CAROLINA FAMILY HEALTH CENTERS, INC.
PROCEDURE

TITLE: OPR-100P Front Office Registration Process

EFFECTIVE DATE: September 2018

SECTION: Operations
REFERENCE POLICY: NA

RESPONSIBLE CHIEF: Chief Operating Officer
RESPONSIBLE COMMITTEE: Employee Investment CIT

REVIEWED: 6/2019, 4/26/2022, 9/7/2022, 04/02/2025

I. **PURPOSE**
The purpose of this procedure is to outline the process of patient registration in the Practice Management System (PMS) of the electronic health record (EHR) system.

II. **PROCEDURE**
Patients of Carolina Family Health Centers, Inc. (CFHC, Inc.) are registered in the PMS. This ensures pertinent patient demographic, income, and insurance data is captured in the system for the purposes of billing and data analysis. It also establishes an electronic health record for each patient where patient encounters are recorded and documents are stored.

During the initial registration process for new patients, the Front Office Associates (FOA) or other staff involved in the registration process engage in the mini-registration process. Staff input the patient's address, phone number, date of birth, and social security number. The staff also documents the guarantor account, the family size, and household/family income if available, and the patient is scheduled for an appointment.

Upon the patient's arrival at their appointment, the Front Office Associate (FOA) locates and selects the patient from the Department Appointment Report (DAR) by verifying the patient's identity using three patient identifiers. Refer to *RM-500 Patient Identification*. Once verified, the FOA selects the appropriate patient from the DAR and selects the "Sign-In" button, which initiates patient tracking and sets the status to "present"; notifying the clinical staff that the patient has presented. To begin the full registration process, the FOA selects the "Check-In" function. When the check-in process is completed, the patient's status is updated to "Arrived" automatically, notifying the clinical staff that the patient is ready to be roomed.

The registration process begins when the patient is in the "Check-in" status. The registration information collected and documented by the FOA includes patient demographics, guarantor account information, insurance coverage, and income. The FOA also collects any payments due. All sections below are added for new patients, or reviewed, verified, and updated for existing patients.

Demographics

The following demographic information must be recorded and/or updated before the FOA can complete the registration process:

- Primary Care Provider (PCP)
- Last Name
- First Name
- Date of Birth
- Sex (at birth)
- Address
- Phone
- Social Security Number
- Race
- Ethnicity
- Migrant Status
- Homeless Status
- Veteran status
- Preferred Language
- Communication Preference
- Emergency Contact

Note – For homeless individuals or migrant farmworkers without an address, use the address of the location where services are being provided. Under "Account Status", staff select the "Hold Statements" option to prevent statements from being sent out. Additional designations such as "Homeless" and "Migrant" are also selected. These designations are removed once the patient's status changes.

Employer

This section is completed by FOA when the patient is being seen for a workers' compensation case. If the patient informs the FOA that he/she is filing workers' compensation as the insurance, enter the following information:

- Employer
- Employment Status
- Occupation
- Employer's Phone Number
- Patients' Employment Date

Coverages

Patients are assessed for insurance coverage or coverage under a guarantor's plan. Patients without insurance or coverage are referred to the outreach and enrollment staff for assistance in enrolling in a health insurance plan through the health insurance marketplace (HealthCare.gov). The FOA sends a staff message to the SA205 Insurance Benefits pool.

If the patient has new insurance coverage or the patient is new to the system, the FOA adds the plan to the system using the Coverage Wizard. The FOA selects the appropriate plan and enters all required subscriber information, including subscriber demographics, member ID number,

group name, and group number. **If the patient's insurance company is not listed in the system, staff notifies the billing department.**

If an existing coverage is present, the FOA selects the appropriate plan listed and verifies that the subscriber information is correct.

Dental coverages must be manually verified. The FOA verifies the insurance and requests the coverage policy for each plan entered.

Guarantor Accounts
Guarantor accounts store information about the person or individual financially responsible for the patient's services and insurance coverages. Every visit is checked in on a guarantor account. The default account type is personal/family. For dental visits, a dental guarantor account is added, and the visit is changed to Dental. The FOA selects the individual/entity responsible:
- If the patient is 18 or over (adult), he or she is generally the guarantor as well (i.e., "Self").
- If the patient is under 18 (minor), the parent or legal guardian is generally the guarantor.
- There may be exceptions in the case of confidential services, patients with disabilities, homeless patients, or elderly patients.

The FOA enters the guarantor's demographic information and checks for any existing accounts. If an existing guarantor account matches the information entered, a pop-up notification alerts the FOA to select the account. If no matching guarantor accounts are found, the FOA creates a new account. All required guarantor demographics are entered, including financial information, which determines the account's Federal Poverty Level (FPL) information.

Sliding Fee Discount Program (Federal Poverty Level) (FPL)
CFHC, Inc. offers a Sliding Fee Discount Program (SFDP) to all patients annually. Patients are asked to complete the sliding fee discount application and provide their family/household income annually to assess their eligibility for the SFDP. Income and family size are documented in the PMS. All fields of the FPL must be completed for the applicable discount to apply. The *Sliding Fee Discount Information – Matrix* (see attachment) is updated annually by the Director of Revenue Cycle and Health Information and is used by the FOA to help them determine the patient's eligibility for the SFDP. This does not take the place of the SFDP application, but is used as an educational tool and estimation of eligibility. *Refer to FIN-116.01 Sliding Fee Discount Program.*

Consents and Acknowledgements
The FOA ensures that patients electronically sign the *General Consent for Treatment* form annually. This document also includes language for the HIPAA acknowledgement receipt and the Notification of Nondiscrimination Statement. Refer to *RM-506.01 Consents and Informed Refusal, HIPAA-500.01 Notice of Privacy Practices,* and *EXEC-306.03 Notice of Nondiscrimination.*

<u>Documents</u>
Insurance cards, identification cards, the SFDP application, and income verification documents are scanned into the EHR system using the appropriate document designations.

The *Dental Health History* form is completed biannually by the patient and scanned in using the appropriate document designation. Refer to *DTL-201P Dental Health History*.
The *Patient Registration Form* (see attachment) is used for new patient registration when the information cannot be obtained verbally from the patient or is used during system failures. The *Outreach Enrollment and Encounter form* (see attachment) is used to capture information to complete the registration and to document the patient encounter for migrant farmworker outreach activities and encounters

III.   ATTACHMENTS
- *Sliding Fee Discount Information – Matrix*
- *Patient Registration Form – English & Spanish*
- *Outreach Enrollment and Encounter– English & Spanish*