

Title: <b>PATIENT ACCESS CENTER</b>	Policy Number: <b>EP 1.20</b>
Regulation Reference:	Effective Date: <b>07/2024</b>

**Policy Statement:**

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It is the policy of Texas Tech Physicians of El Paso (TTP-EP) to process all requests for clinical appointments completely in a timely and efficient manner.

**Scope and Distribution:**

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The purpose of this policy is to establish standard operating procedures for the Patient Access Center. The purpose of a Patient Access Center is to serve as a centralized point for patients to access healthcare services, schedule appointments, confirm insurance coverage, and manage administrative tasks related to their care. The Patient Access Center will also establish and oversee the procedure for scheduling clinical appointments, assign and authorize staff access to the scheduling system, monitor and report on scheduling utilization, and oversee the clinics check-in process. This policy is applicable to all TTP-EP ambulatory clinics.

**Definitions:**

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Patient Access Center: A centralized department that includes the TTP-EP Contact Center, Medical Authorizations team, and Referral Management team. This department serves as the primary point of contact for patients in need of medical services. Its responsibilities include scheduling appointments, confirming insurance coverage, gathering patient information, and facilitating the registration process. Its goal is to simplify the process of connecting patients with the appropriate healthcare resources and ensuring a seamless and efficient experience for individuals seeking medical assistance.

Contact Center: A division within the TTP-EP Patient Access Center that handles patient/caller interactions across multiple channels, including phone calls, emails, and live chat. Contact Center staff is equipped with the necessary training to effectively address patient/caller inquiries, provide support, resolve issues, and offer information about products or services. The primary goal of a contact center is to enhance patient satisfaction by delivering timely and effective communication and assistance.

Medical Verification and Authorization Team: A division within the TTP-EP Patient Access Center responsible for verifying a patient's insurance coverage and benefits prior to their medical treatment. This team also obtains approval from insurance companies or other payers for medical procedures, treatments, or services before a patient receives care, helping to streamline the billing process and preventing any potential issues with insurance coverage.

Referral Management Team: A department within the TTP-EP Patient Access Center responsible for overseeing and coordinating the process of referring patients to specialists or other healthcare providers for necessary care. Their responsibility is to guarantee the smooth and successful handling of referrals, in order to optimize the patient care experience.

Scheduling Templates: Pre-designed templates within our scheduling application that outline the availability of time slots for clinical appointments used to manage and coordinate appointments efficiently.

Appointment Statuses:

Arrived (ARR): patient arrived to scheduled appointment as scheduled.

Canceled (CAN): Request to cancel an appointment initiated by the patient or patient representative.

Reschedule (RSC): Request to change the date and time of a previously scheduled appointment initiated by the patient or patient representative.

Bumped (BMP): Administrative schedule changes due to clinical/provider approved requests, initiated and completed by the clinical staff.

No Show (NOS): Patient misses their scheduled appointment and does not make prior contact to cancel or reschedule appointment.

Pending (PEN): Scheduled appointment pending.

Payer Source: Payer sources refer to the entities or organizations that provide payment for healthcare services. These sources can include private health insurance companies, government-funded programs like Medicare and Medicaid, self-pay patients who cover their own medical expenses, and other third-party payers such as workers' compensation or auto insurance.

Health Maintenance Organization (HMO): a type of managed care health insurance plan that typically requires members to choose a primary care physician (PCP) who coordinates their healthcare services. In an HMO, members usually need a referral from their PCP to see specialists or receive certain medical services. HMOs often have a network of healthcare providers that members must use to receive coverage for their care. This model is designed to promote preventive care and cost-effective healthcare delivery by emphasizing primary care and care coordination.

Preferred Provider Organization (PPO): a type of health insurance plan that allows members to see any healthcare provider. Unlike HMOs, PPO members typically do not need a referral to see specialists. PPO plans offer more flexibility in choosing healthcare providers and do not require members to select a primary care physician.

Prior Authorization: Process by which healthcare providers or insurance companies require approval before certain medical services, treatments, or medications can be provided to a patient. This process typically involves submitting detailed information about the patient's medical condition, the proposed treatment plan, and other relevant factors to the insurance company for review.

Referral: A recommendation from a primary care physician (PCP) or another healthcare provider for a patient to see a specialist or receive specialized medical services.

**Scheduling Standards:**

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Scheduling Templates:

1. All provider scheduling templates must be open for at least 90 days at all times.
2. All sessions must have a minimum of 3.5 hours of scheduling time. Exceptions require written approval by the Department Chairperson.
3. Appointment type and duration must be uniform within specialty or subspecialty.
4. No inter-appointment blocked time within a session is allowed.
5. New scheduling clinics and/or appointment types must be approved by the Patient Access Center Director.
6. Empty specific appointment slots must be converted to multi-purpose slots 7 days prior to the date
7. A wait list must be active for any clinic with average new patient 3<sup>rd</sup> available appointments of more than 4 weeks.

**Procedure:**

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1. Staff within the Patient Access Center divisions will be allocated according to clinic/specialty (cross coverage as needed for Sr. PSS only), regardless of campus.
2. Staffing of teams is determined by individual clinical appointment volume and any special accommodations to process required by each clinic.
3. Clinical scheduling guidelines are used to make appointments. These are provided and updated accordingly in a timely manner by each Clinic's Medical Director (diagnosis related). Signature of Medical Director will be required before implementation of updated guidelines.
4. All appointments are scheduled First Available as the request comes in.
5. Clinic Supervisors are responsible for programming scheduling templates for use based on clinical requirements.
6. Full registration is required to schedule an appointment. Appointments will not be scheduled unless complete and updated registration information is provided at the time of the appointment request. This includes full demographics and insurance details.
7. Overbooking is only authorized for hospital follow ups instructed by the same service as follows:
  - a. 2 per session within 1 week of the date instructed.
  - b. Any additional requests or considerations for overbooking or overriding (sooner dates) will be scheduled first available and submitted to clinical staff for potential rescheduling.
8. All referrals must be scheduled by the Patient Access Center.
9. Clinical staff members are responsible for forwarding any incoming external referrals received through their clinic e-faxes to the RMS e-fax 215-8628 for appropriate processing by the Referral Management Team.
10. All scheduling challenges (questions or requests for sooner appointments) are communicated via phone note in EHR to the Scheduling Communication proxy box of each department for

resolution by clinical staff. A contact/process for immediate resolution within the clinic will be designated/developed by each clinic's Medical Director.

11. Referrals will be scheduled according to clinical guidelines. Written referral and any clinical documentation that comes with the referral through RMS e-fax 915-215-8628 will be on file a week prior to scheduled appointment as required by either the payer or the clinic.
12. If required referral or authorization is not on file a week prior, Referral Management Team will contact patient or PCP to request documentation and reschedule appointment as needed.
13. Clinical departments are responsible for obtaining any additional clinical documentation (such as labs, diagnostics, etc.) before patient arrival.
14. Clinics that require prior approval for scheduling referrals must provide approval to schedule within 2 business days of the receipt of the referral and using a common process.
15. If no approval is required by the clinic or a delay in approval exist, referrals will be scheduled First Available using scheduling clinical guidelines provided by each clinic.
16. Provider selection will follow these criteria unless patient agrees otherwise:
  - a. Participation in patient payer plan
  - b. Provider requested by referring provider
  - c. Diagnosis accepted by provider
  - d. Appointment availability by location and provider
17. Referral Management Team will attempt patient contact 3 times, within 10 calendar days at different times of the day. These calls will be documented each time in RMS and in EHR UNSIGNED phone note. On 3rd failed attempt, Referral Management Team will cancel referral, update phone note and SIGN phone note.
18. Administrative schedule changes due to clinical/provider approved requests will be handled as BUMPS not reschedules and will be initiated and completed by the clinical staff.
19. Bumping clinic schedules within 6 weeks requires Chair's or Medical Director's approval.

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Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinic Medical Directors Committee, Chair Texas Tech Physicians of El Paso Paul L. Foster School of Medicine	

