SILETZ COMMUNITY HEALTH CLINIC POLICY

Business Office

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Part 4A
Patient Accounts

I. DEFINITIONS

A. Definitions (Red Flag Rules)

1. Personal Information:

   a. Patient

      i. First, middle or last name (including maiden name)

      ii. Birth date

      iii. Address

      iv. Telephone number (including cell phone number)

      v. Social Security number

      vi. Government issued ID number (including passport and driver's license)

      vii. Account number assigned by SCHC

   b. Credit Card

      i. Credit card number

      ii. Credit card expiration date

      iii. Credit card security number

      iv. Cardholder name and address

   c. Medical Information

      i. Doctor's name

      ii. Insurance claims

      iii. Prescriptions

      iv. Treatment or diagnoses

v. Any related personal medical information including medical history

2. Identity Theft: Means fraud that was attempted or committed, using another person's personal information, and that use was without the other person's permission.

3. Red Flag: Means a pattern, practice, specific activity or another warning sign that indicates the possibility of identity theft.

4. We or Us: Refers to Siletz Community Health Clinic.

II. ADJUSTMENT REASONS

A. Small Balance Adjustment (Administrative Adjustment)

An account with a balance less than $5.00 may be adjusted and is not followed up for further collection.

B. Contractual Allowance

Insurances may pay less than the total billed amount, which SCHC has agreed to accept as payment in full. The remaining balance may be partly the patient's responsibility but the remainder is adjusted because it is considered a contractual allowance obligation.

C. IHS

An IHS adjustment is used for the majority of adjustments. When a Direct or PRC eligible patient has no insurance, the billed amount is adjusted to IHS. (Note: All insurances are billed before the final balance is adjusted).

D. Medicaid Contractual Allowance

Only one encounter with the same diagnosis is payable per day. If the patient has two visits with the same diagnosis, one visit is adjusted to Medicaid Contractual (included in the encounter rate).

E. Bad Debt

When SCHC is unable to collect from a patient or refer to collections, such as in bankruptcy.

F. Charitable Adjustment (Administrative Adjustment)

The charitable adjustment is rarely used. Requires approval from an authorized staff member.

G. Workers' Compensation Contractual Allowance

If workers' compensation accepts a claim, no one else can be billed, even if there are charges that are not covered.

H. Medicare Contractual Allowance

The Medicare contractual allowance encompasses the same elements as the contractual allowance explanations. When payment is received from Medicare, it is posted then settled to self-pay minus SCHC's contractual allowance obligation amount to any secondary insurance. If there is no secondary insurance then it is either the patient's responsibility or it is adjusted to IHS.

I. Credit Balance Transfer To and From / Patient Payment Transfer To and From

If there is an overpayment on one visit but the patient owes for another visit, the credit amount is transferred. It is important to note where the payment was transferred to and from.

J. Administrative Adjustment

An administrative adjustment must be approved in writing by an authorized staff member. It is used if there is a staff error or a patient complaint and it is determined the patient should not be charged.

K. Employee Health Screen (Administrative Adjustment)

Required or administrative approved employee health visits such as TB testing, cholesterol screening, flu, and hepatitis vaccinations.

L. Optometry Administrative (Administrative Adjustment)

Non-billable visit to Optometry Assistant.

M. Optometry Services (Administrative Adjustment)

Non-billable visit to Optometrist.

N. Courtesy

See Courtesy Services section of this policy.

O. Timely Filing

Usually used because the date of service is too old to be billed to the insurance company. Insurance companies have a time limit ranging from 60 days to 24 months past which services cannot be billed.

P. PRC Vision Contract

This adjustment is used to adjust the charges for lenses and frames dispensed to Siletz tribal members when they have PRC vision benefits.

Q. Collections

These are for accounts sent to collections. The adjustment is reversed if the account is paid.

R. Community Service (Administrative Adjustment)

Used for dental sealants, distribution of miscellaneous supplies, and education materials.

S. Refund

When a payment is received and it creates an overpayment, the amount is refunded to the payer i.e. insurance company or patient. The encounter will show a credit. When the refund check is processed by CTSI accounting department, the refunded amount will be adjusted from the encounter to reflect the refund.

T. Testing Data Entry

This adjustment is used to adjust the charges for demo patients.

III. COURTESY SERVICES

A. Policy

It is the policy of the Siletz Community Health clinic (SCHC) to provide the services enumerated in this policy to patients who are held harmless if insurance does not pay.

B. List of Services

1. The list of services will be reviewed annually by the Medical Staff and the Health Committee.

    a. Children's vaccines (under age 18): VFC

b. Nursing charges for blood pressure checks and immunizations (CPT Code 99211): Adjusted to Courtesy (Administrative Adjustment)

c. Health Education (CPT Code 99212): Adjusted to Courtesy (Administrative Adjustment)

d. Tobacco Cessation (CPT Code 99213): Adjusted to Courtesy (Administrative Adjustment)

e. Women's and Men's wellness fair for registered patients. Third party insurance is billed for services related to exam and is accepted as full payment. Services are provided at no cost to patients without insurance.

f. Dental sealants and special exams for Head Start, etc: Adjusted to Community Service (Administrative Adjustment)

g. Miscellaneous supplies such as sharps containers and lice combs (CPT Code 99070): Adjusted to Community Service (Administrative Adjustment)

h. Optometry assistant visits to adjust or repair: Adjusted to Optometry Services

i. Services provided to SCHC employees as a condition of employment, i.e. hepatitis vaccine: Adjusted to Employee Adjustment or Employee Health (Administrative Adjustment)

j. Services provided to a non-Indian member of an eligible PRC member's household, who resides within the service area, if the Medical Director determines services are necessary to control a public health hazard: Administrative Adjustment

k. Case Management Services (99361): Administrative Adjustment

l. Special Reports when the patient is not present (99080): Administrative Adjustment

2. Any other service not listed in this policy requires approval by Administration.

IV. DISPOSING OF SELF PAY UNCOLLECTABLE ACCOUNTS

A. Purpose

Some accounts will be deemed uncollectable after every effort has been made to collect. These accounts are reviewed by the Business Office Manager and the recommended action is approved by the Health Director.

B. Possible Action

1. Possible actions are as follows:

    a. Small accounts of less than $20.00 will be written off as uncollectable.

    b. Accounts that are determined uncollectable, such as death and bankruptcy, will be documented and adjusted off to uncollectable.

    c. The health director or designee may determine that:

        i. additional efforts should be made to collect and the account will be forwarded to the staff attorney for follow up, or

        ii. there should be an administrative write off for that account. The reason for the administrative write off will be documented in writing.

    d. All other accounts over $100.00 will be turned over to a collections service.

2. Non-Native patients with uncollected debts forfeit their right to be seen at SCHC unless prior arrangements are made to settle the debt. A patient status of "See Business Office" will be placed on the accounts of Non-Native patients with uncollected debts over $200.00 to notify the Patient Care Coordinators that the patient is not allowed to be seen until the account is paid in full or payment arrangements have been made with the Business Office.

V. DOCUMENTATION

A. Purpose

To enumerate documents requiring staff initials and date, retention schedule, and additional information to ensure consistency and accountability; and to establish an approved method to correct documents when necessary.

Document Name	Initial/Date	Retention Schedule	Comments
Bank Deposit Slips	Yes/Yes	7 years	New and used deposit book are held in BOM office until placed in storage.
Weekly Cashbox and POS Reconciliation Report	Yes/Yes	7 years	Combines the daily report into a weekly balance/deposit – BOM duty
Payment Receipts (NextGen and hand issued)	Yes/Yes – full signature	7 years	New and used cash receipt books are held in BOM office until placed in storage.

Document Name	Initial/Date	Retention Schedule	Comments
Bank Statements	Yes/Yes – by BOM upon receipt	7 years	

B. Correction of Documentation

1. The correction process applies to all patient accounts documentation:

    a. Draw one line through the incorrect information.

    b. Add the correct information directly above the marked out information.

    c. Initial and date the correction.

    Important: Do not use multiple lines or scribbles to mark through incorrect information.

VI. FEE MANAGEMENT FOR PATIENT SERVICES

A. Policy

It is the policy of the Siletz Community Health Clinic (SCHC) to ensure fees are comparable to those charged by other providers in the region, and blended with established insurance fee schedules.

B. Procedure

1. Patient accounts staff will review services and reimbursement annually (except for Pharmacy), make recommendations for changes to management, and update the codes and fees in the NextGen SIM Library at the end of each calendar year.

2. Approved charges can be added or changed after the calendar year billing is completed and before billing is begun for the new calendar year.

3. CPT code descriptions are updated by NextGen annually, at the same time.

C. Resource Materials

1. Past purchasing information

2. Current code books

    a. CPT codebook (updated annually and changes with the calendar year)

b. HCPCS codebook (updated annually and changes with the calendar year)

c. ICD-10 codebook (updated annually)

d. ICD-CM (changes October 1 of each year)

e. American Medical Association 1-800-621-8335 Optum Coding

3. Medicare and Medicaid Fee Schedules

The revised Medicare Fee Schedule is published in the Federal Register each year in the fall. It is available on the Internet.

4. Blue Cross Fee Schedule

Regence BlueCross BlueShield of Oregon provides a participating Medical and Dental Fee Schedule using RVU's. The provider representative keeps a copy.

5. Insurance Carrier Explanation of Benefits (EOBs)

Review the EOBs to determine if there is a balance left owing that would indicate charges are too high or services are not being covered.

6. Other Fee Data

a. Oregon Medical Fee and Relative Value Guide

b. Optum Customized Fee Analyzer

c. Other professional literature

VII. FINANCIAL AND PAYMENT POLICIES

Some services are based on eligibility status. Patient should verify eligibility prior to requesting an appointment.

A. All Patients

1. All insurances (primary, secondary, and tertiary) will be billed electronically in the NextGen Practice Management system via Trizetto Clearinghouse and paper claims when electronic billing is not an option.

2. Statements will be sent monthly to patients for charges not covered by insurance or Indian Health Service. Administrative action may occur if payment or payment arrangements have not been made within 90 days. The action may include sending the claim to collections or dismissal as a patient from the clinic.

3. Payment to outside providers is the responsibility of the patient even when referred by an SCHC provider.

4. Insurance coverage is an agreement between the patient and his or her insurance company to pay certain amounts for medical care. SCHC will not accept responsibility for collecting a patient's insurance claim or negotiating a settlement on a disputed claim.

B. Native Americans

1. There are benefit limitations for dental and optometry services. Patients need to ask about benefits prior to scheduling services. Patients are responsible for any non-covered services and full payment is required before services are rendered. Unpaid balances may be subject to garnishment against paychecks and per capita payments. Non-covered services are as follows:

   a. Amounts over the optometry PRC benefit allowance

   b. Second replacement of removable dentures, partials (flippers) if sent to a laboratory

   c. Second replacement of mouth guards (night guard, sports guard) if sent to a laboratory

2. All Native Americans who are eligible for insurance, Medicare, or Medicaid are required to enroll so that tribal resources can be conserved. To encourage this, Native Americans are not required to pay co-pays or deductibles for office visits. An Oregon Heath Program (OHP) outreach and eligibility expert will assist the patient in applying for Medicaid or proving over income status.

   a. IHS eligible patients are required to apply for OHP (annually) if they do not have another third-party resource. Patients that refuse to apply for OHP will be subject to lab costs billed by LabCorp.

3. Any monies received from an insurance company for services provided are owed to SCHC. Occasionally, patients may receive a payment directly; if that happens, the patient should bring the check to the Business Office. The Business Office will contact the insurance company directly if no payment is received within 60 days. A letter will be sent to the insurance company.

4. Direct-only patients will be responsible for all dental lab fees and optometry hardware.

5. Direct-Siletz patients need to contact Purchased/Referred Care to check for eligibility and current benefits.

C. Non-Natives

1. Patients should refer to their benefits manual or plan administrator for questions concerning covered services.

2. Co-pay is required at the time of service. Payment or payment arrangements are required at the time of service if the required calendar year deductible is not met.

3. A voluntary wage agreement will be initiated with the tribal employee's payroll department regarding outstanding account balances if payment arrangements have not been made. Patient should discuss payment arrangements with Patient Accounts prior to receiving services. If a service is provided but deemed un-payable by the insurance plan, Medicare, Workers' Compensation, or the Oregon Health Plan, the patient accepts full responsibility for the costs.

4. Self-pay patients are required to pay in full at the time of service for all services rendered unless arrangements are made in advance.

VIII. RED FLAG RULES – IDENTITY THEFT

A. Purpose

The purpose of this policy is to help detect, prevent, and mitigate identity theft in connection with new accounts, existing accounts, and medical records. This enables SCHC to protect existing patients, reduce risk from identity theft and fraud, and minimize potential damage to SCHC from new patients. This program will help SCHC:

1. Identify potential red flags that may indicate an identity theft attempt.

2. Detect red flags when they occur.

3. Respond appropriately when red flags are detected.

4. Update the program periodically, as needed, reviewing the red flags and the responses to detected red flags.

B. Operational Responsibility

1. The operational responsibility of this program is delegated to the Business Office Manager. This person is referred to as the Responsible Authority in this policy.

2. The Responsible Authority is responsible for:

   a. Reviewing detected red flags.

b. Determining if fraudulent activity occurred.

c. Determining the appropriate response to the red flag.

d. Preparing the annual report.

e. Periodically reviewing this policy and updating as necessary.

f. Training or making sure training occurs with the relevant existing employees as well as new employees as appropriate.

C. Identification of Relevant Red Flags:

The relevant red flags are as follows:

1. Suspicious documents:

   a. The document appears to have been altered or forged.

   b. The photograph or physical description on the identification is not consistent with the appearance of the person presenting the identification.

   c. Other information is not consistent with previously supplied information.

   d. A form appears to have been altered, forged, or destroyed and reassembled.

2. Suspicious information is given:

   a. Personal identifying information is inconsistent with other information obtained from external sources.

   b. The personal identifying information provided is associated with known fraudulent activity.

   c. The Social Security Number provided was used by another person.

   d. The address or telephone number was used during a previous identity theft attempt.

   e. The patient or other person does not give all the requested personal identifying information on their forms.

   f. Personal identifying information is inconsistent with personal information that is already on file.

g. Person cannot supply personal identifying information other than what might generally be available in a wallet, purse, or credit report.

h. Signature is significantly different than one on file.

i. Signature on a credit card slip is significantly different than the one on the back of the credit card.

3. Potentially suspicious activities:

a. Shortly after an address change a patient requests new, additional, or replacement goods, services, or prescription.

b. Shortly after an address change the patient requests their medical records be sent to their new address.

c. Mail sent to the patient is returned even though transactions continue to occur.

d. The patient is not receiving their paper statements.

e. The patient notifies SCHC of unauthorized transactions or activity on their statement, including being billed for services not received.

f. SCHC is notified the patient may be a victim of identity theft. This notice can come from the patient, law enforcement, or other persons.

g. A new patient does not keep the payment plan, especially after receiving pain medications.

h. Charge-back notification received from the credit card processor.

D. Detection of Red Flags

All relevant employees will be trained in the detection of red flags. New employees will be trained as appropriate.

E. Responding To Red Flags

When a red flag is detected, an employee must act quickly, because a rapid and appropriate response can protect both the patient and SCHC from damages and loss. The employee must gather all related documentation and write a description of the situation. This information must be presented to the Business Office Manager for determination. The Business Office Manager will review the information and determine whether the attempted activity or document was fraudulent or authentic. Appropriate responses to the detection of red flags include one or more of the following:

1. Monitor the account for evidence of identity theft
2. Contact the patient or other appropriate individual
3. Change the patient's account number
4. Decline to accept the individual as a new patient
5. Accept the patient, but not extend credit
6. Close the existing account and dismiss the patient
7. Determine outstanding debt responsibility for collection
8. Notify law enforcement
9. Determine that no response is needed at this time

F. Periodic Updates To The Program

This policy will be reviewed annually or as needed.

G. Staff Training

Employees will receive training as follows:

1. Existing employees who are likely to come in contact with red flags.
2. New employees who are likely to come in contact with red flags will be trained when they are hired.
3. Employees will be re-trained when the policy is revised.
4. All employees will receive annual training regarding the policy.