These documents intended to serve as draft documents for HTH member facilities.
DEFINITION OF DEPARTMENT GOALS

Patient Access Representative Commitment to Department Goals

Hospital has made a commitment to focus more resources on our Patient Access Department in order for us to do the best job we can do! Below is an outline of the coming improvements to our department:

- We are changing our department name from Registration to Patient Access Services

- Your new title will be Patient Access Representative

- With your new title you will have some new goals that we will help you meet.

- We will begin with training next week and these changes will go into effect on Monday _______________.

- This change to Patient Access Services brings new challenges and will require your commitment to meet personal and team goals.

- Our overall goal is to produce a more professional image to the community, and to our patients. This professional image includes: high quality in patient data and registration procedures & processes; strong focus on our collection efforts; and increased customer service efforts.

- We will set individual goals and team goals. You will have an opportunity to receive bonus pay, when your team meets their goals in collections and quality of work.

- Finally, if you meet these goals during the first 60 days of the program, you will qualify to move on with additional training and customer service development to achieve a new certified position titled Patient Access Specialist. This certification will take 6 months to one year and completion will result in a $.50 per hour increase and an opportunity to receive personal incentive pay in addition to team incentive pay.

- We will evaluate your overall performance under the new department standards at the end of 60 days.

Please sign below that you understand our new Department Goals and commit to helping us achieve these goals.

_________________________________  ____________________
Patient Access Representative                  Date
PURPOSE: To provide optimal revenue cycle services for patients by providing a system of advancement for patient access representatives based on documented knowledge, experience and performance.

POLICY: The following Patient Access Positions are eligible for advancement in the financial area by meeting the prescribed criteria specific to the work area through formal application process:

- **Position Type 1** (i.e. Registration Clerks)
- **Position Type 2** (i.e. Schedulers)

INSTRUCTIONS: Any eligible employee desiring advancement must make written application to the Human Resources Department through his/her immediate supervisor as approved by his/her Department Director via the Patient Access Advancement Application Form. Approval is required from the Immediate Supervisor, Director/Department Head, Reporting Officer (if applicable), and Director of Patient Access (if applicable).

For employees to be considered eligible for Application, they must meet the following criteria:

1. Must be full-time or in a budgeted position of .6 FTE or greater, working a minimum of 24 hours per week and maintain those hours while in advanced position.
2. Must maintain established standards for job performance, annual and otherwise mandated education and evaluation.

Any employee who is reduced to the previous level for any reason (failing to meet standards or otherwise) may reapply for advancement after 6 months.
DISCIPLINARY STANDARDS

PURPOSE
The Registration Accuracy Discipline Policy will promote registration accuracy and reduce billing errors, increase average cash flow, reduce bad debt expenses, improve customer service, improve billing compliance, reduce rate of denials and reduce duplicate medical record numbers.

STANDARDS
There are two classes of errors. Class A errors are considered more serious than Class B errors. Functions defined as errors are:

CLASS A
1. Creation of a duplicate Medical Record number
2. Registering a patient with the wrong Medical Record number.
3. Failure to answer Medicare Secondary Payer Questionnaire and/or failure to use correct corresponding occurrence codes.
4. Failure to use the correct encounter provider.

CLASS B
1. Failure to query ___________ system on appropriate payers.
2. Failure to enter a Pre-certification number when necessary or to notify the pre-cert department.
3. Failure to complete the Special Financial Processing field for self-pay patients.
4. Failure to enter the correct insurance payer(s).
5. Failure to enter the correct COB for the applicable insurance payers.
6. Failure to verify insurance payers resulting in a bill not being produced.
7. Failure to enter all necessary insurance information including but not limited to insurance company name, address, phone number, group number, group name, insured name and insured employer.
8. Failure to enter all necessary/correct insurance subscriber information including but not limited to subscriber name, date of birth, social security and demographic information.
9. Failure to enter all necessary/correct patient and guarantor demographics including correct address (mailing and residential), county, race, social security number and employer information.
10. Failure to use correct physician and or clinical service.
11. Failure to use the correct level of care.
12. Failure to use accident codes when service was related to an accident.
13. Failure to enter the appropriate diagnosis code.
14. Failure to enter occurrence codes when necessary.

DISCIPLINARY PROCEDURES

CLASS A ERRORS
a. All registration errors will be reviewed with each employee by their supervisor.
b. After one instance of a Class A documented error, there will be a written Verbal Corrective issued by the employee’s supervisor with the intention of a 90-day probation period to start the date of the Verbal Corrective. It will also be mandatory that the employee attend an education session with the Patient Access Training Coordinator.
c. During the probationary period, an additional instance will result in a Written Corrective warning issued by the employee’s supervisor with the initiation of a new 90-day probation period to start from the date of the Written Corrective. It will also be mandatory that the employee attend an education session with the Patient Access Training Coordinator.
d. During the above mentioned probationary period an additional instance of the same documented error will result in a Final Corrective Interview with a new 90-day probationary period to start from the date of the Final Corrective Interview. It will also be mandatory that the employee attend an education session with the Patient Access Training Coordinator.
e. During the probationary period involved above, an additional instance of the same documented error will result in termination. IF the in the option of the appropriate Administrative Officer & Human Resources, this instance was beyond any reasonable control of the employee, an additional instance may be granted.

CLASS B ERRORS

a. All registration errors will be reviewed with each employee by their supervisor.
b. After three instances of the same documented error in a 90-day period there will be a Verbal Corrective with the initiation of a 90-day probationary period issued by the employee’s supervisor. It is mandatory that the employee attend an education session with the Registration Education Coordinator.
c. During the above mentioned probationary period an additional instance of the same documented error will result in a Written Corrective and the initiation of a new 90-day probationary period starting the date of the Written Corrective. The employee must attend another education session with the Registration Education Coordinator.
d. During the probationary period invoked, an additional instance of the same documented error will result in a Final Corrective interview with the initiation of a new 90-day probationary period starting from the date of the Final Corrective Interview. It will also be mandatory that the employee attend an education sessions with the Registration Education Coordinator.
e. During the probationary period invoked above, an additional instance of the same documented error will result in termination. If in the opinion of the appropriate Administrative Officer and Human Resources, this instance was beyond any reasonable control of the employee, an additional instance may be granted.
<table>
<thead>
<tr>
<th>Requirements</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
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</thead>
<tbody>
<tr>
<td><strong>Job Class/Title</strong></td>
<td>PAC</td>
<td>PAS</td>
<td>SPAS</td>
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<tr>
<td>Successful completion of the Patient Access Training Course conducted by <strong>Facility/Department</strong></td>
<td>*</td>
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<td>Attends all Quarterly/Annual Patient Access Meetings (unless has excused absence)</td>
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<td>Be a positive role model to all staff members, physicians, patients and visitors</td>
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<tr>
<td>Be in good standing with all <strong>Facility policies including those related to attendance, positive attitude and staff development.</strong></td>
<td>*</td>
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<tr>
<td>Successful completion of the <strong>Patient Access Certification</strong> offered through HomeTown Health University</td>
<td>*</td>
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<tr>
<td>Complete minimum of 1 hour/month of training through monthly webinars or courses at <a href="http://www.hthu.net">www.hthu.net</a></td>
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<td>Maintains ____% registration accuracy rate or higher over determined period of time.</td>
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<td>Has no final corrective disciplinary actions during the previous 6 months</td>
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<tr>
<td>Cross-trained in registration and insurance verification</td>
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<td>Yearly evaluation score of ____ or better</td>
<td></td>
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<td>*</td>
</tr>
<tr>
<td>Successful completion of <strong>Patient Access Specialist Certification</strong> offered through HomeTown Health University</td>
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<td>*</td>
<td></td>
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<tr>
<td>Cross-trained in scheduling</td>
<td></td>
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</tr>
<tr>
<td>Successful completion of <strong>Financial Counselor Certification</strong> offered through HomeTown Health University</td>
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Level 1 - Patient Access Associate (PAC)
Level 2 - Patient Access Specialist (PAS)
Level 3 - Senior Patient Access Specialist (PAS/FCC)
APPLICATION FOR ADVANCEMENT

Name: _____________________________________ Date: ________________
Date of Hire: ____/____/_______ Department: _____________________
Current Level: _________________ Shift: ____________________________

Level of Advancement Requesting:

☐ Patient Access Associate II (PAC)
☐ Patient Access Specialist III (PAS)
☐ Senior Patient Access Specialist (PAS & FCC)

☐ Certified Billing Associate (BC)
☐ Certified Billing Specialist (BSC)
☐ Senior Billing Specialist (BC, BSC & FCC)

☐ Financial Counselor (FCC)

Please check all which apply:

☐ I have completed the in-house Patient Access training course with the Patient Access Coordinator and have attached a copy of the certificate of completion.
☐ I have attended all Quarterly/Annually Patient Access Meetings and have attached the print out of attendance from education.
☐ I have cross-trained in registration, insurance verification, pre-certification and all other applicable sub-sections within my department.
☐ I have completed the Patient Access Certification through HomeTown Health University and have attached the certificate of completion.
☐ I have obtained Patient Access Specialist Certification through HomeTown Health University and have attached the certificate of completion.
☐ I have obtained the Financial Counselor Certification through HomeTown Health University and have attached the certificate of completion.
☐ It is my intent to work towards the next level of advancement.

In Addition, the Applicant has also met the following requirements:

1. Is in good standing with all Facility policies including those related to attendance and staff development
2. Has maintained a _________% registration accuracy rate or higher in the past ____ months
3. Has no written disciplinary action during the past 6 months.
4. Is willing and able to function as a preceptor in the orientation of new patient access personnel and students.
5. Serves as a role model to all staff members, physicians, patients and visitors in guest relations/interactions.
6. Demonstrates a positive attitude about the Facility, staff and physicians.
7. Actively participates in Quality Improvement processes in their respective department.
8. Has a yearly evaluation score of ___ or better.

**Applicant Statement**

I will maintain certification in the above areas (including annual recertification) and am aware that I will be reduced to the appropriate level if my certification lapses. I also understand that I must work at least ___ hours per week/per pay period. Additionally, I have met the requirements as listed above and realize I must continue to meet them in order to maintain my advancement.

_________________________________  ______________________
Applicant Signature                  Date

_________________________________  ______________________
Supervisor’s Signature               Date

_________________________________  ______________________
Director/Department Head Signature   Date

Approval Status By Director:
☐ Yes
☐ No

Director: Submit Copy of Application & Change of Status Request to Human Resources

Date of Receipt in Human Resources: __________________
EXHIBIT ONE: Patient Access Flow Chart

Arrival of Patient

Complete Registration Process
Collect Co-Pays or Request Payment from Private pay

Patient is able to pay amount required for service
- Complete Registration Process
- Place Arm Band on Patient

Patient is not able to pay amount required for service
- Payment terms have been set-up at Pre-registration
- Collect Co-Pay or Deposit
- Complete Registration Process
- Place Arm Band on Patient

Payment terms have not been set-up at Pre-registration
- Refer to Financial Counselor or to Payment Guidelines
- Obtain Financial Information
- Explain Discounts for Private Pay Patients

If patient is unable to pay for scheduled procedure ï Advise Physician’s Office that Patient will need to reschedule procedure.

If patient is able to pay for scheduled procedure ï Complete Registration Process
- Place Arm Band on Patient
EXHIBIT TWO: Implementation Time Line

PHASE ONE: (3 months)
1. Review and Amend Policies & Procedures
2. Review & Revise Job Descriptions & Titles
3. Present & Gain Approval for Department Redesign by Management
4. Introduce Program to Department & Set Departmental Goals
5. Complete first level – Patient Access Certification

PHASE TWO: (3 months)
1. Review Departmental/Individual Performance
2. Celebrate Advances and Improvements
3. Fine tune internal processes/program development
4. Review Progress through PAC/PAS curriculums
5. Complete second level – Patient Access Specialist Certification