

**OLIVE VIEW-UCLA MEDICAL CENTER
PATIENT ACCESS
POLICY & PROCEDURE**

**NUMBER: 819
VERSION: 1**

SUBJECT/TITLE: ADMISSIONS

POLICY: The Admitting Unit's primary function is to ensure reimbursement for an admission and any and all services rendered, to explain and secure the patient's signature on all necessary documents and to create the inpatient FIN. This is done by interviewing patients (and/or their responsible relative(s)) being admitted into the hospital and by obtaining and updating demographic and pertinent data needed to determine and identify financial resource(s), private insurance and third party payers

PURPOSE: To establish procedures and identify all necessary steps required to ensure patients requiring admission into the hospital are completed within the expected time frames.

DEPARTMENTS: PATIENT ACCESS

DEFINITIONS: Admitting Area: The seven (7) areas in which a patient can be admitted into the hospital:

1. Department of Emergency Medicine
2. Urgent Care
3. Pre-Scheduled
4. Outpatient Clinic
5. Department of Psychiatric Emergency
6. Medical Alert Center Transfers (MAC)
7. *Obstetrical and Newborn (*See Admissions' OB Check Room Registration Policy*)

PROCEDURE: ADMITTING STAFF:

1. Receive notification requesting admission from an Admitting Area.
2. Interview patient and/or responsible relative(s) to obtain demographic, financial, and resource information and identify any third party payers.
3. Explain the General Consent form to the patient and/or responsible relative(s) and obtain the patient's signature.
4. If the patient is medically unable to sign, in images select, "*Patient*

SUBJECT/TITLE: ADMISSIONS

Policy Number: 819

Page: 2

Unable to Sign” and include rationale.

5. If the patient is a **minor**, the patient’s parent(s) or legal guardian must sign and note their relationship to the patient.
 - A. The legal guardian must provide legal proof of Guardianship
 - B. If none available, a **Caregiver’s Authorization Affidavit** must be completed and scanned into images as well as a government issued photo ID (*if available*).
6. If the patient is a **minor and a Ward of the Court**, the custodian must provide Consent for **Treatment-714C** Juvenile Detention Department to medical staff. Obtain a copy to scan into patient’s electronic health record.
7. Upon request, provide a copy of the signed **General Consent** to the patient, responsible relative(s), legal guardian or custodian.
8. **Nursing** will explain and complete the **Advance Directive** questionnaire by asking patient if they have a current **Advance Directive**.
 - A. If patient has an **Advance Directive**, request a photocopy and place in electronic health record under Nurses Notes.
 - B. If the patient does not have an **Advance Directive** and would like information, provide the patient with an Inpatient Handbook including “*Your Right to Make a Decision*” brochure – OV1702
 - C. Patient’s **Advance Directive** status must be entered in the electronic health record.
9. If the patient declares that he/she has one or more resource, complete the following for each:
 - A. **Medi-Cal** – Verify patient’s current eligibility via:
 - a. Los Angeles Eligibility Automated Determination Evaluation and Reporting Replacement System (LRS)
 - b. Medical Eligibility Data System (MEDS)
 - c. Online Eligibility System (OES)
 - d. Point of Service Device (POS)
 - e. Health Plan, i.e. LA Care, Health Net
 - I. Using the Web portal, scan proof of eligibility and or upload to images.
 - II. By telephone, document: Number called, worker’s name, date and time of call in “*New Persons Comments*”, note if automated.

SUBJECT/TITLE: ADMISSIONS

Policy Number: 819

Page: 3

- B. **Patient Authorization Form** – complete when applicable.
- C. **Health Insurance**, i.e.: HMO, PHP – Scan/upload a copy (*color preferred*) of the front and back of the insurance card into patient’s chart. Contact the insurance provider to confirm current eligibility, level of benefits and obtain authorization for treatment and scan proof into patient’s chart.

- a. Complete and scan necessary forms, such as MSP when applicable.

NOTE: If insurance provider does not authorize the admission, notify the Admitting Physician and/or UR. Admitting Physician will determine if patient will be transferred or will override denial.

- D. **Medicare** – Scan into ORCHID a copy of the patient’s Medicare card, verify in DDE or call Patient Accounts to confirm current eligibility status. Complete and obtain patient’s signature on the following forms:

- a. Medicare HMO Appeal Authorization form
- b. **Medicare Secondary Payer** Screening Form, MSP tab in ORCHID, PM Office
- c. Medicare Notice of No Coverage
 - I. Provide copies of “*An Important Message from Medicare*” form to the patient.
 - II. Provide copies of “*An Important Message from Medicare*” to UR

- E. **Third Party Liability** – If you learn the reason the patient is presenting to the hospital is as a result of Workman’s Compensation, Auto or Liability Accident or Victim of Violent Crimes, select “yes” in the “*Accident Related*” drop down menu located in the Encounter Tab, ORCHID, PM Office and complete and scan into images.

NOTE: If patient is Homeless:

- a. Enter the mailing address (*if the patient has one*)
- b. If the patient previously had a mailing address but later became homeless, ORCHID may still require the address fields to be populated. In this case, indicate “Homeless” for the Street Address, City and State the patient lives in, and “99999” for the zip code.

SUBJECT/TITLE: ADMISSIONS

Policy Number: 819

Page: 4

- c. And update the carrier code to Self-Pay, 000

NOTE: Persons whose address is unknown:

- a. For a person whose address is unknown, and is not homeless, in this case indicate “Unknown” for the street address, Los Angeles for the City, CA as the state, and “66666” for the zip code.
10. If patient states he/she does not have any of the above listed resources code as self-pay, “000” and refer to Patient Financial Services (PFS).
 11. If the patient’s resources were verified and proof is on file, record all pertinent information and actions taken in the Patient Information tab “*New Person Comments*”. List all forms completed.
 12. If required forms were not completed, document the reason using the drop down menu and/or in Patient Information tab, “*New Person Comments*”.
 13. Update patient demographic information and any other necessary data in the electronic health record to admit the patient (*all required fields*).
 14. Update carrier code [patient’s resource(s)] in ORCHID.
 15. Generate the Inpatient FIN (IP-Pre-Admit).
 16. Provide FIN to requester within 15 minutes of request, and annotate in Patient information tab “*New Person Comments*” and Insurance Summary Tab, “*New Insurance Comment*”.
 17. Review patient’s chart for accuracy and completeness.
 18. Discuss any admission issues with Supervisor in order to resolve them within the established time frame.
 19. Update Admissions log and complete hand off to onboarding shift.
 20. Update work log(s) by end of shift.

PATIENT FINANCIAL SERVICES

1. Review the patient’s information and request completeness of the following (*when applicable*):
 - A. Department of Treasury Tax Collector Financial Statement –

SUBJECT/TITLE: ADMISSIONS

Policy Number: 819

Page: 5

MA590

- a. No **MA590** is required for patients with resource(s)
 - B. COBRA Eligibility Questionnaire
2. **General Relief** – Scan/upload GR identification card into patient’s electronic health record and/or eligibility status found in LRS.

SUPERVISOR / DESIGNATED WORKER:

- 1. Conduct bi-monthly audits for accuracy and completeness.
- 2. Inpatient Financial Services will follow up if further action is needed and complete final billing.

NOTE: In case of power loss, follow the “*Downtime Admission*” process and update the electronic health record once power is restored.

References:	
Approved by: VEC-2016 Dec, Lisa Cruz (Assistant Hospital Administrator)	Date: 07/01/2019
Review Date: 07/01/2019	Revision Date:
Next Review Date: 07/01/2022	
Distribution: Patient Access Registration, Revenue Management	
Original Date: Not Set	