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Procedure Title:	**Patient Account Collections Policy**
Date:	**04/30/25**
Version:	
Department:	**CIC/CCHC**
Approved By:	

Purpose: To create a workflow that allows us to properly handle patient account balances efficiently and timely resulting in lower dollar amounts outstanding in accounts receivable.

Notes:

- Self-Pay account worklist "CIC Third Statement" or "CCHC Third Statement" is run in Athena showing all patient accounts that are 70 days old and have received 3 statements.
- After the report is run, a courtesy call is made to all patients.
- If no response is received within 5 days, the patient is sent a dismissal letter with a billing summary showing the patient's balance(s) and a medical records release form sent via certified mail.
    - *Accounts with less than a $30.00 balance cannot move onto the dismissal letter step.*
- 30 days after the dismissal letter, if no response is received from the patient, the last step is to send the patient to General Credit Services.
    - *If a patient satisfies/pays off their collection balance and proof is provided by General Credit Services, we accept them back as a patient. If this occurs twice, they are indefinitely dismissed.*
    - *If a patient is on a payment plan, they are unable to add to their balance without pre-approval from billing (adjustment to payment plan).*

<u>Below are the detailed and specific steps for handling collections accounts:</u>

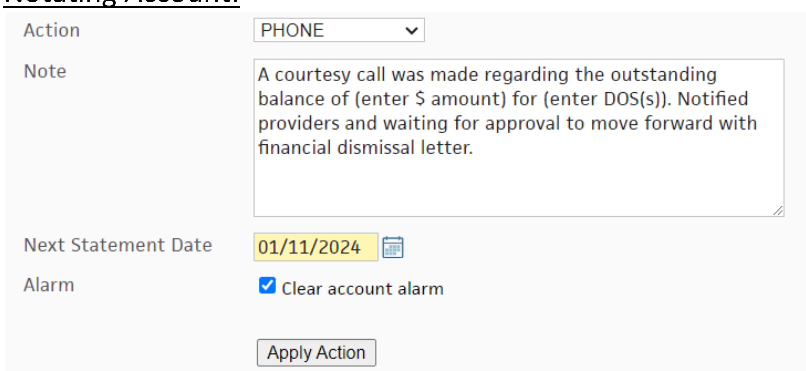
<u>Step 1: Courtesy Call on Thursday each week</u>

1. Run self-pay account worklist:
    - From the purple bar in Athena click claims>self-pay account worklist>at the bottom of the page select run worklist for CIC or CCHC third statement, depending on the clinic you are working on.
2. Beginning at the top of the list navigate through each patient's account notes, verifying no other communication has been made with the patient and another team member. If none is shown move forward a courtesy call.

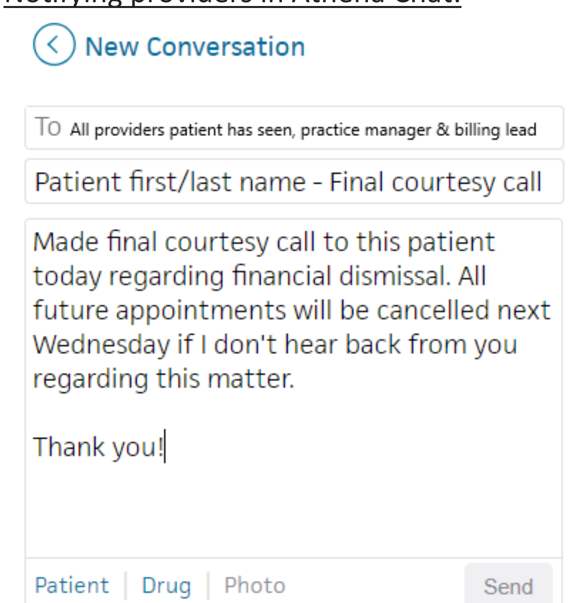
    - *Good Morning/Afternoon, this is the Complete Care billing department. We are reaching out as a courtesy regarding an outstanding balance on your account. Please call our office at 541-773-9772 within the next 24 hours to discuss your account and avoid any* *potential financial action. Please note, any existing or newly scheduled appointments will be canceled the day prior to the appointment if we do not hear back from you. Thank you.*

3. After the call has been made, note the account listing the dates of service along with the total balance you called regarding, and notify all providers for approval of dismissal. Once notes are documented, select the box, “clear account alarm” and select, “Apply Action” This will remove the patient from the self-pay account worklist.
    - *ALL providers who have ever seen this patient being dismissed from the clinic will need to be notified of the final courtesy call. Be sure to include the clinic manager and billing lead in these notifications to the providers in the Athena texting system. DO NOT cancel appointments until you receive approval from the provider(s).*
    - *Examples of how to notate patient accounts and how to notify providers are shown below.*
    - *Providers and staff listed above must be notified whether the patient has future appointments scheduled or not.*

<u>Notating Account:</u>

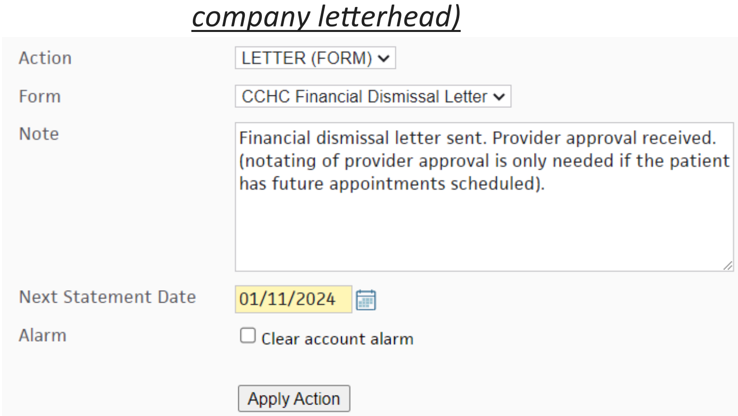


<u>Notifying providers in Athena Chat:</u>



<u>Step 2: Dismissal Letter on Wednesday each week.</u>

1. Run the collections worklist.
   - From the purple bar in Athena click claims>collections worklist>select the medical group you are working on (CIC or CCHC)>press continue>select the collection policy CIC or CCHC Dismissal letter>press filter.
     - This will populate all accounts that have received 3 statements and are at minimum 75 days old.
     - No accounts with a balance under $30.00 will be generated on this report.
2. Leaving the screen with the report up, navigate to your second monitor and pull up another Athena tab. You will want to go through each account that populates in this report and make sure that their account has been notated with a courtesy call and if the patient has future appointments, you've received approval from the patient's care team to move forward with financial dismissal. You will also need to confirm no recent payment was made and that no other communication occurred between another member of the team.
   - *If the patient has made a payment but did not get set up on a formal payment plan, please contact the patient and advise them that to avoid any further collections action they would need to be set up on a formal payment plan. Allow them 48 hours to return your call. If no response from the patient, move forward with sending them to collections.*
     - ***You will need to set yourself a calendar reminder to call this patient back within 48 hours.***
3. Once all steps listed above have been completed, we can move forward with our dismissal letter.
   - From the patient's Quickview click, patient account view>scroll down to the Patient Account Notes section>under action select LETTER (FORM)>select form CIC or CCHC Financial Dismissal Letter>make notes stating "Dismissal letter sent">click apply action>click print and **print 2 copies**. *<u>(Make sure it is printed on company letterhead)</u>*


Action LETTER (FORM)
Form CCHC Financial Dismissal Letter
Note Financial dismissal letter sent. Provider approval received. (notating of provider approval is only needed if the patient has future appointments scheduled).
Next Statement Date 01/11/2024
Alarm Clear account alarm
Apply Action

   - Once printed, handwrite the outstanding amount on the letter.
4. Then add an alert to the patient's account with the date dismissed, from which clinic, and the last date to be seen for urgent care. Use the exact statement below.

Close X

DO NOT SCHEDULE; PATIENT IS DISMISSED FROM CARE AT (list clinic) AS OF (insert date). PATIENT MAY BE SEEN FOR URGENT CARE UNTIL (insert date, 30 days from dismissal letter). PLEASE HAVE THE PATIENT CONTACT BILLING WITH ANY QUESTIONS. Edit

Updated 03:21 PM by mcarrigan2 Audit history

DO NOT SCHEDULE; PATIENT IS DISMISSED FROM CARE AT (list clinic) AS OF (insert date). PATIENT MAY BE SEEN FOR URGENT CARE UNTIL (insert date, 30 days from dismissal letter). PLEASE HAVE THE PATIENT CONTACT BILLING WITH ANY QUESTIONS.

5. Check for future appts. If an appt is scheduled at the clinic the patient is being dismissed from, call the patient advising, "This is a courtesy call to let you know your future appointment(s) have been canceled due to our financial policy. Please call us if you have any questions."
6. Cancel all future appts with "FINANCIAL DISMISSAL" and note that the patient was dismissed due to financials.
7. Print the patient balance from the billing summary along with an Authorization to Release Protected Health Information form with the appropriate clinic listed at the top; CIC or CCHC.
8. Lastly, mail all the above-listed documents - dismissal letter, medical records release, and billing summary with balances via certified mail.
   - *Apply a green sticker/certified mail form from the post office (following the directions on the tag.) Then take the code of numbers sticker that is at the bottom and place it on the second dismissal letter you printed. When the certified mail has been sent through the post office, place the stamped portion on the letter as well and have it scanned into the patient's account.*
   - *When a patient pays after the dismissal process has been started, BUT NOT SENT TO COLLECTIONS YET they may be seen again; however, they need the below alert added to their account:*

Close X

The patient may not carry a balance with (insert name of clinic) due to past financials. (Today's date) Edit

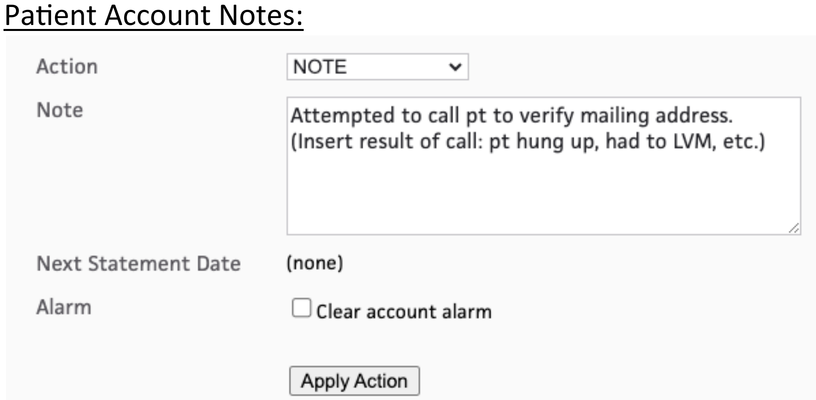
Updated 04:19 PM by mcarrigan2 Audit history

The patient may not carry a balance with (insert name of clinic) due to past financials. (Today's date)

   - *If the certified letter is returned, attempt to contact the patient to get an updated MAILING address. Note that the attempt was made on the envelope and in the patient account notes on* *the Quickview screen.* ***"Attempted to call pt to verify mailing address. (Insert result of call: pt hung up, had to LVM, etc.)*** *Also, make notes in the patient account notes. Then, have the envelope scanned into the patient's chart with a note on it that states the patient was called to update the mailing address. This does not change anything on the timeline. If the patient's dismissal is returned and the patient never calls back to update the address or talk to billing, they will still be sent to collections 30 days from the dismissal letter.*

Patient Account notes in Quickview:

Patient Account Notes:



Step 3: Sending a patient to General Credit Services done Tuesday each week.

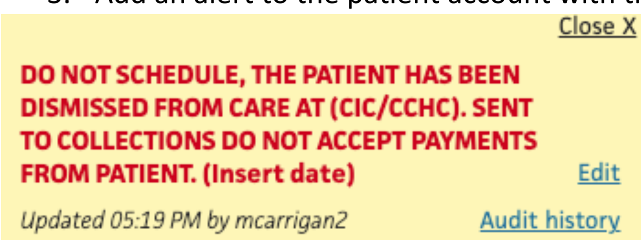
This step is done 30 days after the dismissal letter is sent and no correspondence, payment, or payment arrangements have been made.

1. Run the collections worklist.
   - From the purple bar in Athena click claims>collections worklist>select the medical group you are working on (CIC or CCHC)>press continue>select the collection policy In-House Collections Worklist>press filter.
     - This will populate all accounts that have received 3 statements and are at minimum 100 days old.

   - No accounts with a balance under $30.00 will be generated on this report.

2. Leaving the screen with the report up, navigate to your second monitor and pull up another Athena tab. You will want to go through each account that populates in this report and make sure that their account has been:
   - Notated with a courtesy call and that providers were notified of no future appointments.
   - Confirm the dismissal letter was sent. You will also need to confirm no recent payment was made and that no other communication occurred between another member of the team.
     - *If the patient has made a payment but did not get set up on a formal payment plan, please contact the patient and advise them that to avoid any further collections action they would need to be set up on a formal payment plan. Allow them 48 hours to return your call. If no response from the patient, move forward with sending them to collections.*
       - ***You will need to set yourself a calendar reminder to call this patient back within 48 hours.***
   - Make sure 30 days have passed since the dismissal letter was sent.

3. Add an alert to the patient account with the below statement.



DO NOT SCHEDULE, THE PATIENT HAS BEEN DISMISSED FROM CARE AT (list clinic). SENT TO COLLECTIONS DO NOT ACCEPT PAYMENTS FROM PATIENT. (Insert date)

4. Double-check again that there are NO FUTURE APPOINTMENTS. If some have been made be sure to cancel them and alert the patient with a phone call, along with emailing the lead reception coordinator and the practice manager.
5. Once all the above steps have been completed, you can send the account to General Credit Services.

   - From the collections worklist select all the accounts that will be sent to GCS and choose the option, Download CSV, and from the drop-down select include only the selected accounts. Next, press proceed. This will download all accounts into an Excel spreadsheet.
     - *REMOVE* headers, department, providerID, last payment date, last payment amount, payment plans, and upcoming appointments.
     - *ADD* last DOS rendered, patient DOB, the patient's mailing address and guarantor last name, guarantor first name, guarantor DOB (this will only be filled out if the patient is under the age of 18 or services rendered occurred

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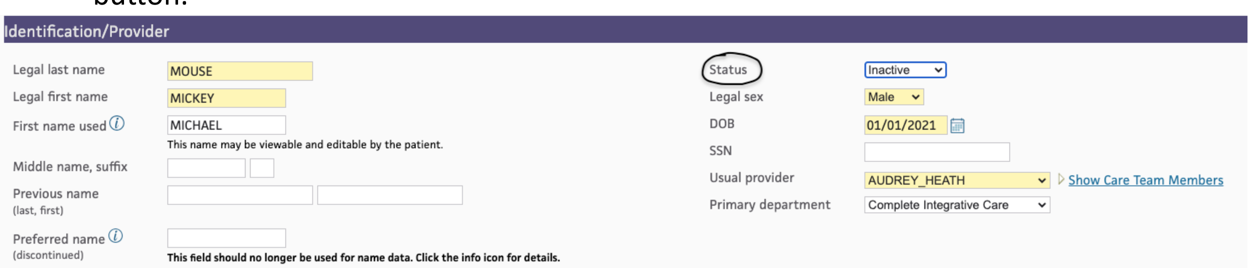
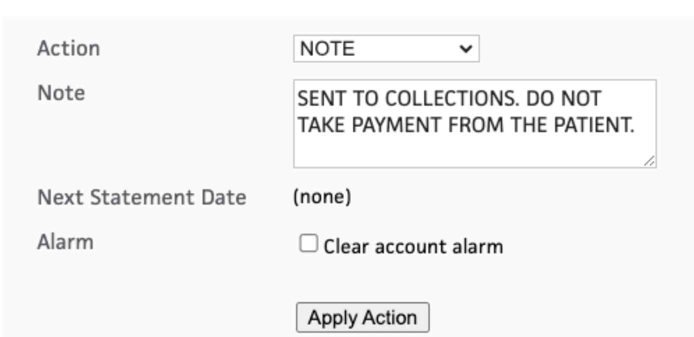
when they were under the age of 18). Fill out these fields accordingly before uploading the spreadsheet to GC.

- Save the spreadsheet with today's date as the file name to the OneDrive folder>billing archives>collections>CIC or CCHC.

6. From here go to: https://www.clientaccessweb.com/GCS/Net/Main/Login/Default.aspx?logout_reason=
   - Enter your login information with the client ID 32815.
   - At the top of the page select Uploads.
   - Select client ID, 33987 for CIC or 32815 for CCHC.
   - Select file>upload your Excel spreadsheet that was downloaded.
   - Click upload files.
7. After your spreadsheet has been uploaded to GCS, from the collections worklist keep all of the patient accounts selected and choose the option, send to collections with the drop-down General Credit Services.
   - You will get an alert stating, "You are about to create a collections file. This could take several minutes. All selected charges will be adjusted off the patients' accounts." Press ok.
   - Add notes, "uploaded to GCS with today's date.
   - Mark batch as submitted.
   - Click save.
8. From the patient's Quickview, deactivate the patient's account and press the save button.



9. In the patient account notes, notate, "SENT TO COLLECTIONS. DO NOT TAKE PAYMENT FROM THE PATIENT."



ADDITIONAL INFORMATION: MANUALLY ADJUSTING OFF TO GENERAL CREDIT

This situation is when all the above steps have been followed, but the entire balance eligible for collections does not populate in the In-House Collections Worklist due to it not technically meeting the criteria. If you made a courtesy call and sent a dismissal letter, proceed with these steps.

1. Once the full balance has been uploaded to General Credit you will want to Navigate to the claim that has not been adjusted off to General Credit Services.

2. Navigate to *Claim Edit*
3. Select Claim Action Page
4. Select Actions
5. Select Add Kick Reason
6. Applies to - Patient Statement
7. Kick Reason - COLLECT
8. Select Submit
9. From the purple bar, Select Claims > Collections Worklist from the Main Menu
10. Collection Policy - Change drop down menu to Sent to COLLECT (manually)
11. Select Filter
12. Select General Credit Services in the drop-down yellow box
13. Select Send to Collections

HARDSHIP AND EXTENDED PAYMENT PLAN INFORMATION:

We offer two different applications for patients who cannot financially afford to pay their account balance in full or get set up on a 3–6-month payment plan.

1. Extended payment plan:
   - If the patient is unable to set up a payment plan to pay their balance in full within 6 months, please send them the Extended Payment Plan Application. (outlined in the financial hardship SOP)
2. If a patient is unable to afford the balance at all, please move forward with the Financial Hardship Application (outlined in the financial hardship SOP).
   - If the patient is approved for hardship and is still unable to pay the balance in full or pay within a 3-6 month period, please move forward with the extended payment plan application.

Please note that if a patient fails to maintain the extended payment plan or financial hardship agreement, our collection practices will resume, and the patient will be sent to collections for the current balance on their account. We will not revoke any discounts given to the patient upon sending them to collections if the patient does not fulfill their hardship agreement.

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EMPLOYEE COLLECTION ACCOUNTS PROCESS:

- If we have a patient who is an employee and they have a balance on their account, these steps should be followed:
  1. The employee should be put on DAR, so the reception team is aware to collect the outstanding balance.
     - *The only exception for this is if the patient was scheduled after the DAR was completed.*
       - If the employee pays, great, no further steps are needed.
       - If the employee cannot pay at check-in, reception should notate the account in the patient account notes.
  2. When a Team Member balance enters collections status the following steps will be taken by the Billing Department:
     - Courtesy call to the Team Member
     - If there is no response from the Team Member with the courtesy call, Billing staff will email Admin (Cece Carvajal) the billing statement for review. She will then forward the statement to the HR Director to reach out to the Team Member. The HR Director will email the Team Member a copy of the statement of balance due advising the Team Member that they are in collection status and give them the option to take one of three actions that day and report back to the HR Director what action they have taken:
       - Contact the Billing Department and make payment in full
       - Contact the Billing Department and set up payment arrangements
       - Set up payroll deductions to pay the balance
     - If the Team Member chooses payroll deductions, the HR Director will calculate out their payments of the full balance over the next three or six payrolls to pay the balance in full or approve other arrangements when necessary. Once the Team Member signs the payroll deduction agreement, the HR Director will set up the deduction in payroll and send a copy of the agreement to the Billing Department Lead to post those payments to the Team Members account each pay date.
     - At no point should a Team Member be refused service, UNLESS staff has been instructed otherwise by a member of the Admin Team.

  3. Once per month, a member of the Billing Department will print or email all Team Member past due balance statements to Admin (Cece Carvajal) for review and forwarding on to the HR Director to reach out in the same manner to each Team Member with a past due balance in collection status.