

Policy G-3.01.5: Financial Policies

Rural Health Clinic of Loreauville LLC maintains policies and procedures for the financial operation of the RHC. These policies relate to patient accounts and business office functions.

A. Patient Registration

- **Verification of Insurance:** Rural Health Clinic of Loreauville, LLC verifies insurance at the time of patient registration prior to services being rendered utilizing the insurance verification function in the electronic medical record system. In the event the insurance does not verify in the system, the front office staff will utilize the specific insurance website for online verification or will call the insurance for verification.

- **Patient Contact Information and Identity Verification:**

- o Minimal information is collected when a patient calls the clinic to schedule an appointment such as name, date of birth, reason for visit. A patient information packet is completed by new patients to collect patient information. The patient information packet is utilized to enter patient information in the system.

- o Patient identification is requested, and copies of insurance cards are obtained in the medical record.

- **HIPAA, Consent to Treat, and Reassignment of Benefits:** Patients sign a consent form that includes consent to treatment, authorization for disclosure for the purposes of treatment, payment and healthcare operations, authorization of payment directly to Rural Health Clinic of Loreauville, LLC. The consent form includes acknowledgement of receiving the Notice of Privacy Practices.

- **Collection of Copays and Deductibles:** Patient deductibles and copays are verified at the time of insurance verification and collected at the time of service.

Charge Capture, Coding and Billing for Services

- **Charge Capture:** Rural Health Clinic of Loreauville, LLC utilizes a paper formatted "charge ticket" for the purpose of documenting CPT Codes and Diagnosis.

- **Coding:** Diagnosis codes are coded based on the diagnosis documented in the medical record from the provider.

- **Billing:** Claims are generated after the provider completes the encounter indicating all documentation is complete. The claim is reviewed by the biller and submitted to the clearinghouse. The clearing house generates claim edits, and the biller reviews the claims edited daily.

Payments, Posting and Account Follow-up

- **Payments:** Payments are received in the clinic in the form of cash, checks and credit card payments. A daily payment reconciliation form is completed to reconcile payments received each day. Copies of mail payments and remits for EFT deposits are provided to the clinic for posting in the clinic system.

- **Adjustments:** Contractual adjustments are posted at the time of the remittance advise posting. Other adjustments related to denials or other special adjustments are approved by the Clinic Director or Office Manager. The CFO approves adjustments greater than \$300 that are related to denials or special adjustments.

- Secondary or Corrected Claim Filing: Secondary claims are filed after the primary claim has paid. Remittance Advices and system generated reports are reviewed by the biller to identify secondary claims and claims that need to be corrected.
 - Patient Billing: Patients are sent statements that are generated from the electronic system. Patients are mailed a minimum of three statements. Credit balances are reviewed by the Office Manager or designee. A refund request is submitted to Accounting for any patient overpayment. Insurance credit balances may require an adjusted claim to be submitted to the insurance or a request for a payment adjustment for the credit balance applied to future insurance payments.
 - Denials and Appeals: Remittance Advices are reviewed for denials by the biller and are appealed, if necessary, by the biller in coordination with the Office Manager. Denials cannot be appealed.
 - Sliding Fee program: Rural Health Clinic of Loreauville, LLC offers a Sliding fee discount program and staff will assist any patient who needs guidance on Medicaid application sites or information. The Patient can proceed with the discount application regardless of Medicaid approval and it will be reviewed by the office manager. Approval will depend on family size and income only, approval or denials from state insurance will not determine eligibility for the discount plan offered. Our practice strictly prohibits any form of discrimination based on race, color, sex, national origin, disability, age, religion, sexual orientation, gender, identity, or inability to pay.
- Sliding Fee Discount Program:
- ☑ A sliding fee discount program is implemented to ensure that all patients have access to quality healthcare services without financial barriers. The program is based on the patient's ability to pay and does not discriminate based on various factors such as race, age, religion, national origin, sex, sexual preference, gender identity, handicap, diagnosis, ability to pay or source of payment; The Federal Poverty Guidelines are used to determine eligibility for the discount program, which helps reduce or eliminate the cost of healthcare services for qualified patients.
 - ☑ Notification of the Sliding Fee Discount Program will be placed in the clinic waiting area.
 - ☑ Notification informing patients that services will NOT be denied due to inability to pay will be placed in the waiting area of the clinic.
- All staff interacting with patients will receive training on the Sliding Fee Discount Program policy and procedures upon hire, as needed, and annually.
 - Clinic staff will inquire with all patients if they have healthcare coverage. For those with insurance the appropriate information will be entered into the medical record at the time of registration.
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- If a patient has Medicare or Medicaid, their eligibility will be verified prior to services.
 - All uninsured and underinsured patients will be informed of the Sliding Fee Discount at the time of check-in.
 - All uninsured and underinsured patients will be informed of any programs which offer healthcare coverages that they may qualify for at the time of service.
 - The patient can obtain Sliding Fee Discount Program information and application from the Front Desk, Billing Office, and management.

- All patients that report an income at or below 100% of poverty guidelines will be charged \$15.00 for visit. Patients that report an income greater than 100% but at or less than 200% will be charged at a discounted rate according to the Sliding Fee Schedule Chart and not to exceed \$55.00 for visit.
- Eligibility determination will be based on annual income and family size only. *Definitions of each are based according to the Census Bureau:
 - A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption.
 - Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance.
 - Proof of income to be provided by applicant include recent pay stub and W2 form.
 - Payment is expected at the time of service. If a patient reports they are unable to pay the discounted rate at the time service is rendered, the patient will be referred to a member of the billing team to initiate a payment arrangement without disruption in healthcare services. Payments can be made at any time once payment arrangement is applied.
 - All patients eligible for any level of the sliding fee discount will not be charged for any follow up visits.
 - All patients eligible for any level of the sliding fee discount will pay the contracted lab service directly if lab work is needed. This allows the patient to receive a discounted rate for labs.
 - Every eligible patient shall be made aware of the discounted lab prices and will have access to prices for review prior to services.
 - The information reported on the Sliding Fee Discount Program application will be considered true and satisfy the requirements for eligibility determination.
 - Eligibility for the sliding fee discount shall be reviewed at least annually with the patient.
 - If any insured patient reports they are unable to pay balances such as co-pay and/or deductibles, the patient will be referred to management. Management will apply the discount to services as allowed by the insurance plan and/or healthcare coverage.
 - o Patients may be allowed to make partial payments towards deductibles and coinsurance as allowed by insurance/healthcare coverage.
 - o Insured patients that are unable to pay at the time of service may be eligible for free care.
 - Staff will notify the provider, billing team and/or administration of any financial barriers that may affect the patient's ability to receive quality healthcare.
 - No patient eligible for the sliding fee discount shall be turned over to collections or subjected to interest/penalty charges.
 - Rural Health Clinic of Loreauville, LLC will maintain a uniform policy and process for a sliding fee discount program in compliance with the RHC guidelines and any other guidelines required by any agencies that have entered into an agreement with Rural Health Clinic of Loreauville, LLC.

- This policy, along with the national poverty levels, the RHC guidelines, and any other agreements requiring a sliding fee discount will be reviewed annually by the Advisory Committee.
- In adherence to our clinic policy, patients who opt not to submit the required application and financial documentation will incur a charge of \$100, which is equivalent to the flat rate of the RHC despite not having an approved application, this provision enables the patient to remain eligible for the discount plan.