

Date : November 5, 2024
To : Angiele Orongan Navarro
Position : CSR - Initial Authorization
From : Human Resources
Thru : Jonah Marie Dano
Subject : DISCIPLINARY ACTION

This is to inform you of the decision regarding the following infraction/s:

INFRACTION AND REMEDIAL ACTION PER OFFENSE

Rules on Proper Conduct and Decorum **Written Warning to Dismissal**
Section 23 – Neglect of Duty - Failure to implement policies and procedures

Date violation committed: October 23, 2024

Place where violation committed: 9th floor ACCT, Bohol Street, Cebu Business Park, Cebu City

Upon weighing all the pieces of evidence at hand as well as accounts from witness/es, the following are our findings:

- *This is already the third instance that you have violated the Rules on Proper Conduct and Decorum, specifically Section 23 – Neglect of Duty – Failure to implement policies and procedures.*
- *You committed a critical error by failing to save the documentation for a patient to their appropriate account.*
- *It is evident that you failed to implement the correct process and procedures as outlined in your department’s Standard Operating Procedure (SOP).*

- Culpable of violating the infraction/s as stated**
 Not-culpable of violating the infraction/s

With this, you are then sanctioned:


- | | |
|--|---|
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Final Written Warning |
| <input type="checkbox"/> Documented Verbal Warning | <input checked="" type="checkbox"/> Suspension |
| <input type="checkbox"/> Written Warning | From: November 13, 2024 |

If you are suspended, you shall start reporting for work the day immediately after the end of your suspension or on the schedule (and shift) provided by your immediate superior.


PHOEBE JOY A. SORINGA
HR – Employee Relations


JONAH MARIE C. DANO
Team Lead


ALFREDO P. CAMARILLO, JR.
Director of Operations


Angiele O. Navarro
Received by (SIGNATURE OVERPRINTED NAME):
Date/Time: 11/05/24 @ 2:58 AM

iPloy OPC
 9TH Floor Ayala Center Cebu Tower
 Cebu Business Park, Cebu City 6000



Date : 10/28/2024
To : Angie Navarro
Position : Authorization
From : Human Resources
Thru : Jonah Marie Dano
Subject : NOTICE OF INFRACTION

This is to inform you that the following incident has been brought to our attention. Kindly see below for the following offense/s you allegedly committed:

ALLEDGE INFRACTION AND REMEDIAL ACTION PER OFFENSE

Rules on Proper Conduct and Decorum, Written Warning to Dismissal
 Section: 23 Neglect of Duty – Failure to implement policies and procedures.

Date violation committed: 10/23/2024
 Place where violation committed: 9TH Floor, Ayala Center Cebu Tower, Bohol Avenue, Cebu Business Park

DETAILED DESCRIPTION OF THE INCIDENT (briefly describe how the offense was allegedly committed):

Angie committed 1 critical error for this week when working on order SO **28982831**. This result is after multiple discussions of each QA error and its corresponding action plan which she acknowledged and committed to follow accordingly and confident that she would not get any QA critical errors moving forward. She also has a copy of the Initial auth QA guidelines and all available QRG's.

Name	Audit Count	Average of Score	Critical	Major	Minor	Audit w/ Errors
Angie Navarro	13	92.31	1	0	0	1
Grand Total	13	92.31	1	0	0	1

Critical Errors

Row Labels	Count
Saved documentation for a different patient to the incorrect account.	1

NOTE: Please don't forget to provide proof (if there's any) as supporting document for the incident report.

iPloy OPC
9TH Floor Ayala Center Cebu Tower
Cebu Business Park, Cebu City 6000



Authorization request sent to the Insurance through fax which she uploaded in Documents belongs to a completely different patient.

In view of the evidence presented against you, you are hereby required to submit a written explanation within **five (5) calendar days** from the receipt of this notice. In the event that you are found guilty of the said charge(s), the Company may impose an appropriate penalty, including the termination of your employment.

Your refusal, neglect, or failure to comply with the instructions stated above within the required period shall be construed as a waiver of your right to present your side and therefore management shall be constrained to resolve your case based on official records.


Jonah Marie Dano
IMMEDIATE SUPERIOR
(Signature Overprinted Name)
Position: Team Lead

10/28/2024
Date of Time

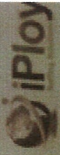
Received by:

A handwritten signature in black ink, appearing to be a stylized set of initials or a name.

10/28/2024
EMPLOYEE (Signature Overprinted Name)

Date/Time

NOTE: Please don't forget to provide proof (if there's any) as supporting document for the incident report.



EMPLOYEE'S WRITTEN EXPLANATION FORM

Date/Time: 10/26/2024
To (Immediate Superior): Junna Marie Dano
Position: Initial Authorization

This is in response to This is in response to the critical list to fix I think I missed out to paste the patient's full name as I recall that day I have a lot of faxes to send out, it was 7 faxes to total but then again I fix the problem by calling the insurance and determined to be authorization is not recommended.

Angie Davaos
(Employee's signature over printed name)

iGROW COACHING FORM

Full Name: Navarro, Angiele	Date: 10/28/2024
Employee No.: 4482	Immediate Supervisor: Jonah Marie Dano

Issue / Goal - What is the issue and goal of the coaching session?

Angiele incurred critical error for Week October 21-25, 2024.

Goal: To get a detailed explanation as to what happened and why she still incurred critical errors and to get her action plan.



Reality / Options – Root Cause Analysis and Agent’s Feedback

I remember working on authorization request through fax for multiple patients that time and I may missed to double check if I copied and pasted an incorrect information to the authorization form. I entered all details correctly, except for the patient’s name which I uploaded in the documents tab.

Way Forward – Action Plan and Setting Proper Expectations

I’ll make sure that the authorization request form is blank or empty when working on another patient. This is to avoid mixing up patient’s information which is also part of HIPAA violation. I’ll secure a blank form for all payors.

She is committed to the above action plan and is committed to follow accordingly. Her quality audit will be next reviewed on October 29, 2024, to check whether action plan is being followed. Otherwise, a write-up under Section 23 of the Rules or Proper Conduct and Decorum will be issued.

Employee Signature: 	Date: 10/28/2024
Supervisor Signature: 	Date: 10/28/2024