UCLA Health Ambulatory Practices
Revenue Policy and Procedure

Policy Name: Appointment Scheduling Expectations		
Policy #: 002	**Developed Date: April 2014**	**Approved Date:**
Approved By:	**Revision Date: March 2016**	**Revised By:**

I. Purpose

To communicate information to patients regarding all financial, insurance and visit expectations prior to scheduled appointments.

II. Policy

At the time of scheduling, whether by phone or in person, UCLA Health ambulatory practices will inform patients of the following expectations:

- *Patients are requested to bring all valid insurance cards to each visit*
- *Patients are requested to bring proof of identification to each visit**
- *Patients are requested to be prepared to pay co-payment if applicable*
- *Established patients are requested to arrive 15 minutes prior to the scheduled appointment time*
    - *These times may change for other services which include lab, imaging, procedures, or other pre-op requirements*
- *New patients are requested to arrive 30 minutes prior to the scheduled appointment time*
- *Patients are requested to provide notification at least 24 hours prior to the scheduled appointment if unable to keep the appointment*

*Proof of identification applies to individuals who are ≥ 16 years old at the time of service. Policies allowing clinical service in the absence of identification may apply.

002 Appointment Scheduling Expectations Policy
Standard Operating Procedure

Procedure

A. Scheduling the Patient:

1. Existing Patients
   - Request and update any changes in the patient's:
     - Demographics
     - Insurance coverage
     - Special needs (e.g., interpreter, wheelchair, etc.)
     - Referring Physician (if a specialty)
     - Attach authorization to encounter, if a specialty referral
2. New Patients
   - Obtain all required new patient information in the CareConnect "New Patient Wizard"
   - Patient's legal name (name on the insurance card)
   - Patient's date of birth
   - Last 4 digits of the social security number
   - Mailing address
   - All contact numbers
   - Referring Physician (if a specialty)
   - Ask the patient how they would like to receive their "New Patient Packet" to complete and bring with them to their appointment. The options include:
     - Standard mail
     - Email (Obtain an email address)
     - Arrive at least 30 minutes prior to their appointment to complete the packet.
   - Request patients to bring the following if available:
     - A list of all medications you are currently taking.
     - Any available relevant medical records, x-rays, scans, etc.
   - Ask if the patient will require any special assistance at the time of their visit to the office (wheelchair, etc.).
3. Workcomp
   - Update the guarantor information in CareConnect:
   - From the Guarantor & Coverage page, *"Add Guarantor"*
     - Enter the Date of Injury (DOJ), click "Next" and then "Accept
   - On the General Claim information enter
     - Is this Ill/Inj/LMP "Accident/Injury"
     - Authorization Number
     - Authorization Date
     - Accident type: Worker's comp
     - Injury Date
     - Time of Injury
     - Place of Injury

- Body part injured
    - Injury Description
  - Click “Next”
  - Enter in the Additional Information
  - Primary claim Info (Date injured body part exp: 12/04/2014 right foot)
  - Click “Next”
  - Enter the Workcomp Insurance and click “Accept”
  - If Unable to locate insurance in CareConnect, click “OK” and type Generic
    - Select Generic Workers comp and click “Accept”
  - Click “Claims Address” and enter and click “Accept”
  - Enter the Member Information
  - Enter the Subscriber Information and Click “Next”
  - Pull Info and click “Next”
  - Review and click “Return”
  - On the Interactive Face Sheet, click “Next”
  - On the visit info select the W/C Guarantor account
  - Enter “Yes” in the Accident related field and click “Next”
  - Enter the referring Physician if applicable and click “Next

4. **Patient with Questions Regarding Past Balance:**
   “Mrs./Mrs./Mr._________________, in order to best answer your questions after we schedule your appointment, I will transfer you to one of our customer service representatives, who will be happy to assist you. In case we are disconnected that number is (310) 301-8869.

   Warm transfer patient to Customer Service Department: A warm transfer requires the scheduler to introduce and review the patient’s inquiry with the customer service representative prior to transferring the call
   Use above script to transfer patient to CSR (4).

   ***NOTE: If you are not able to warm transfer the call to Customer Service, give the Customer Service number to the caller*

B. Patients turning 18 – Remove from the family account and create a new guarantor account

1. Patients having turned18 need to have their own guarantor account created.
   - On the Detailed View, select Guarantor Accounts
   - Uncheck the “Active?”
   - Select Add Guarantor
     - Complete the Add Guarantor Account Questionnaire
     - Verify that there is not an existing account
     - Select Create New Account
   - Select “Yes” for Address Link to update the new guarantor account
   - Enter the Insurance information, run the RTE and Create Coverage

C. Documentation for Any Payments Received or Patients

1. If a payment is promised by the patient during the telephone call:
    - Make a note of the conversation in the “Appointment Notes” section of CareConnect and include the following elements:
        - Copay amount
        - Your initials
        - The date and time of the conversation
2. If patient is referred to Customer Service Representative
    - Make a note of in the “Appointment Notes” section of CareConnect and that the patient was transferred to CSR include the following elements:
        - Date and time transferred
        - Name of the representative transferred to if known.