

# HARFORD COUNTY HEALTH DEPARTMENT POLICY

Title of Policy: Clinical Services Billing Policy	
Program Area: Clinical Service Programs	
Approved By: <i>Susan Kelly</i>	Original Effective Date: 11/1/13
Susan Kelly, Health Officer	Revised Dates:

## 1.0 POLICY

As a unit of the Maryland Department of Health and Mental Hygiene (DHMH), the Harford County Health Department (HCHD) follows DHMH regulations on cost-based reimbursement rates for local health department clinical services (COMAR 10.02.01.03). For low income patients needing financial assistance, local health departments may discount service charges, using the DHMH approved sliding fee scale.

## 2.0 PURPOSE

HCHD is a major safety net provider of clinical services for Harford County residents. Patients are not turned away for inability to pay. HCHD's Clinical Services Billing Policy and Procedures, which includes the Sliding Fee Scale Program, provides a mechanism for discounting service charges in accordance with a patient's ability to pay. In order to sustain these safety net clinical services to those in need in the community, HCHD must maximize third party insurance reimbursements for services rendered.

## 3.0 PROCEDURES

### 3.1 Clinic Manager

3.1.1 The Clinic Manager is responsible for assuring an efficient patient flow through the Clinic and that proper procedures for patient billing are followed.

3.1.2 A Clinic Manager is assigned by the Program Director for each Clinic session held.

### 3.2 Appointment Scheduler

3.2.1 The Scheduler determines what type of visit is being requested (e.g., problem visit; new patient visit; established patient visit; emergencies should be referred to the Emergency Department).

3.2.2 The Scheduler obtains pertinent information (including name, address, telephone, date of birth, insurance information, social security number, employment) and enters this information into the billing system.

3.2.3 The Scheduler informs the patient of other documents to bring (including legal identification, insurance card, co-payments, and proof of income if uninsured).

3.2.4 The Scheduler gives an estimated charge for the visit and informs the patient that co-pays or other fees due are expected at the time of visit.

3.2.5 The Scheduler asks that the patient arrive at least 15 minutes before appointment time in order to complete the necessary paperwork.

3.2.6 On the day of the appointment, the Medicaid EVS system is checked to see if the patient has Medicaid coverage (and documentation is scanned into the system).

- 3.3 Front Desk Associate
  - 3.3.1 The patient is greeted and offered Limited English Proficiency (LEP) services if needed.
  - 3.3.2 The patient signs in and the reason for the visit is determined.
  - 3.3.3 The Front Desk Associate distributes and explains the registration forms (including patient history/update, HIPAA forms, and Financial and Clinical Policies Form) to the patient. Signatures on documents are obtained.
  - 3.3.4 The Front Desk Associate determines the patient's method of payment and obtains insurance information as needed. Pertinent information (including insurance card and driver's license) is scanned into the system.
  - 3.3.5 The Front Desk Associate enters any additional pertinent information into the billing system.
- 3.4 Financial Associate reviews and assures the patient signs the HCHD Financial and Clinical Policies Form (Attachment 1):
  - 3.4.1 **Financial and Clinical Policies Form** states the following:
    - 3.4.1.1 **Must apply for Medicaid or HIX, if eligible:** Patients who are eligible for Medicaid or Health Insurance Exchange (HIX) plans are expected to apply for this coverage. Assistance with the application process will be offered to those who request it.
    - 3.4.1.2 **No co-pays and no deductibles, if on Medicaid or Medicare:** HCHD is a participating provider with Medicaid and Medicare; consequently, patients that have Medicaid (including all MCOs) or Medicare coverage will have no cost sharing responsibilities, i.e., the patient will not have to pay anything for the visit.
    - 3.4.1.3 **No co-pays if on Medicaid as a secondary insurance:** Patients with primary commercial insurance and secondary Medicaid insurance will also have no cost-sharing responsibilities, i.e., the patient will not have to pay anything for the visit.
    - 3.4.1.4 **Co-pays if on commercial insurance:** For commercial insurance only, co-payments are expected at time of service, regardless of HCHD being a participating or non-participating provider. However, under federal health care reform, many preventive services (including annual well-woman visit and contraceptive services visit) will not require co-payments. In addition, under DHMH policy, sexually transmitted infection (STI) diagnosis and treatment services for individuals under age 21 are non-chargeable.
    - 3.4.1.5 **HCHD currently not a participating provider with many commercial insurance companies:** Patients should be informed that HCHD is currently not a participating provider with many commercial insurers; consequently, the patient will be responsible for the balance unpaid by insurance. For this reason, the patient may elect to be seen by a participating provider, instead of the HCHD Clinic.
    - 3.4.1.6 **Will balance bill if on commercial insurance:** HCHD will submit billing for medical services to the patient's commercial insurance company on file; however, the patient/guarantor remains responsible for the balance due.

- 3.4.1.7 **Pre-authorization** for services will be obtained, if needed.
- 3.4.1.8 **Sliding Fee Scale Program:** Patients who are not eligible for Medicaid or Health Insurance Exchange plans, who are uninsured, and who need financial assistance, may apply for HCHD's Sliding Fee Scale Program.
- 3.4.1.9 **Proof of income needed if age 18 or over:** In order to qualify for the Sliding Fee Scale Program, proof of family income is required for patients, age 18 or over. Patients under age 18 are not required to provide proof of income in order to qualify for the Sliding Fee Scale Program.
- 3.4.1.10 **Proof of income documentation** includes: (1) identification with address (e.g., driver's license, gas and electric bill, telephone bill); and (2) one of the following: pay stubs, 1040 tax form, government benefits letter, statement of wages on company letterhead, unemployment stubs, letter of reference from a charitable organization, verification of no income support letter.
- 3.4.1.11 **Financial Agreement:** Acceptance into the Sliding Fee Scale Program will require a financial intake interview in which the patient will be informed of the discounted amount owed and a financial agreement will be signed by the patient.
- 3.4.1.12 **Annual redetermination:** Eligibility for the Sliding Fee Scale Program will be re-determined at least once every 12 months.
- 3.4.1.13 **No other discounted services:** Except for the Sliding Fee Scale Program, HCHD offers no other discounted services, including reduced fee or payment plans. Hardship exceptions must have the signed approval of the Program Director, Director of Administration, and Health Officer.
- 3.4.1.14 **Choosing not to disclose family income:** Those patients who choose not to disclose family income, or who do not provide proof of income within 30 days, will not be eligible for the Sliding Fee Scale Program and will be responsible for full fee, non-discounted, charges according to HCHD's established fee policy.
- 3.4.1.15 **Payment due on day of service:** Full fee and sliding fee scale patients are expected to pay all or part of their charges, including any administrative fees, on the day of service.
- 3.4.1.16 **Central Collections Unit:** All unpaid balances are due within 90 days of the date that the first Patient Statement was mailed. By State law, patient accounts that are unpaid within this timeframe must then be forwarded to the State Central Collection Unit (CCU) which charges the patient a 17% penalty, in addition to the amount owed.
- 3.4.1.17 **Authorization to Release Information and Pay Insurance Benefits:** The patient signs the Form to authorize release of information to other health care providers as necessary and to insurance companies for payment.
- 3.4.1.18 **Consent to Treatment:** The patient signs the Form to consent to treatment.

- 3.4.2 A full financial intake interview is conducted for those patients who ask to apply for the Sliding Fee Scale Program.
- 3.4.3 A full financial intake interview is not required for patients with Medicaid (including Medicaid MCO) or Medicare insurance coverage.
- 3.4.4 The Financial Associate enters any additional pertinent information into the billing system.
- 3.5 Clinical Encounter
  - 3.5.1 Nurse/Counselor/Other Clinician conducts a clinical assessment of the patient.
  - 3.5.2 Physician/Nurse Practitioner/Counselor conducts the clinical examination or encounter.
    - 3.5.2.1 The Physician/Nurse Practitioner/Counselor is responsible for the documentation of the clinical visit.
    - 3.5.2.2 The Physician/Nurse Practitioner is responsible for indicating the proper diagnosis (ICD) and treatment (CPT) codes on the patient's Superbill.
  - 3.5.3 Nurse/Counselor/Other Clinician carries out post-examination/encounter orders, including medication, laboratory and referral orders.
- 3.6 Front Desk Associate or Financial Associate is responsible for the check-out process which includes the following:
  - 3.6.1 Determines and posts into the billing system the appropriate fees based on the fee schedule and procedures performed, as stated in the Superbill completed by the Physician/Nurse Practitioner/Counselor.
  - 3.6.2 Collects the fees and generates a Patient Receipt from the billing system.
  - 3.6.3 Reviews encounter forms for sufficiency and completeness.
  - 3.6.4 Makes the follow up appointment, as needed.
- 3.7 At the end of each business day, the Clinic Manager is responsible for close out procedures, including the reconciliation of cash, checks, credit card transactions, and other clinic service documents that will be forwarded to the HCHD Central Office in Bel Air.

## ATTACHMENT 1.

### HARFORD COUNTY HEALTH DEPARTMENT (HCHD) FINANCIAL AND CLINICAL POLICIES FORM

#### Dear Patient:

Welcome. Thank you for choosing us to be your health care provider. This form will help you better understand our financial and clinical policies.

Please bring your insurance card during all visits, if you have one. If you have a change of address or insurance, please let us know. Please read this form and sign below that you understand these guidelines.

#### FINANCIAL POLICY

- **You must apply for Medicaid or Health Insurance Exchange insurance, if you are eligible.** We will be happy to help you apply.
- **You will not have to pay anything for the visit, if you have Medicaid or Medicare insurance.** There are no co-payments and no deductibles, if you are on Medicaid or Medicare.
- **You will need to pay the portion that insurance does not cover, if you have commercial insurance.** We will submit your medical bill to your insurance company. But we are not a participating provider with many commercial insurers, so you must pay the balance that insurance does not pay. For this reason, you may want to be seen by a participating provider.
- **You may apply for our Sliding Fee Scale Program, if you are uninsured and not eligible for Medicaid or Health Insurance Exchange insurance.**
  - **Proof of income is needed, if you are age 18 or over.** If you are under age 18, then you do not need to provide proof of income to qualify for this Program.
  - **Proof of income documentation** includes: (1) identification with address (e.g., driver's license, gas and electric bill, telephone bill); and (2) one of the following: pay stubs, 1040 tax form, government benefits letter, statement of wages on company letterhead, unemployment stubs, letter of reference from a charitable organization, verification of no income support letter.
  - **Financial Agreement must be signed by you to be accepted into the Sliding Fee Scale Program.**
  - **Your eligibility for the Sliding Fee Scale Program must be re-determined by us at least every 12 months.**
  - **Except for the Sliding Fee Scale Program, we do not offer other discounted services, including reduced fee or payment plans.**
  - **You may choose not to tell us your family income.** If you choose not to tell us your family income, or do not provide proof of income within 30 days of being seen, then you will not be eligible for the Sliding Fee Scale Program. You will then be responsible for full fee, non-discounted, charges.
- **Payment is due on the day of service.** You must pay for your services on the day that you are seen.
- **Central Collections Unit:** Your bill must be fully paid within 90 days of the date that your first bill was mailed to you. By State law, if your bill has not been paid within 90

days then it must be sent to the State Central Collection Unit (CCU) which charges a 17% penalty, in addition to the amount owed.

- **Authorization to Release Information and Pay Insurance Benefits:** I authorize HCHD to share information about my health care with other providers who will be involved in my care and with insurance companies so that payment can be made for the services that I receive. I authorize my insurance company to make payments directly to HCHD on my behalf.

**CLINICAL POLICY**

- **Consent to Treatment:** I wish to receive health care services from HCHD. I understand that HCHD health care professionals who will be caring for me may determine that certain tests, treatment or consultations are needed in order to provide appropriate care. I agree to have those tests, treatments and consultations that my clinician determines are needed for my care.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

HCHD 8/19/13