

TITLE: Billing and Collection Policy	DEPT./SECTION: Finance 1.50
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AFFECTS: All Departments	DATE CREATED: 6-4-2014 DATE APPROVED: 8-13-18 DATE REVISED: 7-9-18

Purpose: The Yakutat Community Health Center recognizes that billing and collection of accounts is necessary for accountability as well as fiscal stability. Because of this responsibility, the following policy outlines the criteria and procedure for billing and if required, turning a patient account over for collection to an outside collection agency.

Sub Title: Billing

Policy: All billable clinical services offered by Yakutat Community Health Center will be processed using the CERNER Electronic Health Record and Practice Management software.

Procedure:

Clinical staff will submit all appropriate charges to a patient's chart using the CERNER Electronic Health Record. Those charges will be processed into a holding file by the software for review prior to billing.

Revenue Department staff will review the charges in the holding file on a daily basis and either process them through to the CERNER Practice Management program or send them back to the clinical staff for review and correction. Once charges are moved to the practice management module Revenue Department staff will process them through the system to the appropriate payer and if necessary make corrections. The goal is to have every claim leave the system "clean" and therefor reduce the number of denied or re-worked claims.

Processed claims will be sent either electronically through a clearinghouse or via paper through the mail to the appropriate payer. When processed and paid by the payer Revenue Staff will post those payments to the appropriate patient account using the CERNER Practice Management program. Claims returned unpaid will be reviewed and corrected by Revenue Department Staff and resubmitted for payment.

Sub Title: Collections

Policy: A patient account will not be considered delinquent until all third party payers have either paid or denied a bill and the balance has been turned over to the patient. Yakutat Community Health Center will make every

effort to avoid turning a patient over to collection by working with the patients to make arrangements to clear the account

Procedure:



The following steps for collection will be taken prior to turning an account over for collection.

1. The patient will be sent a statement within 30 days after all third party insurances have paid. Payment in full is then expected within 30 days from the statement date.
2. Statements will be sent on a monthly basis until all outstanding balances are paid. If no payments are received for a continuing period of 90 days after the initial statement was sent a letter will be sent to the patient giving the patient 30 days to pay the account in full or make arrangements to make full or partial payment or contact YCHC to work out a payment plan. The letter will also inform the patient that if payments are not received within 30 days from the date of the second notice, his/her account will be placed with a collection agency.
3. If no payment is made within 30 days of the above referenced letter, a "final notice" will be sent demanding payment in full or the account will be turned to collection.
4. If the account is not paid in full within 30 days after the "final notice" is sent the account will be turned over to the collection agency for their effort. The over-due balance should be at least \$100.00 or over to warrant the use of this collection procedure. All over-due accounts will be transferred to a Collection Agency at the end of every calendar year after the *A/R* Aging List (as described in the Patient Exit Billing and Collection and reviewed and screened) after careful review by the YCHC Finance Manager and approval of the YCHC Executive Health Director.
5. Bad Debt Write-Off: Accounts not paid over 180 days may be written off after the YCHC Council review the statement of accounts and give an approval for these write offs. However, any recovery made on those accounts or the Collection Agencies will be booked as recoveries and at that time patient's ledger cards will be re-opened.
6. YCHC policy permits sites to deny non-emergency services to persons who are able to pay but refuse to pay for services they receive. Denial of services must be based on a review of the patient's ability to pay all or part of the

amount incurred. This would arise after the patient has been given 60 day notice to pay his/her account of a balance more than 1,000.00.

7. In the event that we deny services to a patient, the reason should be carefully and fully explained to the patient. The patient should be encouraged to work out an arrangement with finance to pay on his/her account.

8. YCHC reserves the right to deny services unless deemed emergency life or death situation.

APPROVED BY:	
 Yakutat Tribal Health Board Chair	Date 8-13-18
 Yakutat Tribal Health Board Member	Date 8-13-18