SuccessEHS Check-In Procedure

Outlines the proper process for processing a patient check-in in the SuccessEHS system

Check-In

1. Open the **Scheduling** Module and set your scheduling view for the day. To do this go to **View → Define View → Multiple Scheduling Resources for One Day → Add → Select Appropriate Providers → OK**
   - ➢ Medical Providers: Location = **Schdc Medical** and Type = **Provider**
   - ➢ Dental Providers: Location = **Schdc Dental** and Type = **Room**

   Note: It is recommended to have two separate views, one for Dental and one for Medical to make it easier to view schedules. It is also recommended to only view the Providers that are working on the given day to be able to maximize screen space

2. Right-click on the patient appointment and select **Refresh Appointment Book.** *Note: It is critical to refresh the appointment book before attempting to begin the check-in process to ensure that you are viewing the most current version of the system schedule*

3. Right-click on the patient appointment and select **Mark Patient Arrival → OK**

4. Right-click on the patient appointment and select **Check-In Patient**

5. The **Check-In** module will open. Any patient notes will appear on the screen. View all notes for any information that may be related to the patient's check-in (i.e. – incorrect demographic information, outstanding balances, etc.). Take note of any notes that need to be removed from the pop-up window should they no longer apply to the patient. When done reviewing the notes, select **OK**

6. Verify the patient's **date of birth (DOB)** in the blue demographic ribbon before proceeding any further. If the DOB matches then proceed with check-in. If the DOB does not match, then you must go back and ensure that you opened the proper patient. If not, then right-click the appointment on the schedule and undo the **Mark Patient Arrival** so as to not show that the patient is in the building and then start over

7. The **Add and Remove Policies for Encounter** window will appear. There are 2 sections to this screen: the left side contains **All Policies for Patient** and the right side contains **Selected Policies for Encounter**. Move all insurances from the **Selected Policies for Encounter** to the **All Policies for Patient** by selecting the **double left arrow** icon

8. Verify the patient's active insurance policies, adding any new policies and removing any policies that are no longer active. Remember if the patient is only a dental patient, we must still collect their medical insurance for reporting purposes
    ➢ **Adding New Insurance**
        1. Select **New** on the right-hand menu.

        2. The **Find Insurance Plan** window will open and you will need to search for the correct insurance plan (**D- = Dental Insurance, M- = Medical Insurance, R- = Reproductive Health**)

        3. The **Insurance Details** window will open. Be sure to enter the **Policy Number**, **Effect Date** (if available), **Expected Copay** (if available), **Pat Rel to Holder:** (*Note: This may be different than the Guarantor on the Account. This information is for whomever is the policyholder of the insurance*), and the demographic information of the policyholder, if it does not pre-populate correctly

        4. When completed entering all information, select **OK**

        5. Repeat the above steps for any additional insurances, if applicable

    ➢ **Removing Inactive Insurance:**
        1. Select the **Insurance Plan** that needs to be inactivated and choose **Details**

        2. In the upper right hand corner under **Status** select the drop-down menu and choose **Inactive → OK**

        3. Repeat the above steps for any additional insurances, if applicable

9. Associate the appropriate insurance from the **All Policies for Patient** side of the screen or the **"Left Side"** to the **Selected Policies for Encounter** or **"Right Side"** by highlighting the insurance and using the **single arrow pointed to the right** icon

10. Verify that the insurance just selected for today's encounter is active by either running the **internal electronic eligibility checker** or **going to the payor website** (*Note: Please see the attached insurance eligibility document that outlines whether to use the internal electronic eligibility checker or the payor website*).

➢ **Internal Electronic Eligibility Checker**

1. Highlight the insurance plan and select **Details → Request Benefit Info** (*Note: If the Request Benefit Info button is not available eligibility cannot be ran in SuccessEHS at this time*)

2. The **Patient Eligibility and Benefit Interface** window will open. Highlight the insurance plan that you want to check, ensure that the appropriate Medical Provider is listed, then select **Send**

3. The system will then send the request to the payor for verification. While the request is running you will see a **Request Status** with a "green bar" and percentage completion. When complete the **Single Patient Response** file will appear.
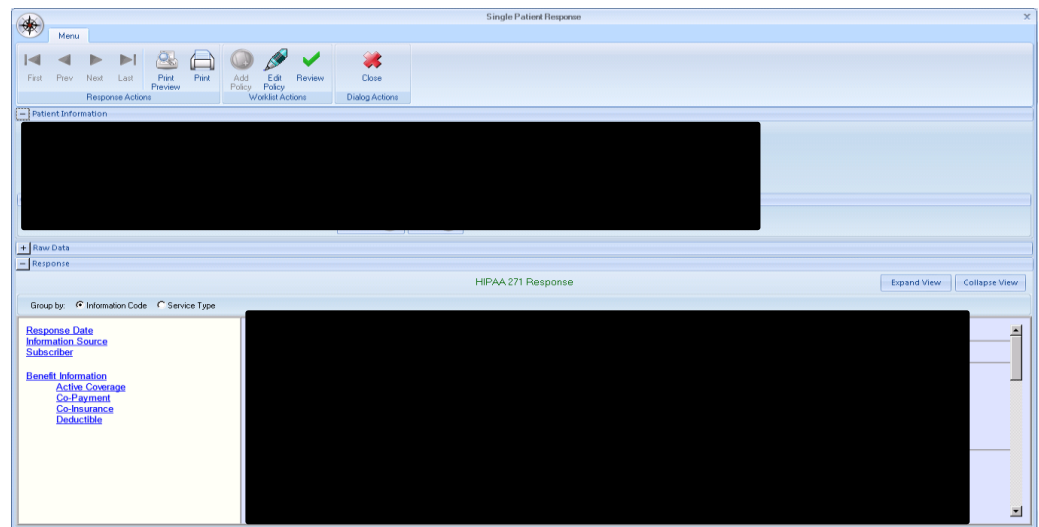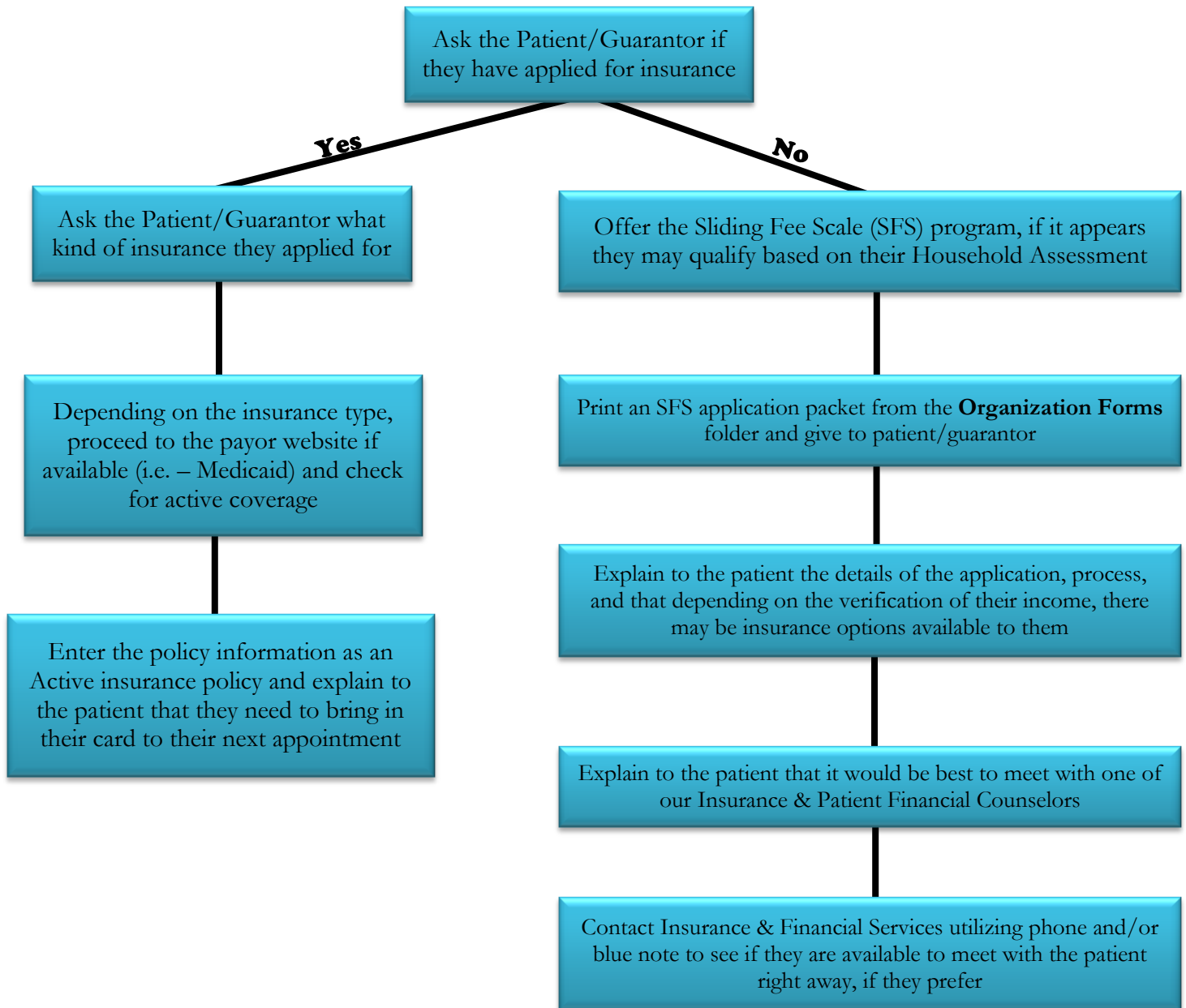

4. Review the patient information to ensure accurate verification of the insurance. You should evaluate the following information in the eligibility file (as available):
   A. Does the patient have **active coverage**?
   B. Does the **Success:** section read **Yes**
   C. Does the **Expected Copay** match the **Response Copay**?
      a. If the copay does not match, verify the copay amount by reviewing the eligibility file and if the eligibility file is accurate select **Approve** to update the copay amount. If the amount is not accurate select **Deny**.
   D. Does the patient have **limited coverage**?
   E. Is the **primary care provider** listed one of RVH&DC's providers?

   Note: Any information in the response file that does not match the information sent by the user in performing the eligibility check will display in **RED**.

5. When completed with the file, select **Close**

6. If there are additional insurance plans in the **Eligibility Request** window you can select the other plan(s) and repeat the above steps

7. When all insurances have been checked electronically select **Close** from the **Patient Eligibility and Benefit Interface** window

8. Select **OK or Cancel** in the **Insurance Details** window, then select **OK** in the **Add and Remove Policies for Encounter**

WHAT DO I DO IF THE PATIENT DOES NOT HAVE INSURANCE?

Ask the Patient/Guarantor if they have applied for insurance

Yes

No

Ask the Patient/Guarantor what kind of insurance they applied for

Offer the Sliding Fee Scale (SFS) program, if it appears they may qualify based on their Household Assessment

Depending on the insurance type, proceed to the payor website if available (i.e. – Medicaid) and check for active coverage

Print an SFS application packet from the **Organization Forms** folder and give to patient/guarantor

Enter the policy information as an Active insurance policy and explain to the patient that they need to bring in their card to their next appointment

Explain to the patient the details of the application, process, and that depending on the verification of their income, there may be insurance options available to them

Explain to the patient that it would be best to meet with one of our Insurance & Patient Financial Counselors

Contact Insurance & Financial Services utilizing phone and/or blue note to see if they are available to meet with the patient right away, if they prefer

11. If the patient has a **Patient Portal** account it is possible that they may have **Pending Portal Change Requests** and a notification window will appear. Select **View Requests**
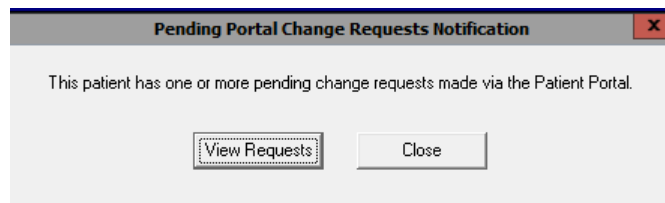
12. The **Portal User Administration** window will appear. Double-click on the **Request**

13. You will see **Patient Demographics – Current** and **Patient Demographics – Change Request**. All information requested to change will be in **RED**. If the information is correct you can select **Approve → Close**

14. Once back on the **Check-In Patient** screen, select the **Go-To** icon and the **Patient Administration** icon

15. **Patient Administration** will launch and you will need to verify/add all information as outlined below on each tab:

Note: Any item listed in BLUE below should be taken from the Patient Demographics Form and should not be requested from the patient. If it is not on the Patient Demographics Form then complete the field as if the Patient did not provide the information. If it is a new patient and they have not completed the demographics form, provide them the form to complete upon completion of the check-in process

Demographics Tab
  ➢ **First Name**
  ➢ **Last Name**
  ➢ **Suffix** (if applicable)
  ➢ **SSN** (if none available, enter 999-99-9999)
  ➢ **Home Phone**
  ➢ **Cell Phone** (if applicable)
  ➢ **Gender** (Defined as one's internal, personal sense of being a man or woman)
  ➢ **Sex** (Defined as the classification of people as male or female at birth)

- ➢ **Sexual Orientation**
- ➢ **Doctor of Record**
- ➢ **Patient Mailing Address**
    1. **Line 1**
    2. **Zip Code** (will auto-complete **City** and **State**)
    3. **County**
- ➢ **Email** (if no email, select the check box for **No Email/Patient Declined**)
- ➢ **Patient's Relationship to Guarantor** (This should never be a minor child for a medical/dental visit)
    1. Choose the relationship and the **Find Guarantor** window will appear.
        A. Search out the Guarantor by **Last Name**, **First Name**, and/or **DOB** and select **Find Now**
        B. If no Guarantor then select **New**. You will be taken back to the **Demographics** tab in which you will need to enter
            a. **Guarantor First Name**
            b. **Guarantor Last Name**
            c. **Guarantor Suffix (if applicable)**
            d. **Guarantor Address**
                i. **Line 1**
                ii. **Zip Code** (will auto-complete **City** and **State**)
            e. **Guarantor Birth Date**
            f. **Guarantor SSN**
            g. **Guarantor Home Phone**
            h. **Guarantor Cell Phone**
            i. **Guarantor Employer**

- ➢ **HH Assessment** – All patients must have a household assessment completed. If the **HH Assessment** button is not **PURPLE**, then select the **HH Assessment** icon. The **Household Assessment** window will appear. Enter the below information:
    1. **Income**
    2. **Frequency**
    3. **Proof of Income = None**
    4. **Total Members in the Household**

    When completed entering the information, select **Calculate → Apply → OK**

Additional Patient Data Tab
- ➢ **Marital Status**
- ➢ **Student Status**
- ➢ **Employment Status**
- ➢ **Race**
- ➢ **Ethnicity**

- ➢ **Veteran Status**
- ➢ **Preferred Language**
- ➢ **Housing Status**
- ➢ **Agricultural Status**
- ➢ **Employer**
- ➢ **Primary Care Physician**
- ➢ **Pharmacy**
- ➢ **Driver's License Number** (If child type **Child**. If they forgot type **Need to Collect**)
- ➢ **Scan the Driver's License**
- ➢ **Scan any Insurance Cards that are needed**

Contacts/Communications Tab
- ➢ Verify **Emergency Contact**
    1. If no contact exists, enter a new one by selecting **New,** check the box that says **Emergency Contact** and collect the below information
        - A. **First Name**
        - B. **Last Name**
        - C. **Relationship**
        - D. **Home Phone**
        - E. **Cell Phone** (If applicable)
        - F. **Work Phone** (If applicable)
    2. If patient does not have an emergency contact enter **XXX** for the Name, select **Other** for the Relationship, and type **no contact at this time** in the **Notes:** box.

Notes Tab
- ➢ Verify any existing notes and remove those that are no longer need by double-clicking the comment and removing all checkmarks from each box, then select **OK**

16. Once all information is verified proceed back to the **Demographics** tab and check the **Privacy/Consent** icon.
    - ➢ If the icon is **GREEN** proceed with check-in by selecting **Apply** ➔ **Save**
    - ➢ If the icon is **RED** you will need to collect a **Consent for Treatment**
        1. Select the **Go To** icon and the **Patient Correspondence** icon
        2. The **Patient Correspondence** window will open. Select **Patient Forms** ➔ **New** ➔ **Consent for Treatment** ➔ **Next**
        3. You will be taken to a screen asking **"Do you wish to link an encounter to this patient form?"** Select **No** ➔ **Finish**
        4. Review the **Consent for Treatment** form with the Patient or Guarantor and collect the appropriate initials/signatures using the **Electronic Signature Pad.** Right-click on each box that needs a signature or initials and select **Signature Pad** ➔ **Collect Signature**
        5. Ask the Patient/Guarantor if they would like a copy. If so, then select **Process** and **Print** a copy. If no, then select **Save**
        6. When complete, close the **Patient Correspondence** window
        7. Select the **Privacy/Consent** icon
            - A. Place a check mark in the **Privacy Policy** box
            - B. Place a check mark in the **Consent Form** box
            - C. Appropriately mark who the consent was **Given By:**
            - D. Select **Apply** ➔ **Close**
        8. Select **Apply** ➔ **Save**

17. You will then be taken back to the **Check-In Patient** window.

18. Verify the **Billing Clinician, Examining Clinician, and Location** are all correct. (*Note: A Nurse practitioner should never be listed as a Billing Clinician*)

19. Once all information is verified select **Apply → Save**

20. You will be taken back to the **Scheduling** Module. Verify that the check-in was complete by looking for the **clipboard with a green checkmark** icon

21. Open the **Appointment** by double-clicking the appointment on the schedule. Select the **Insurance** icon and ensure the appropriate box is marked that notates how the insurance was verified, enter **comments** if needed, then select **OK**. If no insurance, please mark that **insurance has been verified** and type in **comments** that there is no insurance and whether or not the sliding fee scale was offered to the patient.

22. **For Dental Check-In** – On the **BlueNote Communicator** screen select the appropriate **Provider – Pt. In Hub** to let the clinical staff know that the patient is here. Double-click the light to open the text box and enter the patient's **First Name** only, then select **Update**