Patient Financial Services

Pride Report

2022

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Patient Financial Services
Meet the Team

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

Patient Financial Services

Selfpay Good Faith Estimate Form

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

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Patient		
Patient First Name	Middle Name	Last Name
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	[ ] By email
Patient Diagnosis		
Primary Service or Item Requested/Scheduled		
Reason for Visit		Primary Diagnosis Code
If scheduled, list the date(s) the Primary Service or Item will be provided:		

Patient Financial Services

Selfpay Good Faith Estimate Form

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

☐ Check this box if this service or item is not yet scheduled	
Date of Good Faith Estimate: _____/_____/_____	
Provider Name Davis County Hospital & Clinics	Estimated Total Cost: $
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.

Patient Financial Services

Selfpay Good Faith Estimate Form

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

Provider Estimate

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

Details of Services and Items for Davis County Hospital & Clinics

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				

Patient Financial Services

Selfpay Good Faith Estimate Form

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

	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				
	509 N Madison Street Bloomfield, IA 52537				

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: $

Patient Financial Services

Selfpay Good Faith Estimate Form

OMB Control Number [XXXX-XXXX]
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.

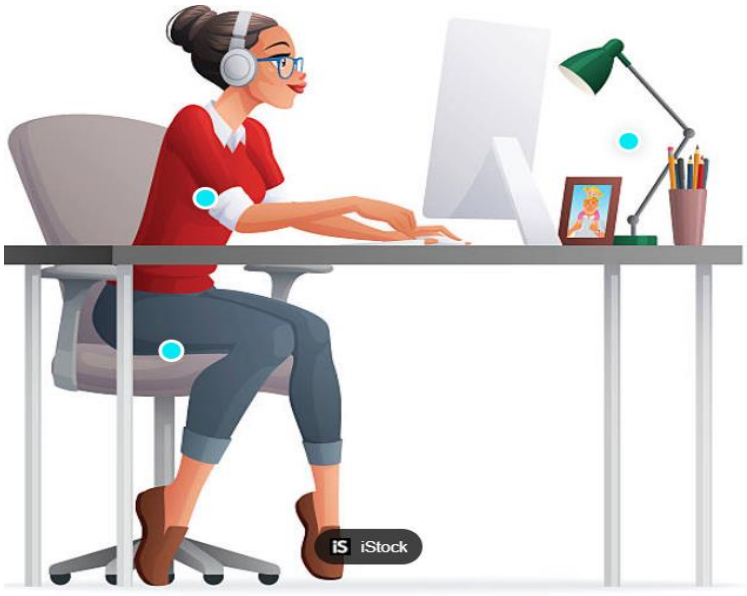
To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call [HHS PHONE NUMBER].

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises 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.

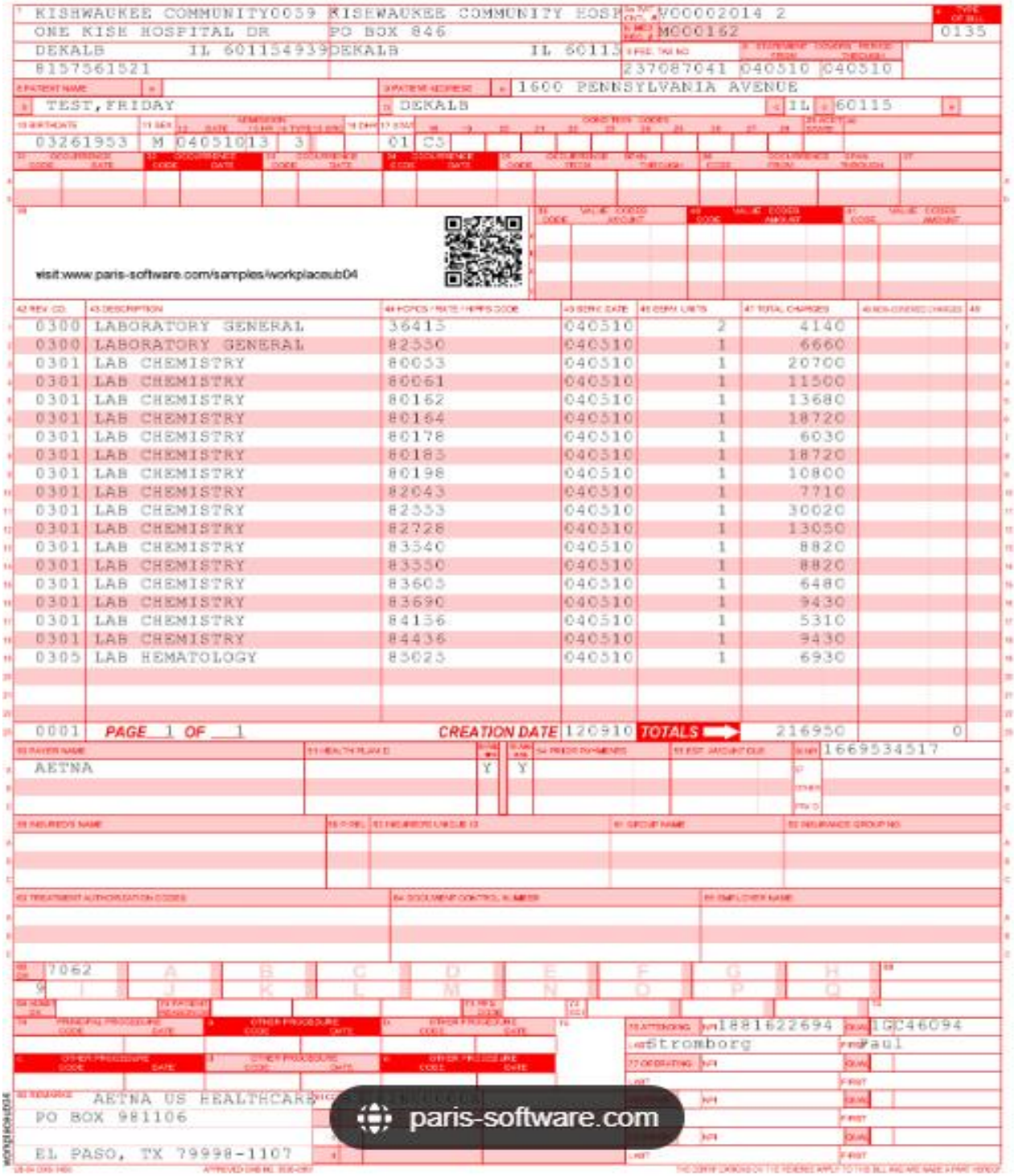
Patient Financial Services
Billing Specialist

- 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



Patient Financial Services

Billing Specialist UB04



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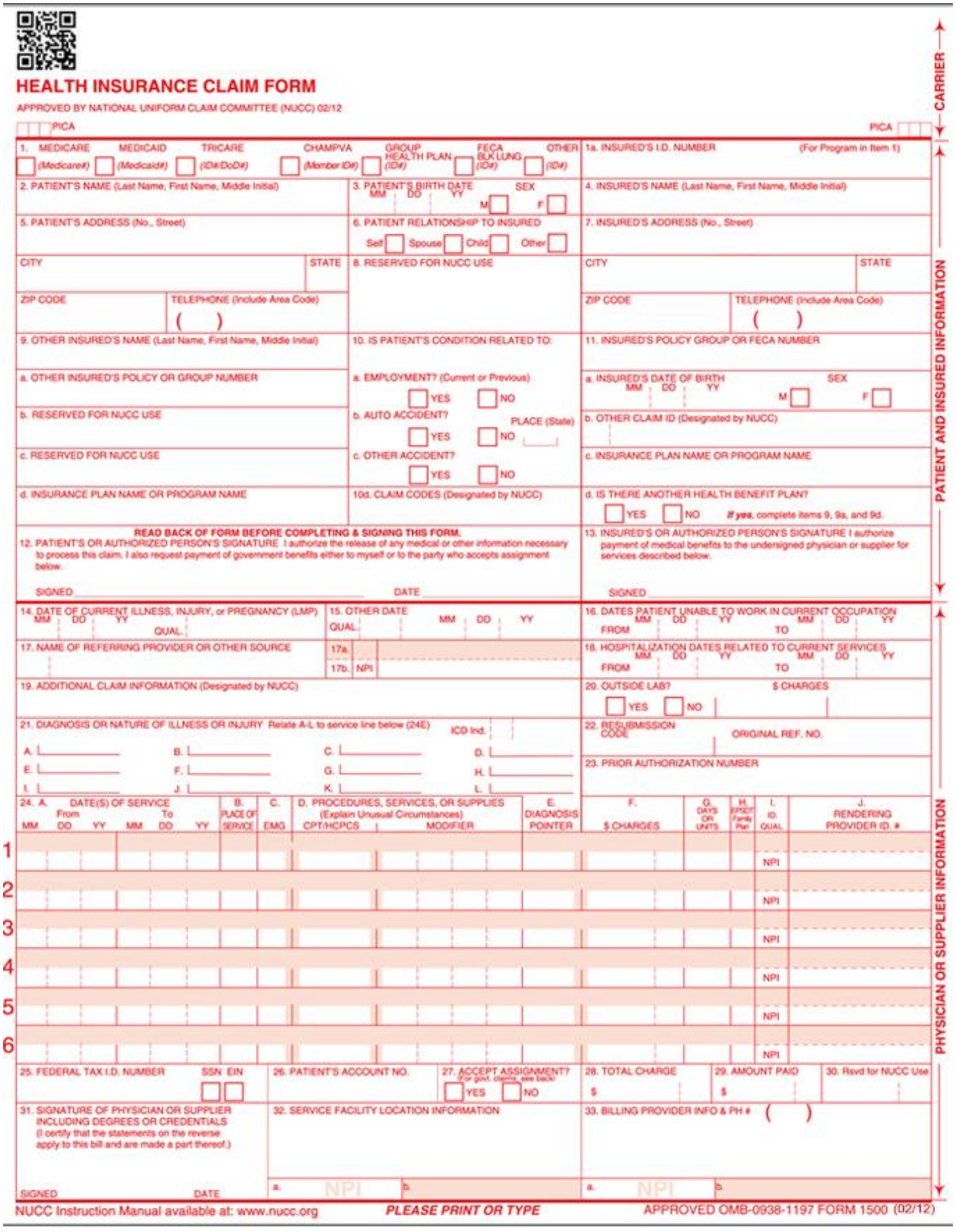
Patient Financial Services

Billing Specialist – 1500 Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02/12)

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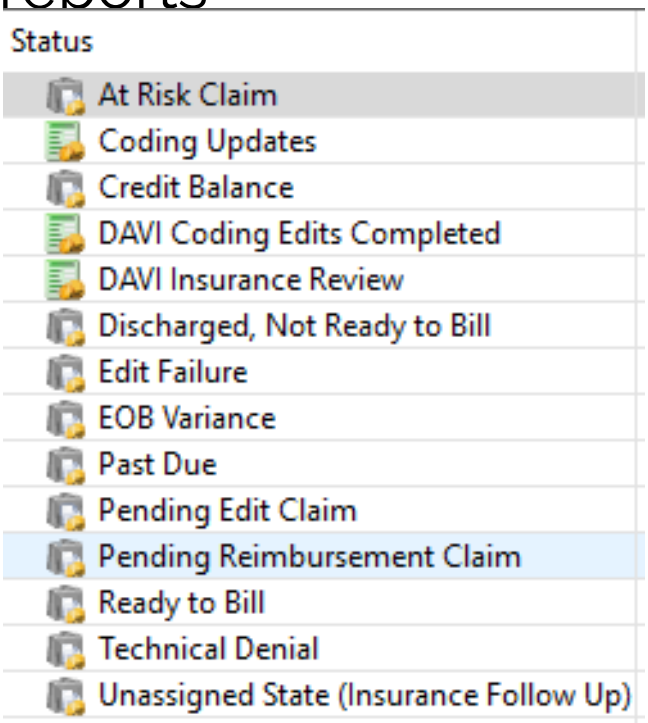
Patient Financial Services

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

Patient Financial Services

PFS Specialist

- Also, a newer position- 1 year
- 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