another individual about your care, please list their name, relationship to you, and phone number:

Name ___________________________ Relationship ___________________________ Phone Number ___________________________

Signature _______________ Date _______________

Reviewed by Clinic Managers and Front Desk Staff
Approved by Geoff Tolzmann, Interim COO 8/2007
MSU HEALTHTEAM
TREATMENT CONSENT FOR MINOR CHILD OR PATIENT WITH GUARDIANSHIP

I/we, as parent(s) or legal guardian(s) of the child/patient named below, authorize the person(s) listed below to consent to diagnostic evaluation and/or treatment of the minor child or patient when I am not able to accompany my child or this patient to the office.

I/we agree to make every effort to be present whenever my child or this patient needs diagnosis and/or treatment.

I/we further understand and agree that if the physician wants to transfer my child or this patient to a hospital/emergency room, he/she will attempt to contact me for consent. However, if I/we cannot be reached, I/we authorize the person(s) listed below to consent to hospital/emergency room treatment for my child or this patient.

I/we understand and agree that by permitting my child or this patient to appear at the doctor’s office, or other medical facility as the doctor may designate, without my presence, I/we may not learn the treatment, procedures, medications and/or diagnostic procedures administered to my child or this patient until after administration.

Finally, I/we understand that I/we may revoke this consent at any time.

This consent is valid for one year from the date I/we have signed this form.

____________________________              ___________________
Child’s/Patient’s Last Name    First Name      Middle Name  Date of Birth

Names of individuals authorized to present my/our child or this patient for care
1. _____________________________________________________________________
2. _____________________________________________________________________
3. _____________________________________________________________________

____________________________              ___________________
Parent/Legal Guardian’s Signature      Date Signed

____________________________              ___________________
Parent/Legal Guardian’s Signature      Date Signed

____________________________              ___________________
Witness         Date Signed

EMR Internal Other

MICHIGAN STATE UNIVERSITY
HOW TO REGISTER

IDX Demographic Street Address and P.O. Box For Patients That Have a P.O. Box for Mail Receipts

Enter Patient Street Address on the Patient Demographic Screen

If Patient is the Guarantor you will need to change Relationship To Guarantor Field to “Other” on the General Demographic Screen in order to access the Guarantor Screen and enter a mailing address of P.O. Box.

Enter P.O. Box on the Guarantor Screen

Entering the Mail and Street Address in this manner will prevent Bad Address Return Mail