

## FOC Training Guide Checklist 2022

**Employee Name:** \_\_\_\_\_

**Partner/Clinic:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Job Responsibility	Date Trained	FOC Initials	Trainer Initials
<b>Covid-19 Procedures</b> <ul style="list-style-type: none"> <li>Follow CDC Guidelines / Alliance protocols</li> </ul>			
<b>Dress Code</b> – business casual, no jeans			
<b>Med Bridge Training</b> – complete all KT's assigned (good to complete first couple days of employment) <ul style="list-style-type: none"> <li>Compliance KTs</li> <li>FO KTs</li> </ul>			
<b>FOC Insurance Portals</b> <ul style="list-style-type: none"> <li>Contact Liz Adams @ <a href="mailto:Elizabeth.adams@mainephysicaltherapy.com">Elizabeth.adams@mainephysicaltherapy.com</a> to enroll new FOC with insurance portals at your brand</li> </ul>			
<b>FOC must have access granted from IT to access Merchant Logins/Passwords for Finance for their entire Brand – if not accessible on Day 1, contact IT</b>			
<b>Phone Greeting/Etiquette</b> <i>"Thank you for calling Partner/Clinic, my name is xxxxx, how may I help you today?"</i>			
<b>Clinic Voicemail</b> – monitoring throughout day			
<b>Email</b> – opening and checking frequency (am, before/after lunch, prior to shift end) <ul style="list-style-type: none"> <li>Keep open &amp; minimized</li> <li>Respond timely to emails (Rev Cycle, immediate attn)</li> <li>Add Shared Email Box <a href="mailto:FOCPartnerClinic@allianceptp.com">FOCPartnerClinic@allianceptp.com</a> <ul style="list-style-type: none"> <li>Ensure FOC &amp; CD both have access to above email box – FOC to monitor continuously throughout the day to contact all new referrals/screens/requests same day</li> </ul> </li> </ul>			
<b>New Patient Intake process</b> – refer to patient intake template <ul style="list-style-type: none"> <li>Auto case set up               <ul style="list-style-type: none"> <li>DOI (date of injury) required</li> </ul> </li> <li>Work Comp case set up               <ul style="list-style-type: none"> <li>Case contacts for Work Comp (entering in case)                   <ul style="list-style-type: none"> <li>Adjustor</li> <li>NCM</li> <li>Attorney (if applicable)</li> </ul> </li> </ul> </li> </ul>			
<b>Registering patients in Agile</b> <ul style="list-style-type: none"> <li>Entering demographics</li> </ul>			

<ul style="list-style-type: none"> <li>• Entering insurance (Medicare – Home Health patients must be DC'd prior to attending outpatient PT)</li> <li>• Always request patient's email – <b><i><u>send New Patient Paperwork Link to patient prior to arrival of Initial Evaluation – explain process of online fillable forms</u></i></b></li> <li>• Always ask for Primary/Secondary/Tertiary Insurance</li> <li>• Creating complete chart &amp; case</li> </ul>			
<b>Scheduling – scheduling guidelines by:</b> <ul style="list-style-type: none"> <li>• Insurance plan</li> <li>• Initial Evaluation</li> <li>• Cloning appointments</li> <li>• Printing Schedule</li> <li>• Rescheduling appointments</li> <li>• Scheduling double booked appts – how &amp; when</li> <li>• Medicare scheduling</li> <li>• Virtual Care Scheduling / Agile Virtual Care Process w/Marissa Linehan</li> <li>• Home Care Scheduling</li> </ul>			
<b>Cancel appts/review process</b> <ul style="list-style-type: none"> <li>• <u>Expectation is to reschedule current work week</u> – refrain from “asking”</li> <li>• Convert to Virtual if unable to come into clinic</li> <li>• All clinical-related cancels as well as changes to POC (Plan of Care) triaged to clinician</li> <li>• Documentation of canceled appts w/in patient's chart/Home page</li> <li>• <b>Cancellation KPI = 10%</b></li> </ul>			
<b>Patient's 1<sup>st</sup> visit – Initial Evaluation</b> <ul style="list-style-type: none"> <li>• Explain verification of benefits – <b><i>document “Benefits relayed to patient as quoted” in Insurance Tab/Notes</i></b></li> <li>• Explanation of scheduling best practices - scheduling out full frequency &amp; duration at time of eval</li> <li>• Cancellation policy &amp; fee</li> <li>• Reminder Call set-up</li> </ul>			
<b>New patient check-in</b> <ul style="list-style-type: none"> <li>• New patient online- packet completed/<b>verify for accuracy</b></li> <li>• Scanning IDs/Insurance Cards/Rx</li> <li>• Scanning of new patient paperwork <b><u>same day</u></b></li> </ul>			
<b>Self-Pay</b> <ul style="list-style-type: none"> <li>• When we offer it (patient's insurance not accepted/maxed benefits)</li> <li>• Set up Case (Flat Rate/Full Charge)</li> <li>• Self-Pay fee due at Time of Service (no exceptions)</li> <li>• Self-Pay form signed by patient/scanned to chart</li> </ul>			
<b>Census Management</b> <ul style="list-style-type: none"> <li>• Referrals (call same day/3 consecutive attempts in 3 days)</li> <li>• IE reminder phone calls – day before eval, call must be made, documentation of call</li> <li>• Cancellation/No Show Report – ran daily</li> <li>• Visits without charges – ran weekly</li> </ul>			

<ul style="list-style-type: none"> <li>• <b>Patient Visit Outlook Report – ran/worked &amp; completed on Mondays</b></li> <li>• <b>Case Appt Inactivity Report – ran/worked &amp; completed on Tuesdays</b></li> <li>• Preferred Contact Method – Email collection</li> </ul>			
<b>Copay Collection Policy / Patient Balances</b> <ul style="list-style-type: none"> <li>• Copays due at TOS or weekly / Balances discussed &amp; collected upon as claims process</li> <li>• Copay Collection Report – run weekly to check for missed collections &amp; update</li> <li>• <b>Copay collection KPI – 95%</b></li> </ul>			
<b>Posting patient payments</b> <ul style="list-style-type: none"> <li>• <b>Key FOB / Check scanners / Report w/Images</b> upload</li> <li>• <b>Authorize.Net</b> – cc payments &amp; reports</li> <li>• <b>CIM Storage Tool</b> – storage of credit card encouraged to be collected from every patient</li> </ul>			
<b>Insurance Verification</b> <ul style="list-style-type: none"> <li>• CIV / Non-CIV – Insurance tab to house Verification of Benefits. <b>FOC to document “Patients benefits relayed as quoted” in Notes section of Insurance Tab</b> once quoted to patient – no signatures required</li> <li>• Encourage patients to contact own insurance (comparison purposes) as they will be responsible for all outstanding charges from insurance</li> </ul>			
<b>Insurance Pre-certs/Authorizations</b> <ul style="list-style-type: none"> <li>• Contact pre-cert company based on preferred method of contact (Pre-Cert Portal/Fax)</li> <li>• Once pre-cert received, enter: <ul style="list-style-type: none"> <li>○ Select rule that applies to when authorization begins (avoid using “Custom Rule” option)</li> <li>○ # of Authorized Visits provided</li> <li>○ Authorization #</li> <li>○ Call reference # - if applicable</li> <li>○ Authorization start date &amp; end dates</li> <li>○ Notes field w/in Insurance Tab, document name of Pre-cert Company</li> <li>○ Update coverage</li> </ul> </li> </ul>			
<b>Discharge Process</b> <ul style="list-style-type: none"> <li>• Patients last day/treatment followed by close out &amp; collection on outstanding balances</li> <li>• <b><i>Documentation in chart of outstanding balances not collected &amp; discussed &amp; agreed upon next steps (Home Page/Notes)</i></b></li> <li>• If payment arrangement needs to be established, contact Business Office as well as notate the account with patient’s contact info for Billing to contact &amp; arrange</li> </ul>			
<b>Scheduling an Injury Screen</b> <ul style="list-style-type: none"> <li>• Injury Screen Policy</li> <li>• Injury Screen Intake Form</li> <li>• Physical Therapy Screening Report</li> <li>• AVC Injury Screen</li> </ul>			
<b>Retail Sales Policy – at time of service</b>			

<ul style="list-style-type: none"> <li>• Enter charges as supply</li> <li>• Check off Self Pay tab</li> <li>• Enter payment</li> </ul> <b>Retail Sales Policy – non-visit day</b> <ul style="list-style-type: none"> <li>• Create supply charge on schedule</li> <li>• Check it in</li> <li>• Enter supply charge and payment</li> </ul>			
<b>Medical Records Procedure</b> <ul style="list-style-type: none"> <li>• Follow Medical Records Procedure / Tiffany Warden, Compliance Officer</li> </ul>			
<b>Create Home Page for your Clinic</b> <ul style="list-style-type: none"> <li>• Usernames/Passwords listed</li> <li>• All Staff listed w/contact numbers</li> </ul>			
<b>Red Envelope Training Procedure</b> <ul style="list-style-type: none"> <li>• Location and process</li> </ul>			
<b>Intranet- Alliance PTP Intranet</b> <ul style="list-style-type: none"> <li>• <a href="http://intranet.allianceptp.com">http://intranet.allianceptp.com</a></li> <li>• Accessibility of information/where to find documents</li> </ul>			
<b>Bad Debt</b> <ul style="list-style-type: none"> <li>• Requirements for scheduling</li> <li>• Balance paid/collection</li> </ul>			
<b>Work Queue Monitoring</b> <ul style="list-style-type: none"> <li>• Faxing of POCs &amp; Progress Notes</li> <li>• SFax</li> <li>• Case Inactivity</li> <li>• Authorization issues (approaching, expired)</li> <li>• Receipt of signed PN/Scanning into Agile (Case Files)</li> </ul>			
<b>Adding Employers not in Agile</b>			
<b>Adding MDs not in Agile</b>			
<b>Closing Day/Month</b> <ul style="list-style-type: none"> <li>• Day end reports</li> <li>• Ensuring forms balance with day end report</li> <li>• <b>Closing day by Noon the next business day or 10am if month-end is a weekday</b></li> </ul>			
<b>Check Scanning</b> <ul style="list-style-type: none"> <li>• Key FOB</li> <li>• FOC Daily Folder – Check Scanning Report w/images scanned to folder in MMDDYY – checks</li> <li>• Check scanner</li> <li>• Loc Open Days – ensure all monies collected are posted and reflected accurately with dates, scan all receipts, deposit slips &amp; logs into FOC Daily folder</li> </ul>			
<b>FOC Scorecard – Front Office Coordinator KPIs (Key Performance Indicators)</b> Monthly Expectations <ul style="list-style-type: none"> <li>• <b>Copay Collections = 95%</b></li> <li>• <b>Cancellation Rate = 10%</b></li> </ul>			

<ul style="list-style-type: none"> <li>• <b>NPS (Net Promoter Score) = 87%</b></li> <li>• <b>Email Collection &gt;80%</b></li> </ul>			
<b>FOC Mandatory Alliance Customer Service Model Orientation</b> – w/in 1 month – invite to be sent via Teams			
<b>Adjustments</b> <ul style="list-style-type: none"> <li>• <b>Review codes</b>-15,119,197,198,210 and “no auth/referral”</li> <li>• <b>Request retro</b>-request where needed</li> </ul>			
<b>Stamps</b> – follow process of Clinic (roll of stamps, stamps.com)			
<b>Clinician Schedule Changes</b>			
<b>Clinic Power Outage</b> – What to Do / Who to call			
<b>Ricoh-Xerox Machine Equipment/Service Calls/Ordering Toner</b>			
<b>Shoretel</b>			
<b>Discharge Charts in Agile</b> - Once DC completed by clinician <ul style="list-style-type: none"> <li>• Agile Case Files – ensure all documents are scanned with patient name, DOB &amp; Case # on each document, including double sided documents</li> </ul>			
<b>Ordering Office Supplies</b> <ul style="list-style-type: none"> <li>• Staples – forced substitutions – always select when provided</li> <li>• Contact: Gayle Peterson 616-356-5000 – CST Office</li> </ul>			
<b>PTO Requests/Call Off Policy</b> <ul style="list-style-type: none"> <li>• How to request</li> <li>• Who to call &amp; when</li> </ul>			

### **DeNovo / Acquisition Checklist**

#### **Clinicians not yet Credentialed with Insurance**

- **!** listed next to the Clinician’s Name on the Scheduler
- Click on the **!** and read the Rule Type
  - Retroactive Billing Allowed = Collect Copay
  - **Restricted from Treatment** = Carriers do NOT backdate = Do NOT collect copay, until credentialed
  - Cosignatures Allowed = Collect Copay

**Credentialing Pending:**

<b>Payer</b>	<b>Rule Type</b>
Department of Labor DOL OWCP WC	Retroactive Billing Allowed
Dept of Labor & Industries private WC	Retroactive Billing Allowed
Dept of Labor DCMWC DOL	Retroactive Billing Allowed
Dept of Labor DEEOIC DOL	Retroactive Billing Allowed
Dept of Labor DFEC DOL	Retroactive Billing Allowed
NOOKSACK FIRST CHOICE	Restricted from Treatment
Railroad Medicare Palmetto GBA	Retroactive Billing Allowed
US DEPT OF LABOR DOL OWCP WC	Retroactive Billing Allowed