1. Overview of Patient Registration

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1.1 About the Revenue Operations Manual

The Indian Health Service *Revenue Operations Manual* provides a system-wide reference resource for all Indian, Tribal, and Urban (I/T/U) facilities across the United States, to assist any and all staff with any function related to business operation procedures and processes.

1.1.1 Revenue Operations Manual Objectives

- Provide standardized policies, procedures, and guidelines for the Business Office related functions of IHS facilities.
- Capture accurate coding for all procedures and services to maximize reimbursement for each facility.
- Provide on-line, via the IHS Intranet, reference material subdivided by department and function that is accessible to all facilities.
- Share innovative concepts and creative approaches to Business Office functions across all the Area offices and facilities.
- Promote a more collaborative internal working environment throughout all of IHS.
- Foster and promote continuous quality improvement standards, which when implemented and monitored on a day-to-day basis, will ensure the highest quality of service at each level of the Business Office operation.

1.1.2 Revenue Operations Manual Contents

The *Revenue Operations Manual* is divided into the following five (5) parts:

- **Part 1 Administrative Roles and Responsibilities** contains
  - Overview of revenue operations
  - Laws, acts, and regulations affecting health care
  - IHS laws, regulations, and policies
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Business Office Management and Staff
  - Business Office Quality Process Improvement and Compliance
- **Part 2 Patient Registration** contains:
  - Overview of patient registration
  - Patient eligibility, rights, and grievances
  - Direct care and contract health services
  - Registration, discharge, and transfer

  - Third-party coverage
  - Scheduling appointments
  - Benefit coordinator
- **Part 3Coding** contains:
  - Overview of coding
  - Medical record documentation
  - Coding guidelines
  - Data entry
- **Part 4 Billing** contains:
  - Overview of billing
  - Hard copy vs. electronic claims processing
  - Billing Medicare
  - Billing Medicaid
  - Billing private insurance
  - Third party liability billing
  - Billing private dental insurance
  - Billing Pharmacy
  - Secondary billing process
- **Part 5 Accounts Management** contains:
  - Overview of accounts management
  - Electronic deposits and Remittance Advices
  - Processing zero pays
  - Creating payment batches
  - Processing payments and adjustments
  - Reconciliation of credit/negative balances
  - Collections
  - Collection strategies
  - Rejections and appeals

Each part and chapter of the manual is designed to address a specific area, department, or function. A part may also contain one or more appendices of topic-related reference materials.

This manual also includes:

- Acronym dictionary
- Glossary

1.1.3 Accessing the Revenue Operations Manual

The *Revenue Operations Manual* is available for viewing, and printing at the IHS Business Office web site:

http://www.ihs.gov/NonMedicalPrograms/BusinessOffice/index.cfm

Clicking the "Revenue Operations Manual (ROM)" option on the left panel menu, displays the Revenue Operations Manual web page.

1.2 About Patient Registration

The Registration staff gathers and enters the required patient visit information, and promotes positive public relations to increase community trust in the facility.

The Registration function creates the patient record and patient identification system for future record storage and ensures the clinic's data integrity. Incomplete and/or inaccurate collection of information and disposition of the patient will adversely affect other departments by delaying various processes and creating more manual interventions (re-works) by the Business Office and Health Information Management (HIM).

The process of submitting claims electronically demands complete and accurate collection of information by registration to ensure timely and accurate billing. HIM also depends on patient registration to prevent potential duplication of patient records.

Although a particular patient may visit the facility every month, that patient's insurance, demographic, and employment information may change. Each visit presents an opportunity to verify and update facility records. The same information must be gathered from patients seeking emergency services; however, the timing and techniques may differ. Friends and family often accompany the patient and are good resources in completing the registration process.

For information related to tracking Registration performance, see Part 1, Chapter 7, "Business Office Quality Process Improvement."

1.3 IHS National Registration Policy and Procedures

1.3.1 Policy

All individuals seeking care or services from an IHS facility must be registered primarily through the IHS Resource Patient Management System (RPMS) Patient Registration application, or in a limited manner through the Scheduling application.

1.3.2 Procedures

- All patients will be registered using the policy set by the facility.
  - Requests will be made for enrollment or descendancy verification.
  - All fields will be completed using the coded information in the current IHS Standard Code Book.
  - Initial Contract Health Service (CHS) eligibility and third party resources will be documented and appropriate letters will be signed by the individual.
- Third Party eligibility will be updated per encounter, as necessary, that conform to the facilities policies.
- An initial interview will be conducted in a courteous and confidential manner before the patient is seen by a provider.
- When a patient has been entered/updated in the RPMS system, an entry on the Notes page in the Registration Editor of the Patient Registration application needs to be documented as to when the patient was last updated and by whom.
- Patient's eligibility for services must be proven and accepted. If a patient does not provide adequate proof of eligibility, the patient's classification will be non-Indian "ineligible" until such proof has been provided.
- Designated staff will establish the registration record in RPMS system.
- Designated staff at each clinic or facility will be assigned to update the selected areas of the registration record.
- Menu options to view or edit should be based on the user's need-to-know, as determined by their job responsibilities. This is also called "Role-Based Access."
- Registration staff is responsible for identifying and sequencing the primary, secondary, and tertiary insurer and updating this information into the RPMS Patient Registration application for each encounter.

- A stamped “signature on file” can be used in place of the patient’s actual signature, provided the clinic has a signed authorization on file to bill Medicare for covered services. The “signature on file” must be updated on a yearly basis.

For an example of the Application for Medical Services (Form 58), see Part 2, Appendix A.

1.4 Customer Service

Customer Service is defined as an approach to interacting with people that respects and values each person. As applied to IHS patients, the goals of customer service are to achieve optimum results and contribute to improving one’s health. Essentially, customer service infers - “Treat people the way you would like to be treated if you were sick and seeking health services or having a health-related problem that needs fixing.”

Registration offers the health care facility many opportunities to score public relations points and these individuals are often the very first contact the patient has for obtaining needed health care in order to get well. With a good impression, the registration process will flow with ease. Patients will feel comfortable giving the clinic staff information, confident they are dealing with a professional. A bad impression makes patients leery of staff’s ability.

Several suggestions include:

- Communicate effectively. Be natural. Use words patients can understand. Be careful of technical jargon that may be unfamiliar to patients. Take the time to answer questions.
- Train staff in the registration process and make sure procedures are being followed. Let staff help develop the procedures. That way, they will be more likely to follow them.
- Help patients with directions to other parts of the clinic
- Make patients aware if the physician’s schedule is behind
- Assist patients by making appointments for multiple services on the same day
- Contact patients who missed appointments, find out the reason, and reschedule
- Treat patients with dignity and respect
- Address and respond to patient complaints

- Obtain interpreter, if needed
- Address all patient's complaints and/or obtain assistance
- Kindly remind patients to bring in correct records, reports

In most patient contacts, there will not be a problem and the registration process will go smoothly. However, when there is a problem,

- Allow the customer to vent or state the problem from his/her point of view.
- Try to understand what the patient is saying – listen first, so you will know what the problem is. This will help when you try to "fix it."
- Restate the problem back to the patient. "If I heard you correctly, (*restate the problem*). Do I have the problem right?" This validates the patient complaint.
- Make an apology – "I am sorry" - regardless if the patient is right or wrong.

The goal is to solve the problem for the patient and prevent it from occurring again. Everybody wins when the problem is taken care of quickly, using good customer service strategies.

- Fix the problem if it is within your control. If you need extra help, ask your supervisor.
- If the problem cannot be fixed or it will take awhile, tell the patient what you plan to do about the problem in the future. "We will keep an eye on this situation."

1.5 Telephone Etiquette

Whether answering the phone or making phone calls, proper etiquette is essential. This will assist each person at the facility to maintain a certain level of professionalism when using the telephone. Proper etiquette leaves callers with a favorable impression of you and your department. You will also find that others treat you with more respect and are willing to go out of their way to assist you if you use proper etiquette.

1.5.1 Basic Telephone Procedures

Remember: Etiquette is a very important element of a professional atmosphere, and phrases such as "thank you" and "please" are essential.

- Make sure to answer before the third ring.
- Use a greeting that is going to give the caller the impression that we are professional and pleasant; for example, “[Department name], may I help you?”
- If you are currently on one line and another line rings:
  - Tell the first caller to "Please hold."
  - Place caller on hold.
  - Answer the ringing line saying, "[Department name]--please hold."
  - Place second caller on hold.
  - Return to first caller and complete the call.
  - Go back to the second caller.
  - Say, "Thank you for holding, may I help you?"

Note: Sometimes you will have many lines ringing all at once. Please remember to write down the names of the calls waiting so you avoid asking who the caller is holding for more than once.

1.5.2 Answering Calls for your Department

Remember: You may be the first and only contact a person may have with your department, and that first impression will stay with the caller long after the call is completed.

- Answer promptly (before the third ring, if possible).
- Before picking up the receiver, discontinue any other conversation or activity (e.g., eating, chewing gum, typing, etc) that can be heard by the calling party.
- Speak clearly and distinctly in a pleasant tone of voice.
- Use the Hold button when leaving the line so that the caller does not accidentally hear conversations being held nearby.
- When transferring a call, be sure to explain to the caller that you are doing so and where you are transferring them.
- If the caller has reached the wrong department, be courteous. Sometimes they have been transferred all over campus with a simple question. If possible, attempt to find out where they should call/to whom they should speak. They will greatly appreciate it.

1.5.3 Taking Telephone Messages

- Be prepared with pen and message slip when you answer the phone.
- When taking messages be sure to ask for:
  - Caller's name (ask for the correct spelling)
  - Caller's phone number (including area code) and/or extension
- Repeat the message to the caller.
- Fill in the date, time, and your initials.
- Place the message slip in the called party's inbox or in a conspicuous place in their office, such as their chair.
- If you can transfer the caller to voicemail instead of taking a paper message, don't forget to ask, "Would you like me to transfer you to _____'s voicemail?" Do not assume that the caller would rather go to voicemail. Always ask first.

1.5.4 Handling Rude or Impatient Callers

- Stay calm. Try to remain diplomatic and polite. Getting angry will only make them angrier.
- Always show willingness to resolve the problem or conflict.
- Try to think like the caller. Remember, their problems and concerns are important.
- (Non-supervisory staff) If the caller persists, offer to have your supervisor talk to the caller or call him/her back.