# Patient Financial Services

### **Pride Report**

## 2022







### Patient Financial Services Meet the Team



- Sara Joos
- Penny Salladay
- Erica Drummond
- Stacy Blake
- Angela Jones
- Madison Snyder
- Jackie Burdett
- Cayle Rowland
- **Receipting Specialist** 15 Years Billing/Credentialing Specialist 11 Years **Billing Lead** 6 Years **PFS Specialist** 1 Year Financial Counselor 12 Year **Billing Specialist** 1 Year **PFS Manager** 16 Years **Billing Specialist PRN** 3 Years





### Patient Financial Services Financial Counselor

- Review statements daily
- Monitor daily work queues
  - Credit balances for selfpay
  - Good standing selfpay
- Assists customers with payments and questions concerning their accounts
- Arranges payment plans, ensures they are in good standing
- Process client billing accounts monthly
- Early out calls
- Monitors accounts for potential need of FAA
  - Last Year 29 customers approved for FAA \$87,544.55
- Files Liens
- Works accounts for bankruptcy
- Monitors accounts for bad debt and reviews with our Collections Team prior to sending to Hauge Collection Agency





### Patient Financial Services Receipting Specialist

- Two primary roles
  - ER Registration
  - Daily insurance remittance posting
- Insurance remittances are posted two ways
  - Electronic– generally sent through to the EHR via our clearinghouse
  - Manual- sent to us through mail, online portal to print or faxed to us
- Remittances are balance checked by ensuring our total payment, contractual and patient responsibility amounts match the remittance we are posting
- Monitors accounts for denial trends
- Once the remittance is finalized for posting the EHR updates all encounters within this batch
  - Any denials or items needing investigated are sent through the system to queues
- Daily posting of the payments varies based on the services and the insurance company
  - Last 6 months monthly average of 2.6 mil







### Patient Financial Services Billing Lead

• In place since June 2021



- Oversee daily operations of the billing team
  - Reviewing billing queues
  - Answering questions on accounts/claims
- Chargemaster Back
- Assist the Patient Access Team/Lead with insurance questions, encounters questions
- Alpha Split for working accounts
- CMS No Surprise Billing Good Faith Estimates
  - Enacted on December 27, 2021. Helps protect consumers from surprise bills and helps us be transparent to the consumer of their charges
  - DA2 Report each morning for facility selfpay
  - Message Pool for CPM (RHC) selfpay
  - We enter information into a word template of these GFE to send to the patient





OMB Control Number [XXXX-XXXX] ExpirationDate [MM/DD/YYYY]

Patient Date of Birth:   Medical Record Number:   Patient Mailing Address, Phone Number, and Email Address   Street or PO Box   Apartment   City   State   ZIP Code   Phone   Email Address   Patient's Contact Preference:   [X] By mail   Patient Diagnosis   Primary Service or Item Requested/Scheduled	HOSPITAL & CLINICS 🥔	MERCYONE.	
Patient Date of Birth:	▲ Patient		
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If scheduled, list the date(s) the Primary Service or Item will be provided:	Reason for Visit	F	rimary Diagnosis Code
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	OMB Control Number [XXXX-XXXX] ExpirationDate [MM/DD/YYYY]
Check this box if this service o	
Date of Good Faith Estimate:	//
Provider Name	Estimated Total Cost:
Davis County Hospital & Clinics	\$
Total Estimated Cost: \$	

The following is a detailed list of expected charges for your scheduled services. The estimated costs are valid until 1 year from the date of the Good Faith Estimate listed above.





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#### **Provider Estimate**

OMB Control Number [XXXX-XXXX] <u>ExpirationDate</u> [MM/DD/YYYY]

Provider/Facility Name: Davis County Hospital & Clinics		Provider/Facility Type:
Street Address 509 N Madison Street		
City Bloomfield	State: Iowa	ZIP 52537 Code:
Contact Person:	Phone: 641-664-2145	Email:
National Provider Identifier	Taxpayer I	dentification Number: 42-6006219

#### Details of Services and Items for Davis County Hospital & Clinics

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Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
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OMB Control Number [XXXX-XXXX] ExpirationDate [MM/DD/YYYY]

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#### Total Expected Charges from Davis County Hospital & Clinics \$

Additional Health Care Provider/Facility Notes: This estimate does not include any other services that may be ordered by your provider during your visit.

#### Total estimated cost for all services and items: \$









ExpirationDate [MM/DD/YYYY]

#### Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

### If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to <u>www.cms.gov/nosurprises</u> or call [HHS PHONE NUMBER].

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit <u>www.cms.gov/nosurprises</u> or call [HHS NUMBER].

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.







### Patient Financial Services Billing Specialist

- Balance claims each morning between Cerner and Change Healthcare (Clearinghouse)
- Claims are then reviewed in Change Healthcare by alpha split
  - Review for:
    - Patient demographics
    - Type of bills based on services and payers
    - Revenue Code and CPT/HCPCS combinations
    - Units and modifiers
    - Prior Auth number listed
    - Correct NPI
      - Average 3200 claims a month





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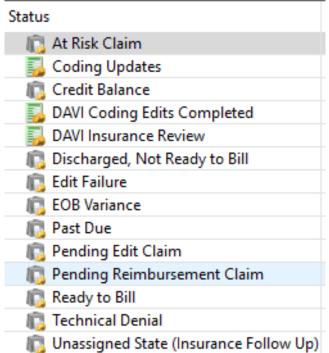
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### Patient Financial Services Billing Specialist

- Rejected/Return queue in Change Healthcare
- Return voicemail and calls to patients and work queues
- Several queue and reports



- PFS can communicate via work items through the system to HIM and Patient Access
- This information follows the encounter and makes notes in the comments when correspondence is updated between the staff



### Patient Financial Services Billing/Provider Credentialing Specialist

- Same duties as the billing specialist
- Provider credentialing is enrollment of new providers with our insurance companies
  - This allows us to send claims and receive payment
- Providers new to Medicare enrollments can take up to 4 hours to complete forms
- Existing providers with Medicare enrollment forms generally take 30 minutes
- After enrollment is submitted the process for the insurance to complete set up averages 8-12 weeks
  - In some case we have seen 3 weeks to several months for insurances to finalize this enrollment





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### Patient Financial Services PFS Specialist



• Also, a newer position- 1 year

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- Same duties as the billing specialist
- Also perform a lot of the same duties as the Financial Counselor





## **Patient Financial Services**

### What's Next You Ask



- Early out calls
  - F/C and PFS Spec will monitor selfpay accounts after 45 days of their first statement without payment or without an acceptable payment based on the policy
- Create centralized charge code request process
  - Receiving request multiple ways
  - Creating a template for the departments to fill in information to build their charge code or service
- Continue to increase the volume of electronic remittances and ACH
- CMS NSBA and GFE or 2023
  - 2023 regulations for commercial plans
  - Our volume of GFE will increase from 3 daily to 88 daily
  - Software to enable us to complete these timely

