SOUTHEASTERN OHIO REGIONAL MEDICAL CENTER

DEPARTMENT: Business Office **PREPARED BY: Patient Financial Services**
Responsible: SEORMC Compliance Officer

SUBJECT	**REVISED/REVIEWED**	**EFFECTIVE**
Patient Billing	January 2021	January 1, 2009

PURPOSE:
As a community not-for-profit hospital, Southeastern Ohio Regional Medical Center (SEORMC) operates with the funds received for the services it provides to patients. All patients are expected to make a good faith effort to pay their hospital charges in a timely manner. Services are provided regardless of the patient's ability to pay.

The purpose of the policy is to ensure all PFS staff assists patients in obtaining Financial Assistance and Charity when necessary and that the Business Office efficiently and adequately bills for services related to the healthcare provided by SEORMC.

SCOPE/RESPONSIBILITY:
The policy applies to Patient Financial Services employees.

GENERAL POLICY:
SEORMC will bill for all services that are provided to patients to any of the following payer sources, until a response has been received from the insurance company. That could be payment or denial.

- Healthcare Insurance Companies
- State and/or federal agencies
- Automobile Insurance Companies
- Attorneys
- Employer Groups
- Exploration of financial assistance and charity as appropriate
- Any other applicable source
- Patient and/or guarantor

PROCEDURE:
The Business Office staff will make every attempt possible to bill all claims for services electronically. When necessary, hard copy claims will be filed.

After Patient Discharge

- The hospital will bill the patient's insurance provided at the time of registration as well as any other known insurance and continue efforts to work with the insurance company for any additional information needed.
    - If the patient is self-pay and has no insurance the patient will receive a statement.

- Once the other insurance company has processed the claim, any balance will be billed to the next payer or the patient/guarantor. If assistance or additional information from the insurance company is needed from the subscriber and not provided the full balance may be billed to the patient.

- Patients may also receive bills from physicians/other services provided to them while they were a patient at the hospital. Questions about bills sent to patients by physicians/other providers should be directed to the phone number listed on their statements.

Balance Billing

- Once all payor sources are identified and billed the patient will be sent a statement for services provided,.
    - In the event the patient requests any discounts the request is forwarded to the PFS Supervisor and each request will be evaluated based on all factors; the patient may be required to complete a Financial Assistance application to prove a hardship exists.

Paying Hospital Charges

- With the statement the patient will find a description of the services provided with corresponding charges and information on where they can access SEORMC's Billing, Collection, HCAP, and Charity Policies is provided.

- Many insurances and payment plans are accepted by SEORMC.
    - All insurance cards including, Medicare Supplement insurances should be presented at the time of registration.
    - Patients will be asked to sign a consent to allow the hospital to bill the insurance directly.

- The Business Office staff at SEORMC is available to assist with questions about hospital charges.
    - We have Financial Assistance programs available to assist our patients.
    - Our Financial Counselors can help patients decide if they qualify for any payment assistance programs or public benefits.

- If the patient cannot pay the balance in full, the account is followed up by the financial counselor to work to establish a payment plan.
    - They will establish payment plans, as well as continue to exhaust every reasonable effort to assist the patient in obtaining other payor sources or applying for Financial Assistance.
    - If the patient defaults on their payment plan or refuses to resolve their balance due, SEORMC will refer the account to a separate Bad Debt collection agency. This is primarily an automated process.

Credit Accounts and Refunds

- If an account becomes a credit balance account, the account will be resolved as timely as possible by reviewing all account details to determine why the credit exists and the timeliest and efficient way to resolve the credit balance.

- The investigation must include proper follow up with any department or entity to reduce the existence of refunds. Steps will be taken to correct any process that ultimately unnecessarily results in overpayments by patients.

- The account will be investigated to be sure whether the overpayment results in the need for an adjustment, a charge correction, transfer of credit to an outstanding account for the patient, a refund to an insurance company, or a refund to a patient/guarantor.
    - Any payments made by a patient or guarantor who is later found to be HCAP, Charity Care, or Medicaid eligible for that date of service will be refunded directly upon the discovery of eligibility.

- All credits resulting from payments made by patients, that do not qualify for a refund, will be applied to another open account as the first option to reduce unpaid balances, particularly those that are aged and or in bad debt. The overpayment can also be transferred to other accounts of family members.

- If there is a valid reason for applying the overpayment to a new account, then this should clearly be stated in the account notes.

- In all situations involving refunds clear and concise notes are critical for each account; this will allow for ease of explanation should someone call or need to clarify what transpired on the account.

- When calls are received from patients inquiring about a refund, it is mandatory that the associate first review all accounts for that patient including all payments, adjustments and notes – prior to informing the patient about the refund / application of overpayment to an existing account. This step will eliminate confusion and expectations from all patients.

- Refunds are processed bi-weekly by the accounts payable department and will be mailed to the patients on alternating Friday's.

Any disputes or concerns will be addressed by the business office supervisor/manager.