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| **FOC/CD AM/PM DAILY CHECKLIST** | |
| **Open Paycor**, Clock in & begin your day – make sure to punch in/out for lunch |  |
| **Log into Agile**   * Open the clinic schedule * Open and complete the Admin Work Queue, continue to monitor throughout the day. |  |
| * Check & monitor voicemail – monitor throughout the day/responding to all requests * Check Email & monitor – Open and minimize the screen – monitor throughout the day   (before/after lunch/before end of shift) handle and respond to all requests from billing, CIV, patients, staff, etc., in a timely manner   * Open & minimize the [FOC/PartnerClinic@allianceptp.com](mailto:FOC/PartnerClinic@allianceptp.com) email – contacting all referrals immediately upon receipt * Contact patients in the work queue that are 1+ days(s) Case Inactivity to reactivate and avoid further drop-off of schedule |  |
| Answer phones by the 3rd ring with the following greeting or similar:  ***Good Morning, Afternoon, Evening, “Company Name” Physical Therapy in Location, this is your name, how may I help you?*** |  |
| **Check In all patients as they arrive**   * All appts must be Arrived, Rescheduled or Canceled immediately upon appointment time. Handle any alerts that are attached to the appointment that day * Collect Copay/Patient Balance, POS Collections, check authorization status & address any alerts on the patient’s case |  |
| **Check out all patients**   * Confirm next appointment directly with each patient, daily – patient to be scheduled out full frequency & duration per Rx/POC (Plan of Care) at time of eval * Collect copay at Time of Service (if not collected at check in)/Inform patient of any balance, collecting any balance due – if not collected, document payment agreement in Notes section of Home page of patient’s case in Agile |  |
| ***Clinic Daily Overview Report*** – print tomorrow’s report from Agile (reflects all monies due by patients arriving for tomorrow’s appts). Scan in with day close items and upload to FOC Daily folder.  • Copays & POS Collections are due at TOS, any deviation from this must be documented on the Home Page of the patient’s case in Agile as to what the payment method is (ie., patient paying weekly). Patient balances must be collected and if not able to be paid in full, documentation of clinic payment arrangements must be indicated in patient’s case. Copays are not negotiable and must be paid at time of service |  |
| **Patient AR Collections**   * Collect & post all POS Collections (noting if it is for a Copays, DED, Coinsurance) collected today to patient’s accounts |  |
| Print the ***Day Close Report*** before yesterday is closed, checking to make sure all monies collected are posted and reflected accurately. Scan all receipts, deposit slips & logs into the ***FOC Daily*** folder on the shared drive, labeling the file in same naming sequence indicated   * Open email cc settlement report – check for accuracy against the log & CIM report * Run your ***Daily Cash Drawer Transaction Report*** and balance posted payments * Ensure your *Check scanning Report with Images is generated and scanned to the FOC Daily Folder (Deposit History) in the MMDDYY – Checks format* * ***Location Open Days*** – once above is completed, close the day, **by 12Noon** or **10am** on the first of the month |  |
| Run ***Cancelation vs No Show Report*** from the day before, ensuring accuracy and contacting all No-Show patients attempting to schedule the missed visit the same week, documenting attempt |  |
| **New Patient referrals – Schedule per the *Alliance Care Model* (Admin Work Queue / Phone Calls)**   * At time of intake, schedule eval along with 1 follow up visit the same week * All evals brought to CD for scheduling (consider same day evals) * Unreachable referrals – contact every day for 3 consecutive days, different times of day. Document attempts. F/u with CD & referring provider if unsuccessful in scheduling. |  |
| **Authorization & Precert Management – must be reviewed daily by 2pm (day prior to appt)**   * If auth/precert is not in case files, reach out to CIV via email from the shared email box, to check status * If FOC obtains authorization, FOC is to follow up on status and receipt of authorization to understand status of auth * **If precert/authorization is** **not received prior to appt, appt is to be rescheduled** |  |
| **Call all IEs the day before appt/document your call** (Home Page/Notes section of patient’s case)   * Confirm receipt of NPPW was completed & received along with uploaded insurance card(s) & Photo ID * Confirm a follow up visit has been schedule for the same week |  |
| **Obtain verification of benefits via CIV for all New Patients**   * Explain Verification of Benefits to patient, encouraging the patient to contact their insurance to confirm verification accuracy. Notate in the Notes section of the Insurance Tab ***“Benefits discussed with patient as quoted”*** |  |
| **Send PNs/POCs/faxes to referring physicians from the Work Queue**   * Send WC notes to adjuster as well * Resend notes not received by from physicians, making three attempts and documenting those attempts |  |
| **Scan, enter & file** any incoming faxes, ensure all are scanned & shred hard copies |  |
| **FOC/CD checklist** to be reviewwith CD Daily |  |
| **Dashboards** to be review from email every M/W/F |  |

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| **FOC WEEKLY CHECKLIST** | |
| Run ***FO*** ***- Patient Visit Outlook Report*** on **Monday** – Give to the therapist so they can advise on who and how to schedule. They need to have it back to you by 12PM. You then need to ensure all patients with < 3 visits scheduled are scheduled out per MD order and/or POC (Plan of Care)/therapist recommendation by end of day, Monday. |  |
| Run ***FO – Schedule Outlook Daily Report***– this provides the daily scheduled visit count for the week. This is to compare the appointment percentages you have scheduled in your clinic to the recommended % guidelines above. |  |
| Run ***FO -*** ***Case Appointment Inactivity Report*** on **Tuesday** – ensure all patients who have dropped off schedule are contacted and if necessary, discharge/review with all clinicians every Tuesday. This should also be worked daily within the work queue |  |
| Run ***FO - Copay Collections Report*** for last week – review missed page, f/u with patients & collect any copays missed. Run cards on file for the day of the patient’s appointment. If you are behind on collecting copays, you must ask patient prior to running their card |  |
| Run ***FO - Patient Email Collection % Report*** for last week – f/u with patients on the 2nd page of the report who have “Not Listed” in the “Reason” column if we do not have their email collected on their paperwork. |  |
| Run ***FO -*** ***Visits without Charges Report*** – review and update what you can/hand to clinicians |  |
| Run ***FO –*** ***Rev-CIV Batch Report –*** run from last week to self-audit the new evaluation cases to ensure accuracy of all information entered. |  |

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| **FOC MONTHLY CHECKLIST** | |
| Run ***FO – Case Coverage Expiration Report*** – ensure all patients for past 30 days do not have an insurance expiring in Agile. If they do, we must reach out to the patient to obtain an Active insurance to input into Agile in order to bill future claims |  |
| Run ***FO – Copay Collections Report*** – ensure we have collected all copays in a current month. Those missed must be attempted to be collected prior to end of month |  |
| Log into **CIM** (**Customer Information Manager**) and review all patients accounts, removing any Discharged patients account profiles & stored credit cards |  |
| Run ***FO – Case Referral Expiration Report*** – ensure all patients have an active referral on file. This will display any case where the referral expiration date is approaching or expired in addition to most recent and next scheduled appointment |  |
| Run ***FO – Encounters on Hold Report*** –review all patient cases on hold which displays service date, clinician, insurance plan. This is helpful especially when holding for credentialing |  |
| Run ***REV – Adjustments Profile Report*** – ***identify any FO Codes that are FO related (codes: 15, 119, 197, 198, 210, No Auth/Ref code)*** Submit for retro-authorization on any cases we have adjusted. |  |