PROGRESSIVE
EYE CENTER

FRONT DESK

PROCEDURE GUIDE

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START OF DAY

- Upon arrival in the office, check voicemail/phone messages. If using a voicemail system, turn phones over at least ten minutes prior to the office opening.
- Check for appointment requests and respond to email on Rushwebmail and Solution Reach first thing in the morning, 30 minutes prior to lunch, upon return from lunch and 30 minutes prior to close.
- Greet the patients as they arrive.
- Answers phone on first ring whenever possible, no later than the third ring.

HIPAA COMPLIANCE

- Do not state patient's first and last names together in front of other patients;
- Do not state the patient's insurance carrier name out loud (instead, use terms like primary, secondary or insurance);
- Do not refer by name to any medical conditions that a patient may have
- Do not state addresses and phone numbers out loud. Use the Welcome Form to confirm information;
- Lock the computer screen when leaving a workstation by pressing control/alt/delete
- Make sure that a current HIPAA acknowledgement form is on file for every patient.

INCOMING CALLS

- Direct all incoming calls to the appropriate area.
- Take messages for staff and doctors.
- Know all vision insurance and be able to explain to patients.
- Be familiar with all promotional specials and know the contact lens pricing and the range of price for glasses.
- Contact lens questions will go to the contact lens technician. If a patient calls to see if there contacts are there and the contact technician is with a patient or on the phone, you will need to check in Office Mate to see if the order has been received.
- Direct all problem calls regarding glasses to the Optician/Manager. If he/she is not in the office take a message and she can return the call or refer to the Office Manager. If they are checking on glasses ordered and the optician is with a patient or on the phone you need to go to the optical and check for the patient. If you have a problem and a patient has a complaint or is unhappy, direct the call to the OFFICE MANAGER. Any complaints should be noted in the patient's record with detailed description, dated and signed by the employee handling the patient.

MANAGING THE APPOINTMENT SCHEDULE

- Keeping the book full is your responsibility.
- Exam slots should be 90% full two weeks out and 95% full by day of appt.
- Every morning review the next five to seven days of appointments
- Review which greens are not turned blue
- Review Empty exam slots
- Check for brief/emergency availability
- Communicate openings to fellow staff members

MAKING AN APPOINTMENT

- Obtain all patient information when making the appointment (full name, date of birth, social security number, and insurance carrier, ID number and member name).

- Please use the following checklist of information to obtain when making an appointment:
  - Has one of our doctors examined your eyes before?
  - If a previous patient, pull up the name in Office Mate to see the last exam date.
  - Do you wear contact lenses now? Are they hard or soft lenses? Do you sleep in them?

  - Get the patient's daytime and cell phone numbers to confirm the appointment. Day and Cell fields must be populated in Office Mate in order to appear on the Welcome Form.
  - Check to be sure the patient's name is spelled correctly.
  - Enter last name first, then first and middle initial if needed.
  - Double-check that the type of appointment is correct for that time slot.
  - Would you like the first available appointment or do you have a particular day in mind?
  - Do you have insurance? Ask patient for insurance number so insurance coverage and benefits can be verified before patient gets to the office. Insurance verification must be done locally for same day appointments or appointments made during the last hour of business the day before. Otherwise verification will be run by the Operations Center.
- Ask all new patients who referred them (friend, radio, newspaper, etc). Log this into the referral space in patient record in the computer.

DOUBLE BOOKING

- Double book to meet daily exam goal
- No more than 2 in the morning and 2 in the afternoon
- Do not double the first and last appointments in either the morning or the afternoon
- Do not double book new patients, diabetics, or patients under two years of age or over fifty years of age.

- Do double book greens

CANCELLATION/NO SHOWS

- Briefs: make a copy of the pt welcome form and give to the lead tech to follow up.
- Exams: Put cancellations in to the recall system if the patient does not reschedule.
- All no-show patients should be called 15 minutes after the scheduled appointment time on the day they no-show.
- No Shows: One time is forgiven
- No Shows: Twice, they get double booked
- No Shows: Third time if no medical Diagnosis, do not call the patient to reschedule. If there is a medical Diagnosis, refer to Operations Center for recall. At the third no show follow the Same Day Policy.*
- No Shows: Family: After the first no-show, they can only book up to two family members on one day.
  *Same Day Policy - After three no shows, patients can schedule appointments only on the same day they call. Contact the Operations Center for further details.

CHECK-IN

- The check in process should take no longer than 5 minutes.

- When checking in a patient, Scan all insurance cards (Vision and Medical).
- Ask patient to review demographics on Welcome Form for accuracy.
- Update any changes to insurance and demographics into Office Mate. Deactivate any old insurance card numbers, but leave them in the system for the Insurance Center to reconcile old claims.
- Collect copays for BRIEFS before being seen.
- Instruct the patient to sign HIPAA forms and consents on the iPad.Activate the Patient's Portal, if not already active.
- In clinics with the Daytona Optomap, explain the benefits of Optomap vs. dilation.
- The patient's record should always be sorted for the technician by the patient's appointment time unless the patient is late coming into the office.
- Maintain Office Mate records by:

  - Deactivating deceased or otherwise inactive patients according to policy.
  - Scanning in correspondence and other pertinent documents to patient charts in a timely manner.
  - The following items are to be scanned into ECR Vault daily:
  - Contact Lens Verifications
  - Correspondence from Doctors
  - Insurance cards
  - Refill Prescriptions
  - Visual Field/OCT Tests

- Vision Plan eligibility

CHECK-OUT

- Balance daily cash receipts with day sheet and deliver copy of day sheet with daily deposit to the Office Manager.
- Fill out daily report of patients seen and number of exams.
- Enter all patient charges daily. Collect payment at time of check-out. All charges need to be entered before closing out the day.
- Give a receipt to each patient.
- All patients should have an appointment card for next appointment before leaving the office. All patients should be pre-appointed and card filled out daily.
- No Exceptions!! **PATIENTS SHOULD NOT LEAVE THE OFFICE WITHOUT AN APPOINTMENT CARD.**
- Invite family members and friends to come in for an examination
- Keep all filing current and up to date.
- File vision insurance for exam only and exam with contact lenses.
- Collect any payments from patients, including copays and coinsurance.
- Go through statements monthly and check for overdue balances.
- Mail out patient statements by the 20th of each month.
- Call insurance companies when indicated and see why not paid.
- Know all vision plans, maintain vision plan notebooks and know how to obtain insurance authorizations from the vision company.
- Make sure that the incoming faxes get to the appropriate person as soon as they come in.
- Deliver all UPS and Fed Ex packages to the appropriate person as soon as they arrive.
- Keep work area neat, and clean at all times.
- Keep waiting room straight and orderly every day.
- Empty your trash can daily.

DAILY BALANCE PROCEDURES

I. Every transaction needs a corresponding receipt to be reconciled with the deposit ticket from OfficeMate

II. End of Day Balance:
   a. Count the drawer by running a calculator tape and initial and date the tape indicating the contents have been accounted for.
   b. Separate the receipts by cash, check and credit card payment types.
   c. Run a calculator tape for cash and checks, write the payment type on the calculator tape and insure they balance with the daysheet and the contents of the drawer.
   d. Staple each stack of cash and check receipts to the corresponding calculator tape.
   e. Count the cash to be deposited, running a calculator tape with a total of the cash deposit and write "cash" on the calculator tape. Staple the calculator tape to the receipts.

f. Total the checks to be deposited and write "Checks" next to it on the calculator tape. Staple the calculator tape to the receipts.

g. Run a calculator tape that has the itemized cash transactions totaled and the itemized checks totaled and a grand total of cash AND checks.

h. On the tape, write "Cash" next to the cash total and "checks" next to the checks total. Next to the grand total write "Deposit".

i. Complete your bank deposit slip and staple the tape you created to the copy that stays in your deposit book. This will be a reference point if the bank should call with a discrepancy.

j. Staple the Cash and Check receipts to the Daysheet.

k. Total your credit card receipts and be sure it matches the Detail Report that comes off the credit card terminal and the total at the bottom of the daysheet. ***Remember that if you have Care Credit there will be two detail reports to reconcile.*** Staple the Detail Report to the credit card receipts, but not to the daysheet. That will have to be reconciled to the bank statements by the office manager/administrator.

l. Count the cash in the drawer and run a calculator tape. Initial and date the tape indicating the contents have been accounted for.

m. If necessary prepare a change request for cash drawer.

n. If there are any discrepancies between the report and the deposit or the terminal, you must write a detailed note on the report sheet and for the next day in a noticeable location if the next day's business will be affected.

WEEKLY STATS

- Have STATS ready on Friday for Staff meeting.
- Weekly stats from the schedule is your report card.
- Know:
- Total Exams per doctor
- Number of existing vs/ new
- Reschedules/cancellations/no shows
- MCE/MCD/Vision plans

END OF DAY

- Make sure the doors are locked, lights are out and equipment is turned off before leaving for the day.

<u>Duties include the above but are not limited to the above</u>

PROGRESSIVE EYE CENTER

APPOINTMENT REQUIREMENTS

Required demographic information when making appointments

BASIC INFO

LEGAL NAME
If they are the named insured, listed exactly as it is on their insurance plan.

DATE OF BIRTH
Very important if we have multiple patients with the same name.

MAILING ADDRESS
If PO Box, we also need a physical address for Anagram.

SOCIAL SECURITY NUMBER
Full SSN is preferred, but if the patient gives you kickback, we at least need the last 4, if that's all you can get. Necessary to have this in case we need to send the patient to collections.

CONTACT INFO

PHONE NUMBER
Including cell phone (if they have it) for texting and SR intake.

EMAIL ADDRESS
Necessary for setting up the Patient Portal. Patients also get notified by email when eyewear comes in.

OTHER

GENDER
Needed if the patient has AARP, Municipal Health Insurance, or Ambetter for Xclaims. Also helpful for optical when they are helping the patient look for eyewear.

INSURED'S INFORMATION
Needed to file claims: First and last name, address, phone number, full SSN or last 4, date of birth.

GUARANTOR INFORMATION
Needed to associate minor patients with an adult. Necessary for collections.

MISCELLANEOUS

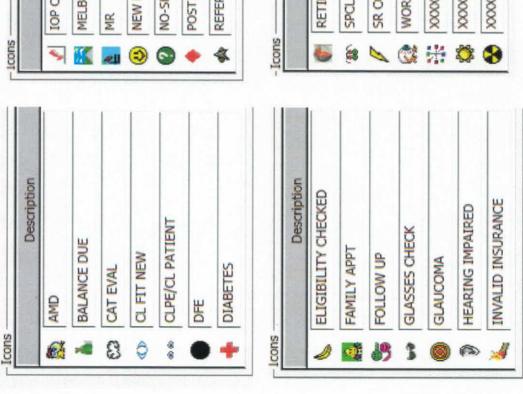**OFFICEMATE SCHEDULE - COLORS SHEET**

GREEN- Full Exam that is a Preappt that was made the year before

BLUE- Full Exam- Established or New and when Preappt is Confirmed

PINK- Brief appointment, examples are Contact Check, Follow Up, Post Op, Glaucoma Evaluation

RED- Emergency, day of, refer to Triage sheet

YELLOW- Visual Field Testing

ICONS

NOTE: The "MELBOURNE/SALEM PATIENT" icon appears only in Cherokee Village. In Melbourne the same icon means "Salem Patient".

Icons

	Description
	AMD
	BALANCE DUE
	CAT EVAL
	CL FIT NEW
	CLPE/CL PATIENT
	DFE
	DIABETES

Icons

	Description
	IOP CHECK
	MELBOURNE/SALEM PATIENT
	MR
	NEW PATIENT
	NO-SHOW HIST/UNCONFIRMABLE/\
	POST OP
	REFERRAL REQUIRED

Icons

	Description
	ELIGIBILITY CHECKED
	FAMILY APPT
	FOLLOW UP
	GLASSES CHECK
	GLAUCOMA
	HEARING IMPAIRED
	INVALID INSURANCE

Icons

	Description
	RETINAL EVAL
	SPCL NEEDS/LONG APPT
	SR CONTACTED
	WORK IN
	XXXXXXXXXXXXX
	XXXXXXXXXXXXX
	XXXXXXXXXXXXX

Abbreviations

Some shorthand is useful when you want to make notes but reserve space:

1 Day PO	One day post-operative appointment after cataract surgery
1 Mo PO	One month post-operative appointment after cataract surgery
1 Wk PO	One week post-operative appointment after cataract surgery
5 Wk PO	Five week post-operative appointment after cataract surgery
6 Mo PO	Six Month post-operative appointment after cataract surgery
AMD	Age-related Macular Degeneration
Blep Eval	Pre-Blepharoplasty surgery appointment for Visual Field and photos for the surgeon
Bleph Removal	Appointment for suture removal following Blepharoplasty
C#	Cell phone number
Cat Eval	Cataract Evaluation
Ck	Check
CL Exam (or Ct Exam)	Contact Lens Exam
CL NP Exam	Contact Lens Exam for a new patient
Conf	Confirm/Confirmed
Ct	Contact Lens
Ct Ck	Contact Lens Check
D#	Day phone number
DFE	Dilated Fundus Exam
Disc	Disconnected
DM	Diabetic
FU/Fol Up	Follow Up
GL	Glaucoma
GL Eval	Glaucoma Evaluation
GLS	Glasses
Gls Ck	Glasses Check
Gonio	Gonioscopy
GS	Glaucoma Suspect
H#	Home phone number
IOP ck	IOP (Intraocular Pressure) Check
LM	Left Message
LS	Last seen
Mbox	Mailbox
MCD	Medicaid
MCE	Medicare
MO	Month
MR	Manifest Refraction
NP	New patient
NP Exam	New Patient Exam
OCT	OCT test (sometimes requires dilation)
Pach	Pachymetry
PO	Post op
Prex	Pre-appointed Eye Exam
Ret Eval	Retina Evaluation
RS	Reschedule/rescheduled
Vmail	Voicemail
WI or Work In	Work In (Emergency) Example: Red Eye
Wk	Week

RED FLAGS

Emergency! ("How Soon Can You Get Here?")

- Chemical Burn
- Sudden, painless, severe loss of vision
- Globe-penetrating Trauma
- Trauma associated with vision loss or pain
- Severe blunt trauma
- Foreign body/corneal abrasion
- Acute, rapid onset of eye pain
- Recent loss of vision with flashes, floaters or "spider webs"
- Contact lens wearer with red, extremely painful eye

Urgent (Schedule within the next 24 hours)

- Sudden onset of double or distorted vision
- Recent onset of flashes or floaters with no loss of vision
- Acute red eye with or without discharge
- Blunt trauma with no vision loss, mild or no pain
- Acute light sensitivity
- Progressively worsening eye pain
- Eyelid swelling with mild to moderate irritation
- Broken or lost glasses when prescription is high

Routine (Next available appointment)

- Discomfort after prolonged use of eyes
- Difficulty with fine print
- Mild irritation, itching or burning
- Tearing with no other symptoms
- Lid twitching/fluttering
- Discharge with no other symptoms
- Broken or lost glasses when prescription is minimal
- Mild redness of the eye with no other symptoms
- Persistent and unchanged floaters with known cause

Courtesy of EyeTrain4You