STANDARD OPERATING PROCEDURES

Chaser CSR DAILY FUNCTIONS & TASKS

OPENING

1. Turn on lights. Turn on operational equipment (computers, monitors, copiers, scanners). Clock into ADP payroll system.
2. Check your email throughout the day. Log onto Spark. There may be information from the previous shift that could impact your routine. Log onto Medinformatics. Ensure that insurance websites are open on second monitor.

HIPAA

1. Ensure that all documents with patient information are turned upside down on desk.
2. Ensure that papers containing PHI are placed in shred bin, as required.
3. Complete HIPAA exam annually.
4. When communicating with referring office be sure to transmit PHI safely via fax or secured email.

ANSWERING THE PHONE

1. Ensure phone volume is turned up to appropriate level to hear calls. Calls are to be answered within 3 rings. If you are unable to answer phone, voicemails need to be returned within the 30 minutes.
2. Be as helpful and courteous as possible when answering the telephone. Keep an upbeat tone of voice and smile when speaking with the caller. Staff gives the first impression/ contact that the outside public has with Valley Radiology.
3. Scripting to use is as follows: "Good Morning (afternoon), thank you for calling Valley Radiology, my name is _____, how can I assist you today?"
4. Cancellations/Add-ons/No-shows- refer to VRC policy and procedures and specific worksteps in MI.
5. Occasionally you may be asked to cover calls in the call center during peak times or staff shortages. Log into the call center to begin taking calls. Following the 'Scheduling in Medinformatics' SOP.

DAILY TASKS

1. Start at Orders View- Eligibility list or Auth list as per MI representative each day – Seek eligibility 2 days out and authorization 7 days out (for example Wednesdays scheduled patients should be processed for Eligibility on Monday).
    a. Orders should be in Medinformatix (MI) System. Appointment should be already scheduled.
        i. If order is not in MI System then track order and obtain clinical notes from referring Doctor and get authorization.
2. **Order is needed for all procedures.** Except for:
    a. Routine annual mammogram screening no orders needed except for:

    Screening Mammo's requiring orders

    Borrego Health Escondido (760)871-0606 (as of 08/13/18)

    - Ratniewski MD, Alfredo
    - Kaufer MD, David
    - Crevantes MD, Jorge
    - Fleming NP, Maureen
    - Hacinas NPC, Rey
    - Ramirez PA, Jose Luis
    - Anderson NPC, Marcela
    - Wosk MD, Bernard
    - Keyvan MD, Malekshamran
    - Hart DO, Shannon
    - Leon MD, Josue
    - Zambrana PA-C, George
    - Califano MD, Paul
    - Johnson DC, Angela

    Other Providers that require an order for Screening Mammograms:

    - Klein MD, Douglas
    - Bradshaw MD, Kay
    - Vishtell FNP, Larissa
    - Christie MD, Patricia
    - Laverdiere NP, Linda
    - Miller MD, Jean
    - Wickes MD, Aeron *SCMG/Graybill patients, only to be scheduled at Poway. No auth required for US, MG, X-Rays*

    b. Attorney/ Lien cases - No order needed - Patient needs to sign lien when they come into Valley Radiology office. Attorney/Lien Agreement must be in already patients chart at scheduling.

3. All documentation pertaining to patient, must be scanned into the patient Repository (chart). If not in Repository then check Appointment Requests.

4. Always review orders to make sure the following: **authorization matches indication & CPT code, valid date range and facility**

    a) MRIs – always must be done w/w/o contrast or w/o contrast (can't do with contrast only) except when -
       i) Referring doctor is adamant about "Contrast only."
       ii) If patient has to return to Valley for a repeat procedure.
       iii) In case scheduler doesn't have protocol sheet

5. MRIs – Protocol sheets are needed for 3 types of exams – Abdomen, Pelvis, and Chest (see attached form).

    a). Fill out the top part of the protocol, print and attach to the patient's order and forward to the Radiologist in the office or if no Radiologist available then contact other two locations for Radiologist review.

    b). Once the paperwork is received from Radiologist then scan it to the patient chart.

    c). If Radiologist provides different information than what's on the order then contact referring doctor's office and seek verbal authorization and scan protocol to patient's file. This change may cause change in the scheduled appointment time. If the change necessitates a longer exam time then may cause to possibly reschedule the MRI appointment to accommodate a longer appointment time. Do not automatically reschedule patient- work it out with technologist)

    d). If order is changed then do the following:

       - HMO Patients: Because of change in Current Procedural Terminology (CPT) codes then ask referring doctor's office for:
           1. If original is an E-order then need a new order and authorization
           2. If original is a written order then seek verbal approval
                a.   Print hard copy order, notate date, time and person you spoke with from Doctor's office.
                b.   Scan the paper order into the patient's chart.
                c.   Seek new authorization for the new/changed order
       - PPO Patients: Valley verifies authorization
           1.   If STAT Order then referring doctor provides the Authorization

6. Order must match the scheduled appointment and imported into the system correctly.
    a) Check demographics – Verify insurance to make sure it's active

    b) Verify Website for eligibility information– Availity.com
       i. Cigna/blue cross/Aetna: Enter NPI
       ii. Benefit Service/type –
       iii. Diagnostic = mammogram/ultrasound/DEXA benefits
       iv. Enter patient ID = member ID off of Insurance card
       v. DOB
    c) Once information is submitted - if page shows active then print and import it into eligibility (patient chart)

d) Labs and MRI: Per VRC Policy -VRC-MR014 – There is no need to check labs for MRI contrast studies when using DOTAREM® Contrast agent.
e) CT contrast Studies need Labs:
f) Make sure Lab works is in the patient chart and it must have been completed within the last 90 days. Labs are required for the following cases:
   i. Patients over 60 years old
   ii. Diabetic
   iii. History of kidney disease
   iv. Family history of kidney failure
   v. Hypertension
   vi. Paraproteinemia syndromes or diseases
   vii. Collogen vascular disease
   viii. Solid organ transplant
g) Type of labs needed: Creatinine and GFR (Glomerular Filtration Rate). If patient only has Creatinine and no GFR, then GFR can be calculated through a website Davita.com.
h) Lab works can be obtained from either
   i. Online websites such as LabCorp. and Palomar/Pomerado OR
   ii. Phone such Quest Diagnostics – Valley must call to obtain Lab works.
i) If no lab work is found for the patient then contact referring Doctor's office.

1) Check patient's Co-pay amount – Out of pocket – off Eligibility page.
   a) If website doesn't show flat rate then go to Zirmed – estimation.Zirmed.com
      i) Login screen
      ii) Dashboard
      iii) Click on estimation (top right-hand side)
      iv) Input patient information (boxes with Asterisks)
      v) Input insurance
      vi) Input Encounter – Valley & NPI with Asterisk
      vii) Input procedure code (Sheet attached)
      viii) Click Continue
   b) System will show if patient is eligible.
      i) If patient is eligible then print and import into patient Repository (chart)
   c) If Zirmed shows "Error Summary" then contact referring doctor's office first to make sure all information are accurate such as: insurance policy #, ID is correct. If all correct then run it again, if Zirmed shows error again then run insurance through Avidity.com
   d) If Cost sharing for patient exceeds $400- chaser is responsible to call the patient and inform them of the cost and offer solutions if the patient can't pay total cost sharing due.
2) Patients with dual coverage – Medicare and another insurance – no out of pocket costs to patient.
3) No out of pocket collection from patients with the following insurances:
   a) Care 1st
   b) Straight Medi-cal (Blue and White Card)
   c) Community Health Group
   d) Molina
   e) Vantage
4) All Medicare patients – No authorization needed regardless of procedures
   a) Exception – Medicare does not cover Chiropractic exams – Patients can pay cash/credit card.

5) Insurances that require Authorization are:
   a) Vantage – Authorization needed for all procedure including routine annual mammogram screenings. Ordinarily, if patient has Vantage insurance then Doctor's office gets the authorization.
   b) Straight Medi-Cal patients require a TAR (Treatment Authorization Request) for MRI and Pet CTs
   c) Care 1st – Authorization needed for all procedures except for routine annual mammogram screenings. As of July 1^{st,} no authorization required for Diagnostic Mammograms and Breast ultrasounds but referring provider must send the order with direct referral form attached.
6) HMO: Doctor's offices obtain authorization (Valley Rad is not allowed to obtain Authorizations.
7) PPO: Most PPOs need authorization
8) Use Evicore.com to get authorizations for the following insurances:
   a) Aetna, Cigna, Blue Cross, Blue Shield, Oxford UHC
      i) Follow prompts with inputting patient information
      ii) If diagnosis code is not available then search through Google for code.
9) Use Aim.com to obtain authorizations for the following insurances:
   a) Blue Cross, Blue Cross/Blue Shield if insurance is Premera or Highmark and there is a letter in the middle of the numeric I.D authorization is required.
10) Use RadMD.com for NIA Magellan
   a) Blue shield, Healthnet
11) Authorization requirements for routine PPO patients:
   a) Order
   b) Clinical notes
   c) Referring Doctor's Tax Id/NPI (National Provider Identifier)

Other Functions:

1. During call center peak times or staff shortages, you may be assigned to take inbound patient calls.
2. Follow-up on voicemails throughout the day both your extension and site mailbox.
3. Help cover lunches. Take assigned breaks and lunches at scheduled time. Inform supervisor when you are taking your assigned breaks and lunches.
4. Assist patients with billing questions by calling the number on the bill and help the patient with resubmitting to appropriate insure or speaking with a representative to assist the patient.
5. Visit local referring offices and deliver marketing material. Create new or foster existing relations with offices.
6. When handling unique situations, get the patients contact information and pass it onto supervisor or Operations Manager to handle.

CLOSING

1. Log out of computer and put all computer equipment in energy saving mode.
2. Close and lock external doors at appropriate closing time.
3. Clock out of ADP payroll system.
4. Turn off all lights, exit ensuring door is locked behind you.
5. Inform management immediately if something is in proper order or functioning properly.