Collections

Policy Details
Policy ID
OPS-435
Audience
All
Effective Date
7/1/2013
Last Review Date
11/17/2014

PURPOSE

To provide structure to optimize cash collections by standardization of follow-up activities in a timely manner, and to obtain appropriate reimbursement according to Federal and State regulatory requirements. Whenever possible, State specific guidelines for prompt payment should be utilized as maximum allowable timeframes when establishing or renegotiating a contract with a payor source.

SCOPE

This policy applies to the following individuals:

- PAR/Medicare Collector
- Home Health Biller
- Business Office Supervisor/Manager
- Controller
- Administrator

DEFINITIONS

EOB (Explanation of Benefits) - The statement sent to a participant in a health plan listing services, amounts paid by the plan, and total amount billed to the patient.

Resolution -A specific promise to pay, with date, or a denial that cannot be appealed.

PAS – Patient Accounting System

PAR – Patient Account Representative

ROLES & RESPONSIBILITIES

NA

POLICY

The PAR is responsible for researching un-paid or partially-paid claims, determining appropriate corrective action and/or re-submitting claims in order to obtain payment expeditiously. Claims will be reviewed through use of their standardized ARMS queues and ATB/BTB review; all activity and claim resolution tactics should be noted in PAS by use of HealthSouth policy and procedures. All claims should be billed and collected according to Federal and State guidelines. Business Office Supervisor/Manager is responsible for reviewing the ARMS Collector Work Counts to ensure that all accounts are being followed up timely (see 'Collections Strategies' Job Aid). Highest priority should be given to accounts with a balance $5,000 and greater (high-dollar accounts) working the accounts at a minimum 30 days or less. Accounts with balances between $1000 and $5000 should be worked at a minimum within 45 days, accounts under $1000 should be worked at a minimum within 60 days. Best practice is to follow up on claims within two weeks of the last activity.

Payment plans will be appropriately established by the Business Office and can be set-up prior to services being rendered or after the patient has been billed. All payment plan arrangements will be appropriately document in PAS. When establishing a payment plan, every effort must be made to collect balance on account within twelve months of discharge date.

The Business Office Supervisor/Manager is responsible for escalation to the Regional Business Office Manager of recurring payer problems, review of issues uncovered during ATB reviews, and examination of any claims escalated by collections staff for corrective action.

PROCEDURES

See Job Aide – Collection Strategies.

GUIDELINES

Internal Controls

RE207

RE208

RE224

RE270

RE0140

RE0510

RE0520

RE0530

RE0540

RE0550

RE0560

RE1020

REFERENCES

NA

NOTES

BACKGROUND:

RETIRED POLICIES:

OPS 406 Collection Medicare

OPS 408 Collections Self Pay

OPS 422 Prompt Pay Legislation