

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	11-02
	Effective Date	01-31-13
	Revision Date	DRAFT REVISION 09-11-18
Title: Billing and Collections		Functional Area: Fiscal Services
Approved By: Louise Steenkamp, MBA, Health Program Manager		Approved By: MaryAnn Luke, Chief Fiscal Services

Policy:

Depending on eligibility type, some patients are responsible for part of their cost in care.

This policy, developed jointly by health center staff and Department fiscal services staff, outlines the process and workflow for managing collections of amounts owed by these patients.

Procedures:

A. Payment: Managed by OCHIN Billing Service (OBS)

1. Payment in full is expected within 30 days of service provision.
2. Credit cards are not accepted at this time.
3. Patients may arrange for a payment plan to allow full balance to be paid in three equal payments over three months.
4. Patients will continue to receive statements reflecting their total balance until the account balance is paid, or their account is sent to the Sacramento County Department of Revenue Recovery (DRR), as shown below.

Patient is sent initial statement after receiving services for which they are wholly or partially responsible for payment.		
Patient requests payment plan	Patient neither remits payment nor requests payment plan	Patient responds and remits payment
Staff work with patient as defined above		Account updated. No further action required
First scheduled payment that is missed results in:		
A payment reminder letter being sent to patient, and:		
Account balance is deferred for 30 days.		
If no payment is received after 30 days, a second letter is sent and the account balance is deferred for an additional 20 days.		

If no payment received after 20 days, the patient account is:

- Prepared and sent to Sacramento County Department of Revenue Recovery
- Flagged in OCHIN with “Bad Debt” account status
- Flagged with a message to alert staff, who will remind patient of outstanding balance.

B. Patient billing or service issues

1. Any issues that cannot be resolved by OBS are sent to the health center Administrative Services Officer III (ASO III).
2. Patients with extreme hardship may have all fees waived at the discretion and judgement of health center management.

C. Bankruptcy

1. If the health center receives a bankruptcy notice, the health center ASO III will note this in the patient account and, in compliance with the Sacramento County Bankruptcy Notice Policy:
 - a. If the account has not been sent to DRR, the amount owed is sent to DRR together with the bankruptcy information with a request to not collect.
 - b. If the account has already been sent to DRR, the health center immediately notifies DRR so that collection activity can be halted.
 - c. If OBS receives call regarding patient filing for bankruptcy that information will be forwarded to the health center ASO III for resolution.

D. Non-Sufficient Funds (NSF) Check

1. If a payment is returned to the health center and identified as non-sufficient funds:
 - a. The health center ASO III will notify OBS.
 - b. OBS will reverse the payment using Debit Adjustment reason code 1607- NSF Check.
 - c. OBS will mail the Health Center NSF Check letter from Epic, notifying the Account holder of the returned check event.
 - d. OBS will note the Account and collection efforts will resume following the established billing and collection policies and procedures.
2. Notwithstanding any County ordinance, policy, or rule to the contrary, including but not limited to Sacramento County Code (SCC) § 2.01.030, no extra fee will be charged to the patient.

E. Patient Refunds

1. Refunds are identified via monthly review by OBS staff, or via patient request.
2. OBS will review for claims which are processing. Refunds are not processed if patient has current open claims.
3. Patients are advised to allow 8 weeks for receipt of refund from the health center.
4. A refund is only initiated if the response to the following questions is NO:

- a. Does the patient / guarantor have another account? Is there a balance due on the other account?
 - b. Are there any outstanding balances on the account the credit can be distributed to?
 - c. Are there any pending charges or open encounters for this patient?
 - d. Are there any outstanding insurance balances / date of service (DOS) pending payment from insurance?
 - e. Does the patient have any upcoming appointments?
5. OCHIN Billing Services (OBS) will initiate the reason for the refund. Refund is posted and Epic Refund Request slip is generated.
 6. Refund is placed on file transfer protocol (FTP) site with a copy of the transaction inquiry showing the undistributed credit amount.
 7. An e-mail is sent to the health center ASO III indicating that a refund is ready to be issued.
 8. Once health center has approved the refund and notified OBS of the check issuance, OBS will reverse the credit from Epic.
 9. Once a refund is approved, a check will be issued by the health center to the appropriate party and a note will be entered in the Account snapshot containing the check information (date, check number, amount, etc.) and the date the check was sent out, as well as to whom the check was issued and the address where the check was sent.

Attachments:

N/A

References:

N/A

Contact:

Louise Steenkamp, MBA, Health Program Manager

Co-Applicant Board Approval Date: