A) Policy Statement

It is the policy at the University of Toledo Medical Center to implement Patient Access procedures that will provide a positive patient experience while gathering necessary patient and insurance information critical to downstream processes and reimbursement. It is the priority of all UTMC Patient Access staff to accurately capture the vital information while delivering the best customer service possible.

B) Purpose of Policy

To ensure that all Patient Access functions (Pre-registration, Insurance Verification, Patient Liability Estimation, POS and ‘Bucket’ Registrations) are executed consistently and efficiently as per the procedures and timeframes outlined in this policy.

C) PRE-REGISTRATION

I. Policy

a. Staff will accurately collect appropriate patient demographic information for admission, care delivery, billing and collecting processes prior to date of service according to departmental Standard Operating Procedures.

   i. STAR & ATHENA systems need to be updated for all planned admissions, outpatient procedures, outpatient diagnostic services and dually registered encounters.

   ii. When updating a patient account, STAR and ATHENA systems must match.

   iii. ATHENA is to be updated for all outpatient office visits with Physicians in the clinic setting.

b. Staff will verify insurance eligibility and coverage. Document an account note of where/how coverage was verified. Identify any co-pays, deductibles, or estimated patient responsibility. Eligibility and coverage can be verified via:

   i. Eligibility & benefits query within Passport

   ii. Eligibility & benefits query within Athena

   iii. Manual query directly from payer websites

   iv. Phone query with payer

c. Staff will educate patient on their financial responsibility and request the patient make payment when they arrive at time of registration. Document an account note of details and record identified, expected patient payment and method of payment Financial Counseling should be referred in the following instances:
i. The patient asks for financial assistance
ii. The patient is uninsured
iii. The patient has a large estimated liability & voices inability to pay

(D) POS REGISTRATION

II. Policy

a. Staff will assess whether or not a pre-registration has been performed for patients arriving for scheduled services.

   i. Staff will check patient in for services as outlined in departmental SOP
   ii. Staff will collect any identified patient financial portion as noted

b. If there is no pre-registration, or if the patient is a “Walk-in” patient, staff will accurately collect appropriate patient demographic information for admission, care delivery, billing and collecting processes prior to date of service. Information should be verified as directed in the departmental Standard Operating Procedure.

   i. STAR & ATHENA systems need to be updated for all planned admissions, outpatient procedures, outpatient diagnostic services and dually registered encounters.
   ii. ATHENA is to be updated for all outpatient office visits with Physicians in the clinic setting.

c. If not already performed, staff will verify insurance eligibility and coverage. Document an account note of where/how coverage was verified. Identify and attempt to collect any co-pays, deductibles, or estimated patient responsibility. Eligibility and coverage can be verified via:

   i. Eligibility & benefits query within Passport
   ii. Eligibility & benefits query within Athena

d. If not already complete, staff will educate patient on their financial responsibility and request patient make payment at time of registration. Document an account note of details and record identified, expected patient payment and method of payment. Financial Counseling should be referred in the following instances:

   i. The patient asks for financial assistance
   ii. The patient is uninsured
   iii. The patient has a large estimated liability & voices inability to pay

(E) ‘BUCKET’ REGISTRATION

III. Policy

a. Staff will assess registration needs for labs and/or radiology for patients seen the same day in a clinic setting.

b. Staff will accurately transfer appropriate patient demographic information for admission, care delivery, billing and collecting processes from the ATHENA registration system into the STAR registration system.

c. Due to the nature of these registrations, Staff will take additional care to aid in proper routing of patient lab and radiology results.

   i. Staff will place Ordering MD as the Attending in STAR.
ii. When the Ordering MD is a Resident, staff will enter the Supervising MD

iii. Staff will use the correct Location code that correlates to the Attending MD

d. Staff will verify insurance eligibility and coverage and document an account note of where/how coverage was verified. Eligibility and coverage can be verified via:

i. Eligibility & benefits query within Passport

ii. Eligibility & benefits query within Athena

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**Approved by:**

Robin Horani  
Director, Revenue Cycle  
Nickolas Vitale  
Interim Chief Financial Officer

**Review/Revision Date:**

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**Next Review Date:** 4/1/2019

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*