

**ADMISSIONS**  
**OPERATIONAL PROCEDURE**

May, 1989 (rv 7/93, 6/96, r/99, 2/00, 9/02, rv 9/05, 3/08, 10/12, 4/13)

**Policy Ref:** 110-06

**Reviewed/Revised:** November, 2013

**Procedure:** 705-01

**A. PURPOSE:**

To assure that sufficient financial and demographic information is collected at the time of admission, so that insurance coverage may be verified in a timely fashion, pre-certifications obtained and individual records originated.

**B. PROCEDURE:**

- I. All individuals meeting the established criteria for admission to the Hospital shall be admitted without regard to their ability to pay.
- II. The Patient Account Clerk should review the computer files to determine if the individual has previously been admitted to the Center. If so, update the file using the same Client ID number but a new episode number for the current admission. If there is no prior history TIER will generate a number.
- III. The Patient Account Clerk shall interview the individual at the time of admission to obtain financial and demographic information which is as complete and accurate as possible. If the individual is unable to act as informant the Patient Account Clerk should pursue other sources of information as may be available. At whatever point the individual is able to provide reliable information he/she shall be interviewed.
- IV. The Patient Account Clerk shall complete a face sheet at the time of admission sending the admitting copy of the face sheet to the Billing Office at discharge. It is to be as complete and accurate as possible.
- V. The Patient Account Clerk should obtain signatures of relevant persons, at the time that initial financial information is obtained, on the applicable forms including, but not limited to:
  - a) Consumer/Guarantor Agreement
  - b) Personal Effects Sheet
  - c) Medicare Consumer Rights
  - d) Income Certification / Financial Statement
  - e) Champus/ChampVA Patient Rights
  - f) Notice to all Medicare Individuals
  - g) Individual Insurance Information

- VI. The Patient Account Clerk should obtain a copy of a valid identification card and both sides of all applicable insurance cards at the time the financial and demographic information is obtained. Insurance precertification, not eligibility and benefit information, shall be done at this time.
- VII. Any individual unable to present evidence of insurance coverage should be classified under the self-pay category on the daily log.
- VIII. All Medicare and Champus/ChampVA covered individuals shall be informed at the time of admission as to their rights as participants. The individual should sign the "Notice of Patient Rights" form, confirming that they have been provided a copy of their rights while an individual in the hospital.
- VII. At whatever point that the required financial/demographic data has been obtained and all insurance has been precertified, the Patient Account Clerk will contact the appropriate unit to obtain a bed assignment.

**PROCEDURE APPROVED:**

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QI/RM Director

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Date