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## Policy : Patient Access

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### POLICY:

EvergreenHealth will provide patient access to all of its services in accordance with this policy and its Nondiscrimination in Provision of Healthcare Services Policy.

### PURPOSE:

To strive to facilitate and assure patient access to EvergreenHealth services and to assure that no person shall be discriminated against in regard to benefits or services. In order to help its patients, EvergreenHealth shall provide upon request Financial Counseling and the estimated cost of services insofar as possible.

### DUTIES:

#### Patient Access Department

EvergreenHealth shall have a Patient Access Department (“Department”) under the supervision of the Manager - Patient Access. The Department shall, with regard to EvergreenHealth Medical Center (“Hospital”), among other duties:

1. Provide all necessary and helpful information and assistance to the patient as he/she enters the Hospital.
2. Obtain information from incoming patients to be utilized by Hospital departments and patient care providers.
  - a. This includes verification of all demographic information and any necessary Consent for Care or Financial Agreement forms.
  - b. Provide Patient or Advocate with Information regarding their Privacy and Patient Rights.
3. Coordinate the time of the patient’s arrival with any scheduled surgery or procedure.
4. Facilitate all direct transfers from outside facilities in coordination with the Hospital’s Nursing/Patient Flow Supervisor, Care Management team and admitting physician, as necessary.
5. Present a positive and professional first impression to all who enter the Hospital.

#### Inpatient, Emergency Department, Urgent Care & Outpatient Surgery Registration

The Department shall:

1. Interview incoming patients to obtain required personal, demographic and billing information, and complete the necessary Medicare Admission Inquiry as may be required. The Department shall forward billing information to the Insurance Verification Office prior to the patient's admission to verify eligibility, pre-authorization, and benefits, although the Emergency Department shall comply with all necessary EMTALA requirements.
2. Obtain signatures for Consent for Care and a Financial Agreement with each admission/visit.
3. Screen and provide information to all adult patients concerning Advance Directives. It is EvergreenHealth’s policy that each patient have an appropriate Advance Directive insofar as possible.
4. Obtain signatures from the patient or patient’s representative on the Important Message from Medicare, MOON acknowledgement and Important Message from Tricare as required. Complete Medicare Secondary Payor screening on all Medicare eligible admissions.
5. Provide information to all patients or their advocate on Patient Rights and Responsibilities.
  - a. For Incapacitated patients, Registration will contact any known listed emergency contact at time of admission. If no emergency contact available, Registration will notify Social Work for appropriate follow-up
  - b. Coordinate direct admits with the Hospital’s House Supervisor.

- 6. Escort patients needing assistance to their rooms or other Hospital location upon admission.
- 7. Register and process all outpatients for surgical and special procedures.
- 8. Maintain safekeeping of patient valuables, including both the securing of items upon admission and the return of the valuables upon discharge or patient request.
- 9. Collect payments (co-pays, deposits) from patients and issue receipts as needed.

**Outpatient/Clinic Registration**

The Department shall:

- 1. Register patients for outpatient services including, but not limited to, lab, diagnostic imaging, primary care and specialty clinics.
- 2. Direct patients to the care areas and coordinate schedules when the patient is to have services in more than one department.
- 3. Obtain signatures for Consent for Care and Financial Agreement annually.
- 4. Provide information to all patients or their advocate on Patient Rights and Responsibilities.
  - a. For Incapacitated patients, Registration will contact any known listed emergency contact at time of admission.
  - b. If no emergency contact available, Registration will notify Social Work for appropriate follow-up
- 5. Screen and provide information to all adult patients concerning Advance Directives.
- 6. Obtain signatures from the patient or patient’s representative on the Important Message from Medicare and Tricare as required. Complete Medicare Secondary Payor screening on all Medicare eligible admissions.
- 7. Provide information to all patients on Patient Rights and Responsibilities.
- 8. Collect payments (co-pays, deposits) from patients and issue receipts as needed.

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**Collaborators:**

**Approvals**

- Committees:

- Signers:

*Richard C Gould*

Richard C Gould, Dir-Revenue Cycle ( 01/11/2018 12:37PM PST )

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(REFERENCED BY THIS DOCUMENT)

Charity Care Program  
Financial Counseling  
Nondiscrimination in Provision of Healthcare Services  
Nondiscrimination in Provision of Healthcare Services Policy  
Self Pay Discount Policies

**Other Documents:**

(WHICH REFERENCE THIS DOCUMENT)

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*<https://www.lucidoc.com/cgi/doc-gw.pl?ref=everg5:29018>.*