Department: MPIP Central Registration

TITLE: Insurance Verification of Hospital Patient Accounts.

Policy #5

Policy: The purpose of this Policy is to obtain accurate patient information from UMC, El Paso Children’s Hospital, and Tenet Transmountain reports. Demographic and Insurance information is verified.

Procedure:

1) Hospital reports are assigned daily to the Central Registration, staff for processing. Reports are exported from MPIP Converter to Excel format and uploaded in the MPIP Shared Drive>Central Registration folder>Report Name>Month. Exhibit A & B.

2) Process NEW patient registrations in CBIZ. Exhibit C.
   a. Enter patient demographics in the required fields.

3) Updates to patient demographics.
   a. Any modifications or edits to the existing patient information. Example: address, phone Number, MR#s, AKAs, Guarantor, registration and location.

4) Verify insurance benefits for all insurances that are not currently supported by TES Eligibility Workflow where previous verification is greater than 30 days. All available online eligibility resources are used to perform these tasks.
   a. Enter a note in CBiz stating why the FSC was changed, the date is was changed and who changed the FSC.

5) FSC is assigned in CBIZ at the registration level.

6) TES Workflow will process an automated insurance eligibility and provide eligibility results.

7) Documented verification is performed in CBIZ General Comments for insurance benefits that were verified manually. Exhibit D.

8) Utilizing the FC Changes tab in MPIP Converter, extract updated patient demographic and insurance information and update the CBiz registration and visit files (open visits only).
   a. Enter a note in CBiz stating why the FSC was changed, the date is was changed and who changed the FSC.
Exhibit A.
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER-EL PASO
MEDICAL PRACTICE INCOME PLAN – POLICY AND PROCEDURE

Exhibit B.

Exhibit C.

Exhibit D.