PROCEDURES

BILLING AND COLLECTIONS

Procedures:
The following systems will be used for billing and collections:

1. When a patient calls to make an appointment, they will be told that a nominal fee for services will be requested at the end of their visit. For new patients, billing, insurance and demographic information will be gathered. Additionally, we will communicate that if the patient is not going to be able to make payment in full at the time of service, they should plan to meet with the check-in/check-out receptionist. At the time of their visit to initiate payment plans. Any payment plans should be documented on a form, with a copy provided to the patient, and noted in the Patient Information screen on eClinicalWorks.

2. Insurance eligibility should be verified, prior to the patient visits whenever possible, for all encounters. For patients with Medicaid, Preferred Provider (PP) Authorization should be secured for those who have not designated BCHC as their PP. When a PP authorization cannot be obtained, the patient should be advised at the time of their appointment that they will be responsible for the charges for that visit. They will be directed to the check-in/check-out receptionist to complete that Patient Pay Acknowledgement form, offered to meet with the Outreach & Enrollment Specialist to consider insurance availability, requested to change Passport Provider enrollment to BCHC, and initiate any voucher applications, if applicable.

3. All patients are requested to pay the nominal fee, currently set at $20-25-50 at the time of service.

4. At the time of the patient’s visit, it will be determined whether a patient has any third party insurance coverage and if they are eligible for any sliding fee scale discount. Any fees not covered by third party payers or discounted through a sliding fee adjustment shall be considered a self-pay balance. The patient will be requested to any self-pay balance in full at the time of their visit. If the patient does not pay, or pays only a portion of the fee, the patient will be directed to the check-in/check-out receptionist to secure a payment plan (document using the eClinicalWorks Collection Cycle Letter PP, Payment Plan) and/or initiate applications before leaving the clinic.

5. It is acknowledged that charges for services cannot be accurately determined at the time of service. However, a reasonable estimate of the amount can be used to make requests for payment at the time of service. Anticipated co-pay and deductibles from third parties will be considered to the full extent possible in determining patient/self-pay balances. Requests for payment will be made uniformly and consistently of all patients expected to have a self-pay balance. Patient accounts should be referenced each time a patient is present for an office visit in order to identify past due balances and request payment or payment plan arrangements.

6. The check-in/check-out staff receptionists will accept all payments toward patient accounts and give the patient a receipt. A staff member will recuse themselves from handling payments on accounts of related parties, asking that another BCHC individual step in to process those transactions.
7. Statements of all patient-pay accounts will be mailed monthly. If insurance is pending, the statement will be sent the month following the receipt of the EOB from the insurance company. Statements will not be sent to accounts with balances of less than $10. All third party billings are transmitted or mailed within 72 hours. Payments are reconciled to original claim billing and disputed items followed up on and rebilled or otherwise resolved. Any adjustments to the accounts receivable balance must be submitted to the CFO or designee for approval.

8. If patients are unable to make payments on their account, they may schedule an appointment with the Patient Accounts Manager to review their financial situation. With supporting documentation of income, expenses, and assets, a determination will be made by the Billing & Executive (BEX) Committee as to payment plan in place or available funds that may be provided to the patient.

9. If no payment is received from a third party payer after two consecutive months of billing, the billing staff will follow up in the manner deemed most appropriate, including checking the electronic status of the claim, verifying eligibility and identification data, and contacting the insurance company regarding claim status. If the nonpayment is due to failure of the patient to respond to requests from or to provide necessary documentation to either the third party payer or BCHC, the account balance will be considered self-pay and subject to the normal collection process.

10. Follow-up regarding outstanding patient account balances will occur as follows (aging based on date claim is converted to self-pay status). Not that all contact regarding patient accounts will be handled through the account guarantor only:
   a. First Statement Notice – Current to 30 days
      Your Payment is now due. Thank you for your prompt response.
   b. Second Statement Notice – 31-60 days
      Your account is PAST DUE. Please remit payment.
   c. Third Statement Notice – 61-90 days
      Please phone our office to arrange a payment plan. Your account is delinquent.
   d. The account moves to Collection Management process after no later than 120 days and 3 statements sent if no arrangements have been made or payments received. A list by PAM will be compiled at this step and reviewed by the BEX committee, considering the Collection Checklist of criteria to proceed to the next step in the collection process.
   e. One letter will be generated from the eClinicalWorks collection cycle (Collection Cycle Letter C1, BVHC Final Letter). If no response is received from the patient within 10 days, the account moves to the Finance Committee of the Board for review and authorization to place with collection service. The list should include date of service, account balance, billing and collection steps taken, but no identifying patient data. Following approval of the Finance committee and placement with the collection service, the CFO will write off the account balance as uncollectible and reduce Accounts Receivable by the amount of such balance.

11. Accounts with balance of $20 or more, with no payment within the last 120 days will be turned over to the collection agency. Accounts with balances of less than $20 should be worked for payment when/if patient presents for another visit. Account balances of $20 or less, outstanding greater than 120 days, will be adjusted off as small balances write-offs. Once an account is placed for collection, it should be flagged within eClinicalWorks with an alert for staff to attempt collections during patient encounters.

12. Any address returns should be documented within Patient Information, and a reasonable attempt will be made by the receptionist to search for correct billing address information. Address returns and efforts to obtain a valid address should be noted in the Patient Information section of eCW.
13. If a patient repeatedly fails to make a good faith effort to meet his/her reasonable financial obligations, BCHC will document such failure to pay based on the patient’s unwillingness to pay as opposed to an inability to pay. After two documented occurrences, the patient’s record may be considered for termination from future care at BCHC. A patient has the opportunity to be reinstated once they have made arrangements to meet their financial obligation and demonstrated that intent with action through a payment on the account. See the Willingness-to-Pay policy and procedures for further details.

14. If a patient account reaches a balance of $1,500 with no demonstration of patient efforts to make arrangements to meet with the a secure payment plan, or make payments toward the outstanding balance due, then future patient care at BCHC will be suspended pending patient action outlined above.

_________________________________________  DATE _______________

CHIEF FINANCIAL OFFICER