

**OLIVE VIEW-UCLA MEDICAL CENTER
REVENUE MANAGEMENT
POLICY & PROCEDURE**

**NUMBER: 779
VERSION: 1**

SUBJECT/TITLE: PRESCREENING ADMISSIONS

POLICY: To assure compliance with Department of Health Services patient Treatment Policies and establish a procedure for Pre-Admitting and financial screening of patient who have been deemed to need further medical services, i.e., special procedure, outpatient surgery, or require admission into the hospital.

PURPOSE: When it is determined that the patient requires a special procedure, outpatient surgery and/or a medical admission, the financial screening process will follow on the same day. The Pre-Screen process is to obtain financial clearance for the procedure by determining the patient’s available financial resources or third party resources.

DEPARTMENTS: REVENUE MANAGEMENT

DEFINITIONS: Same Day Admission: Patient requires overnight hospitalization for monitoring.

Outpatient Surgery: Patient can return home after surgery does not require any monitoring.

Special Procedure: Patient requires an examination i.e., MRI, CT, Nuclear Medicine and Ophthalmology.

Scheduled Admission: Patient requiring hospitalization for monitoring prior to surgery i.e., Chemo Therapy or Nuclear Medicine.

Durable Equipment: Patient requires special medical equipment i.e., Wheel Chair, Shower Chair, Hospital Bed and ramps.

PROCEDURE: PHYSICIAN:

1. Determine patient requires a Special Procedure, Outpatient Surgery or Admissions
2. Complete one of the following request forms as appropriate:
 - A. Outpatient Special Procedure Schedule Request OV 1432
 - B. Operative Schedule Request Printed from GUI
 - C. Scheduled Admission Request OV 1240
 - D. Nuclear Medicine Request OV 1268
 - E. Request for Durable Equipment OV 1373

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3. Ensure the appropriate request has been signed and all the following required sections are legible and completed;
 - A. Diagnosis
 - B. Operation
 - C. Medical Justification (Urgent or Elective)
 - D. Category of Surgery (Inpatient/Same Day Admit/Outpatient)

NURSING CLERK:

1. Receive the afore-mentioned request form, review for completeness, separate the request form and distribute as follows:
 - A. Outpatient Special Procedure Schedule Request
 - B. Operative Schedule Request
 - C. Scheduled Admission Request
 - D. Request for Nuclear Medicine Request
 - E. Request for Durable Equipment
2. Give patient the request forms and refer the patient to the Pre-screen Unit, Room 2D101, Department of Admissions for financial clearance.

PRESCREEN UNIT:

Reception/Sign in Desk:

1. Receive patient and request the following;
 - A. Operative Schedule, Schedule Admission, Special Procedure, MRI Nuclear Medicine, or Durable Equipment Request.
 - B. Patients DHS card
 - C. Address Verification according to LA County Policy and Procedures.
2. Register patient on the Daily Pre-Screen Log and review patient clinic card for the following
 - A. If the patient clinic card indicates Full Cost of Care give the patient and instruct them to complete the Department of Treasures – Tax Collector Financial Statement.
 - B. If the patient clinic card indicates they have a Third Party resource, request proof.
 - C. Direct the patient to the 2nd floor Lobby waiting area to wait until their name is called.
 - D. Provide patient with an estimated waiting time upon request.
3. Exceptions are made for patients with one of the following;
 - A. Patient with an “urgent” request and a STAT sticker adhered to their request form.
 - B. Patient requesting a card update and are here for a scheduled appointment for Pre OP.
 - C. Patient was referred to another office and returns to complete the financial process on the same day of referral

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FINANCIAL WORKER:

1. Call patients on the overhead intercom system in the order they are received, annotate the time patient was called and initial registration log.
2. Review and assist the patient with the MA5930 to ensure all questions are completed understood and properly answered
3. Review the requested forms for completeness and determine the following
 - A. Type of Service requested
 - B. Type of Procedure requested

SCHEDULED ADMISSION & SAME DAY SURGERY

1. Review and complete the following documents with patient and obtain patient signature as appropriate:
 - A. MA590 (not applicable if patient has a current approved full scope Medi-cal coverage.)
 - B. Medi-Cal / Healthy Families or ORSA Screening Checklist
 - C. Patient Information Form A & B
 - D. COBRA Eligibility Questionnaire
 - E. Advance Directive Questionnaire
 - F. General Consent
 - G. Financial / Discharge clearance sheet
2. If the patient has Full Scope Medi-Cal Card, complete the following
 - A. Obtain an LRS and MEDS printout
 - B. Refer the procedure to the Utilization Review Nurse so that a Treatment Authorization Request (TAR) can be generated
3. If the patient has a Limited Scope Medi-Cal Card for Emergency and Pregnancy related services complete the following;
 - A. Obtain a LRS and MEDS printout
 - B. Explain the County Ability to Pay program to the patient for inpatient services
 - C. Provide patient with an ATP information sheet
 - D. Provide patient with an ATP checklist
4. Instruct patient to bring current information requested on the ATP verification checklist on the day of their scheduled admission
5. Complete, clear and sign the Financial/Discharge Clearance Sheet with the appropriate carrier codes.

OUTPATIENT SURGERY & SPECIAL PROCEDURES

1. Review, and complete (as appropriate) the following document;
 - A. Medi-Cal / Healthy Families Checklist
 - B. ORSA referral checklist

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C. Notes in ORCHID

2. Complete a separate Outpatient Encounter Form for each procedure requested with the appropriate clinic code and places it in the pre-designated area in 2D101 for daily pick up by the outpatient clerk. (Exception: Outpatient Special Procedures)

MRI

1. Review, complete and obtain the patients signature on appropriate documents.
 - A. Patients with the resources ORSA, Medical Pending, GR, County Programs and CHP are financially cleared and the patient is sent to MRI with the encounter and the radiology request to schedule an appointment
 - B. Patients with the following resources; Medi-Cal, Medi-Care, Medi/Medi, CCS BCCTP, IMPACT and Insurance are identified as Billable programs to MRI staff in order for them to submit appropriate documents for payment.

COMPLETE THE FOLLOWING FRO PATIENTS

1. Review patient's information and determine what types of financial resources and/or third party resources are available to the patient.
2. Complete the following for each resource if the patient declares that he/she has one of the following;
 - A. Medi-Cal obtain and verify the patients eligibility via the Leader Replacement System (LRS), Medical Eligibility Date System (MEDS)
 - B. Health Insurance (i.e., HMO / PHP etc.) obtain from patient his / her insurance identification card and contact the insurance company, via telephone to confirm current eligibility, and obtain prior authorization.
 - C. Medicare- obtain from patient his/her Medicare Enrollment card and verify via the DDE System for current eligibility status, and level of benefits.
 - D. California Children Services – Refer the procedure to the Utilization Review nurse so that an authorization can be obtained
 - E. Breast Cancer Program – obtain from patient a copy of their California Breast Cancer Early Detection Program or California Breast Cancer Treatment Fund Program application.
 - F. Prostate Cancer Program – obtain from patient a copy of their Identification card.
 - G. General Relief – Verify the patients eligibility status via LRS
 - H. Outpatient Reduced-Cost Simplified Application (ORSA) Program – obtain a copy of the patients ORSA contract.

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3. If the patient declares that he/she has no financial resources, review and complete the Medi-Cal / Healthy Families / ORSA / ATP checklist to determine patients linkage for one of the County's low cost or no cost programs
 - A. Medi-Cal – Refer patient to Room 2D142, PFSW / Medi-Cal Unit to apply for the program
 - B. ORSA – Refer patient to Room 2D151, Patient Inquiry Unit to apply for the program
 - C. ATP (Inpatient Services) – Complete an ATP verification checklist and explain to the patient to bring the verification that is requested on the day of their surgery.
4. If the request indicates Elective and the patient does not have linkage to any of the afore-mentioned programs or declines to apply for any of the financial programs complete the following:
 - A. Determine the appropriate clinic code for the procedure listed in the current billing rate chart.
 - B. Inform the patient of the billing rate and explain the County's Full Cost of Care and Plan of Payment Procedures and requirements
 - a. Inpatient - \$700.00 is required as a down payment and a minimal of \$100.00 monthly payment thereafter until paid in full
 - b. Outpatient – 50% of the procedures billing rate is required as a down payment and a minimal \$50.00 monthly payment thereafter until paid in full
5. If the request indicates “STAT”, “URGENT”, “ADMINISTRATIVE OVERRIDE” and patient does not have linkage to the fore-mentioned programs and declares that he / she is unable to pay complete the following
 - A. Contact the Utilization Review Nurse to determine if the condition meets the medical urgency criteria
 - B. Follow the instructions given by the Utilization Review Nurse to complete request process
6. Receive final determination from the Utilization Review Nurse and complete the following;
 - A. If approved, inform patient that due to urgency of their medical condition they will not be required to give a down payment and they will receive via US Mail a bill for services rendered
 - B. If not approved, explain to the patient that a down payment is required
7. If patient chooses to pay for the procedures complete the following;
 - A. Complete a Cashier Referral Slip and refer the patient to the Cashier Room 2A101, to make payment and obtain, and to return with a receipt
 - B. Photocopy the patients receipt
 - C. Complete a Plan of Payment Agreement – English or Spanish

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8. Once patient is financially cleared give the patient a copy of the cleared request form and inform the patient of the following;
 - A. The respective clinic or Surgery Scheduling Office will notify him/her of the actual appointment or the surgery date via telephone and/or written notice
 - B. Inform patient to bring the copy of the request form on the day of the scheduled Pre-Op, Surgery, Admission or Special Procedure. If request is not brought in the day of appointment it could be delayed or re-scheduled
9. Update the following information ORCHID;
 - A. Changes in patients demographic information
 - B. Enter the appropriate financial resource code
 - C. For Scheduled Medical Admissions & A.M. Admits create a "SURG" account via Registration, IP Pre-Admit
 - D. For Outpatient Surgery create a "SSU" account via Registration, IP Pre-Admit
 - E. If the patient has been medically and financially cleared enter, "pending" for Pre-Register via Registration, IP Pre-Admit
 - F. If the patient is financially cleared but is not medically (Interqual request has not been met), therefore the admission is cancelled
10. Review chart for accuracy and completeness, enter notes, and ensure all appropriate authorization forms are completed and scanned into patients chart.

DAILY SCHEDULED SURGERY LIST

1. Receive and review the list for patients scheduled for surgery the next day
2. Ensure that patient is financially cleared and UR has also cleared the patient for surgery (if appropriate)
3. If patients resource status has changed, notify UR if appropriate or determine whether patient qualifies for other programs, and enter note in ORCHID
4. Ensure that all patients listed are financially cleared
5. Place complete packet of folders in the chart for AM Admits in - box
6. Consult with supervisor, if appropriate

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