Pre-Registration Process Tiers

NAHAM Industry Standards Committee

Process Tiers	Tasks	Pre-Access Component	Pre-Access Component Description
TIER ONE: Basic Pre-Reg	1	Review Scheduled Visits	May be paper or electronic scheduling system used as work queue for pre-registration staff
	2	Verify Physician Orders	Confirm physician credentials, verify orders and referral requirements
	3	Create Accounts in HIS/ADT	Create accounts in HIS/ADT system - may be in pre-registration status
	4	Assign Medical Record Number	Search MPI to identify existing MRN or assign new MRN
	5	Collect Demographics	Collect name, address, phone, DOB, SSN, sex, employer, NOK for patient, guarantor and subscriber
	6	Verify Addresses	Verify Guarantor, Patient and Subscriber Addresses
	7	Verify Employment/Retirement	Verify employment status or retirement information
	8	Determine Financial Responsibility	Determine the party responsible for paying the bill (patient, insurance, TPL, accident, workcomp, contract services, etc)
	9	Collect Insurance Information	Collect insurance company name, address, policy#, group#, assign plan code
	10	Contact Patient	Call patient to welcome, remind, and verify information above
	11	Quality Review	Review all data and processes for errors, resolve remaining issues within account, add notes explaining variances, etc
TIER TWO: Insurance Clearance	12	Insurance and Benefits Verification	Verify accuracy, completeness, coverage and benefits with insurance company - may be phone call, website search or automated process
	13	Medicare Secondary Payer/COB	Complete MSP questionaire, identify and prioritize other coverage
	14	Medical Necessity Screening & ABN	Screen for medical necessity requirements and issue ABN
	15	Authorization Screening & Obtainment	Screen for pre-certification, prior authorization or notification of admission requirements - and obtain required auth's
TIER THREE: Collection	16	Estimate Patient Liability	Estimate self-pay balance due or balance after insurance (incl copay, deductible and coinsurance) and may include prior balances due
	17	Collect Patient Liability	Explain patient balances, request payment, accept and secure payment, record and provide receipt for payment
TIER FOUR: Conversion	18	Screen for Finanical Assistance	Determine credit/propensity & qualification for discounts, assistance, financing or charity - advise patient of financial options per scripting
	19	Arrange Payment Plan	Setup payment or financing plans for patients
	20	Refer to Financial Resources	Screen and refer self-pay patients to appropriate resources for Medicaid, Charity or other public benefit
	21	Qualify and Enroll for New Benefits	Qualify and enroll self-pay patients in Medicaid, Charity or other public benefit

NOTES:

1. Process Tiers are cumulative, meaning they build on each other and higher tiers include the tasks performed in lower tiers.
2. Tasks are grouped into four similar-process tier levels. Some tasks may be performed in a different sequence and possibly in different Tiers - "Contact Patient" for example.
3. For meaningful peer-comparison, hospitals should only compare pre-reg and completion rates to peers operating at the same process tier.