

Community Health Services and Prevention Divisions

Sliding Fee Discount Program, Services, Revenue, Billing and Collections Policies & Procedures

Kerren Buchanan, Business Practices Manager

Cristin Burris, Sr. Revenue Cycle Analyst & Manager of Central Business Office

HCHN Governance Council

April 15, 2019

Objectives

- Oversight of standards for Revenue Cycle Management
 - Populations served
 - Registration and Insurance Assistance
 - Sliding Fee Discount Program and fee collection from patients
 - Billing Insurance
 - Posting Payments
 - Correcting, resubmitting, appealing claims
- Balance the financial sustainability of clinic operations with a strong commitment to eliminate barriers to care for homeless and other vulnerable individuals and families

Community Health Services and Prevention Division Roles

- Business Practices – System management of client administrative processes
 - Create and maintain standard work processes for client registration, scheduling, check-in/check-out activities
 - Oversee compliance with Third Party Insurance coverage
 - Oversee compliance with self-pay collection activities-Sliding Fee Discount Program
 - Train all staff to standard work processes
 - Develop and maintain curriculum around standard work processes
- Central Business Office – Third Party Billing and Accounts Receivable
 - Billing Analysts review, submit, correct, appeal claims
 - Provider enrollment with third party payors
 - Epic system design, build, test, fix
 - Data analysis

Organizations Affected

Community Health Services and Prevention Division programs in 330h grant scope where:

- Client is registered in Epic and
- Services are billed through Epic (*no charge services/programs are not included*)

Oversight

- HCHN Governance Council
- PHSKC Division Directors
- PHSKC Compliance Unit
- OCHIN Oversight Committees (for system functionality)

Populations Served

In general, our target population are the most vulnerable residents of King County:

➤ Homeless

*Federally Qualified Health
Center (FQHC)*

- Low income
- State health insurance programs
- Uninsured or Underinsured
- Other: All seeking contraception, all seeking travel immunizations

Client Registration

The Client's information is entered into the Practice Management System – EPIC

- Demographic data used for funding or supporting our programs:
 - Race, Ethnicity, Interpreter need, Homeless status, etc.
- Federal Poverty Level (FPL)
 - Family size & Household income-self-declared
- Insurance
 - Screening
 - Enrollment

Discount Fees for self-pay clients

- ❑ Based on **Federal Poverty Level (FPL)**: Calculated from Family Size & Household Income
 - Tiered Flat Fees → Flat fee at each visit, regardless of services rendered
 - Sliding Fee Scale → % discount based on services rendered

NO CLIENT IS DENIED SERVICES DUE TO INABILITY TO PAY

Sliding Fee Discount Program: Fee Evaluation

- PHSKC strives to remove barriers around access and maintain affordable services for all clients, especially our most vulnerable populations-including people experiencing homelessness
- Our current fee structure has been in place since 2008 and we remain one of the most affordable Community Health Partners across the region.
- **Fee Calculation Formula:**

Medicare RVU x Cost per RVU x % inflation

or

Market Rate

(whichever is lower)

Fees Exceptions

- “A” status (at or under 100% of FPL) Homeless clients are not charged the Tiered Flat or Sliding Scale Fees
- No charges are assessed to clients receiving Parent Child Health (MSS/ICM) or WIC services
- NO Discount** for Travel immunizations (only offered at the Downtown PHC)

NO CLIENT IS DENIED SERVICES DUE TO INABILITY TO PAY

Policy Components – Patient Fees

- Personal Health Services – Fees and Charges in BOH Code Title 3
- HRSA regulations – Sliding Fee Discount Scale
 - Patient fees may be waived based on specific criteria
 - Communicable disease control or emergency public health problem
 - To remove barriers to accessing service (homelessness and behavioral health)
 - Patient balances are written off as bad debt after 18 months

Client Payment Collections

- Clients are asked to pay their current fee amount as well as any outstanding balances from previous visits.

Some charges may not be assessed at check-out (i.e. labs, radiology and supplies) resulting in outstanding balances

Policy Components – Third Party Billing

- CMS Medicare and Washington State Medicaid billing rules
- HRSA regulations – Billing and Collections
 1. Claims are submitted within time frames specified by the payor (timely filing)
 - Check for Medicaid coverage on all uninsured clients
 - Denied claims are reviewed/corrected and resubmitted with the time frames specified by the payor
 2. Identified overpayments are reported and returned within 60 days of being identified
 3. Commercial Insurance
 - Do not bill insurance for confidential services including Family Planning, STD and behavioral health services for clients under the age of 18 or at a School Based Health Center

Third Party Billing Procedures

- Billing operational procedures for correcting claims, appeals, accounts receivable
 - Denial Procedures
 - Correcting, voiding, writing off charges
 - Replacement and Corrected Claims
 - Commercial Insurance
 - Credit balances
 - Refunds to clients or third party

Next Steps

- Minor updates to the Fee Ordinance with Board of Health
- Third Party Coverage Policy approval
- Annual review/update to Policies
 - Incorporate HRSA feedback

Questions?
