


Adding New Patients to the Practice Database

When adding a new patient or new family to the practice, ALWAYS confirm the patient(s) is NOT an Amerigroup member (We are not a participating provider) before you begin the process.

New Family to Practice:

STEP 1:

- 
- ▶ Go to fame in partner & post the parent/guarantor information; complete as much as possible
 - Advise caller you need the insurance information and document the following information in the "notes" section* of fame:
 - Insurance Company or if the patient is a member of a CMO, identify the name of the CMO & whether the patient is Peach Care or Medicaid member
 - Subscriber Name & DOB
 - Subscriber mailing address if different than patient
 - Relationship to patient
 - Policy # & Group #
 - Customer Service Number on the back of the card
 - List PCP as applicable, ****If caller has not selected a PCP, advise caller of the options and he or she is expected to make the selection based on child's current age & any conditions the patient might have. The PCP must be selected and verified before the scheduled appointment time.**
 - ▶ Confirm your entries with the caller.
 - ▶ Advise caller to bring the actual card and photo ID to the appointment.

*Business Office uses this to update policy information prior to claim submission.

PCMH1:D:1&2

Revise this process to include eligibiltiy for Medicaid/CMO & how to use the "elig" in partner

STEP 2:

- ▶ While you are still in fame, from the main screen, page down to screen 2. Select "add a patient"
- ▶ Make the appropriate selection to add a patient
- ▶ **Post the selected PCP**

PCMH 1:D.1&2

Patient's PCP is to be first choice per PCMH.

Screen shot of the patient configuration screen where the PCP is identified; it is labeled as "Physician" in the practice Management system

Pat PCC: 1 Patient Editor Page 1 of 4

First Name:	[Redacted]	Born:	Jan 20, 2000
Last Name:	[Redacted]	Age:	12 yrs, 6 mos
Physician:	[Redacted]	Sex:	Female
Ref. Phys.:	[Redacted]		
Status:	[Redacted]		

The selection displays as "PCP" when scheduling.

SAM Search Criteria

Name	Visit Reason	PCP	Provider	Mins	L
X [Redacted]	Sick Appt 15min	E	[Redacted]	15.0	0

Time Frame: [Redacted]

PATIENT: [Redacted]	PAT STATUS: [Redacted]	LAST PHYS: [Redacted]
DOB: 01/20/2000	CUST STATUS: [Redacted]	NEXT APPT: [Redacted]
AGE: 12 yrs, 6 mos	GUAR STATUS: [Redacted]	

Update ALL demographics

PCMH 1:F.1&2

- ▶ Complete the patient information; (include the race, ethnicity, and language OF THE PATIENT)
- ▶ Confirm the entries with the caller.

Proper scheduling; EXTREMELY IMPORTANT

Note: To ensure patients are properly scheduled, ask caller if patient has any preexisting conditions or is currently under treatment. (Ex: chronic asthma/ must have treatments daily, special needs/disabled, etc.)

If any preexisting conditions exist, schedule the first appointment as a NEW-SPECIAL NEEDS

Existing Family, New Patient

STEP 1:

Go to fame & access the guarantor account.

PCMH 1:D.1&2

Ask caller to confirm demographic data & (update if needed), current insurance information & PCP selection.

If insurance & PCP information is the same, continue to **STEP 2.**

If there is different insurance information for this patient, **STOP** & update the data in the "Notes" section of fame.

- Insurance Company or if the patient is a member of a CMO, identify the name of the CMO & whether the patient is Peach Care or Medicaid member
- Subscriber Name & DOB
- Subscriber mailing address if different than patient
- Relationship to patient
- Policy # & Group #
- Customer Service Number on the back of the card
- List PCP as applicable, ****If caller has not selected a PCP, advise caller of the options and he or she is expected to make the selection based on child's current age & any conditions the patient might have. The PCP must be selected and verified before the scheduled appointment time.**

- ▶ Confirm your entries with the caller.
- ▶ Advise caller to bring the actual card and photo ID to the appointment.

STEP 2:

- ▶ While you are still in fame, from the main screen, page down to screen 2. Select "add a patient"
- ▶ Make the appropriate selection to add a patient
- ▶ **Post the selected PCP**
- ▶ Complete the patient information; (include the **race, ethnicity, and language OF THE PATIENT**)
- ▶ Confirm the entries with the caller.

PCMH1:D:1&2

Per our contract with DCH, "the PCP is responsible for verifying the member's eligibility & PCP prior to performing any services each visit."

PCMH 1:D.1&2

PCMH 1:F.1&2

Note: To ensure patients are properly scheduled, ask caller if patient has any preexisting conditions or is currently under treatment. (Ex: chronic asthma/ must have treatments daily, special needs/disabled, etc.)

If any preexisting conditions exist, schedule the first appointment as a NEW-SPECIAL NEEDS

REMEMBER:

When scheduling a New patient, always type "New" and select the appropriate reason for visit

PCMH1:D:3

Schedule the appointment with the patient's PCP

We make every effort to schedule patient's with his or her PCP. However, it is our philosophy that the Medical Home is more than just the doctor and his support team; it is the entire practice. Therefore, it is customary for the pediatricians to utilize physician extenders for basic sick visits and the well baby exams. This not only encourages clinical discussions among the providers, it provides comfort and additional options to patients should his or her PCP be unavailable.

Advise new families and new patients to send previous medical records, labs, immunizations & medication history (prior to the appointment, if possible) to our office.

Immunization history is REQUIRED in order to administer any vaccines.

Process for Scheduling Appointments for Existing Patients

Ask patient name, date of birth; confirm with caller when you have the patient

**If there is a "block" on the account and you are not able to schedule an appointment, simply tell the caller that the Business Office has a flag on the account and a representative needs to speak with the caller first. Do not go into detail.*

Ask caller to verify current insurance company, telephone and address.

Confirm PCP, (if not identified in database, update with selection)

Schedule appointment with PCP.

Process for Patient Arrival

Advise patient to "Log into the Arrival Log and to please sit down."

When ready, follow "check in procedures"

Confirm demographics

Complete ACA questions race, ethnicity and preferred language if not already posted

Review encounter for notes from the Eligibility Clerk or Business Office; follow instructions if applicable

Confirm the provider of service for that day

All Medicaid/CMO patients: We must be able to verify active coverage prior to appointment.

**active/inactive status
co-pay information
Health-Check
Screenings Due
Immunizations Due**

**Commercial: use elig
function in partner
or automated
active/inactive status
& co-pay information**

PCMH 1:D.1 & 2

IMPORTANT!!

PCMH 1:F:1&2

Collect co-pay or balances/payments per instructions noted by business office

Obtain required documents (if applicable) for appointment; forms, photo ID, and front and back of insurance card, etc.

Scan into the EHR and follow linking procedure

Late Arrivals We must enforce consistently; no "grace period"

Late arrivals must be rescheduled to the next available slot for the provider or with the next available provider.

If the schedule is full for the day & the patient is sick, request an the RN to perform an evaluation to determine the clinical need of the patient. The RN may recommend the patient still be seen today and to add the patient to the "Office Provider" schedule.

*If the schedule is full & the patient is **NOT** hear for a sick visit reason, reschedule the patient to the next available slot (even if it is not on the same day); do NOT put in Office Provider.*

Patient Eligibility Verification Procedure

TPC expects the parent/guardian to be familiar with the patient's policy (private, Ga Medicaid or Peach Care) & know his or her responsibilities.

"Private policy subscribers are responsible for knowing policy benefits prior to appointment. Subscribers are personally responsible for any unpaid charges. "
per TPC Policy.

Private Insurance (non Medicaid)

Eligibility Clerk attempts to verify the patients current active/inactive status, PCP & co pay two days prior to the scheduled appointment using electronic verification through the insurance company's website or voice response system (VAR).

If a problem is discovered, the Eligibility Clerk will attempt to contact the patient/parent at the primary phone number on file. Attempts are documented in fame and on the paper encounter.

- Eligibility problems, PCP problems or other insurance issues must be resolved by the subscriber prior to the scheduled appointment.
- Parents/Subscribers MAY NOT resolve during the patient's visit.

The "Office Provider" is used for patients that need to be seen, but either don't have an appointment or missed the scheduled appt. that day.

Only the RN or a Provider is permitted to utilize the "Office Provider" .

Patients are "worked in" by provider's availability.

elig or payer's automated VRS or website

- Appointments will be rescheduled unless the parent/subscriber elects to pay out of pocket, in full, for the total charges for services upon completion of the visit.

We will provide a complete charge detail that displays the ICD-9 & CPT codes for the services performed. This will be needed if you seek reimbursement from your insurance company. Your payment will also be displayed.

- Same day appointments are not always possible to verify eligibility, co-pays and or PCP assignments. Remind callers to verify the coverage, co-pay & PCP since he or she is personally responsible for any unpaid charges and we are not able to confirm the information.

Ga. Medicaid & CMOs

Parents MAY NOT resolve during visit.

PCP & eligibility must be verified electronically by our staff prior to performing any services.

Per our contract with DCH, **"the PCP is responsible for verifying the member's eligibility & PCP prior to performing any services each visit."**

Verify active coverage at the MMIS website, print the screen.

Verify PCP at the appropriate CMO's website, print the screen.

Verifications are done 2 days prior to scheduled appointment except for the 1st business day of the month.

- *Appointments on the first business day of the month must be verified on the first day of the month. (per DCH)*

Ga Medicaid, Peach Care, &/ or CMO issues

1. Contact the patient immediately (document attempts in fame, note on encounter) if any issues are discovered.
2. Advise patient that issues must be resolved by 4pm the day before the scheduled appointment.
3. He or she is to contact the Eligibility Clerk once the corrections have been made so the Clerk can confirm the corrections and effective date.
4. **We are required to verify the information prior to performing any services.**

According to the DCH policy, Medicaid & Peach Care Members are required to obtain non-emergency medical services at the office of the assigned PCP.

We are not able to see Medicaid or Peach Care members until one of our providers has been selected and assigned as the PCP & we have electronically confirmed with both DCH & the member's CMO.

Guide for Scheduling Sibling Appointments:

- ☞ One adult per child, if there is only one adult available, schedule each patient with the same provider & schedule appointments one after another.
- ☞ Maximum of two siblings in one day
- ☞ If this is a problem for the parent, you must obtain approval for the provider prior to scheduling more than two in one day.
- ☞ Sibling appointments for the same day should be limited to two patients. If that is not possible for the parent, provider approval is required prior to scheduling.

Report this rate on a monthly basis

PCMH 1:D:3, Summary of % of total proportion of patient encounters with PCP or Team

06/11/12 - 06/15/12	#	%
Total Appointments	268	
Patient Assigned a PCP?	268	100%
Appt scheduled with their PCP?	108	40%