

CHEYENNE REGIONAL

AREA: BOARD OF TRUSTEES

TITLE: Patient Accounting

NUMBER: BOARD-FN-17

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ORIGINATOR: Board of Trustees

POLICY APPLIES TO: Entire Institution

APPROVED BY:

REVISION DATE: February 25, 2016

\_\_\_\_\_  
President, Board of Trustees

EFFECTIVE DATE: February 25, 2016

Date: \_\_\_\_\_

POLICY REFERENCE:

### POLICY

These policies have been approved by Administration and the Board of Trustees. They provide the guidelines for performing patient accounting functions and are the framework for detailed procedures. It is the policy of Cheyenne Regional Medical Center (Cheyenne Regional) to comply with the provisions of the *Emergency Medical Treatment and Active Labor Act*, hereinafter referred to as EMTALA, and Federal regulations and interpretive guidelines promulgated thereunder. The hospital will comply with all applicable federal and state regulatory guidelines for billing accuracy and compliance.

#### I. Patient Registration

1. All patients presenting to the Emergency Department will be triaged. Refer to Cheyenne Regional Policy & Procedure 2-163 EMTALA. No emergency admission/treatment will be denied for financial reasons. The Emergency room physician will determine the priority for each patient.
2. As appropriate and in compliance with EMTALA, co-pays, deductibles or coinsurance will be requested at the time of discharge.
3. Only members of the Medical Staff or Allied Health Professional Staff with privileges as delineated on their privilege card and in accordance with the Medical Staff Bylaws will be permitted to admit and/or treat patients.
4. For all elective admission/treatment, the physician is responsible for notifying the Hospital sufficiently in advance of the admission/ treatment date to enable successful performance of preadmission procedures. With a valid order and facilities available, registration staff will require 15 minutes.
5. All scheduled patients will be pre-admitted. As a minimum, preadmission responsibilities will include:
  - Obtain necessary patient demographic data.
  - Obtain financial information including verification of insurance coverage, to ensure timely billing for services provided.

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- Contacting insurance company to provide notification that patient is receiving care and request authorization for care as determined by the insurance company.
- Request payment of applicable co-pay, co-insurance and/or deductibles
- All self pay patients will be screened to determine eligibility for Medicaid, disability or some other government assistance. If they do not qualify for any alternative payor source, the patient will be provided information and application for Cheyenne Regional’s financial assistance program.

II. Patient Charging

1. Charges will be applied for each service provided by the Hospital and will be posted to the patient account within 5 days of discharge. Capture of revenue (charge information) is the specific responsibility of the Clinical and Ancillary areas. All Clinical and Ancillary managers are responsible for the complete and timely posting of charge data to the patient’s account per hospital policy.

III. Billing

1. The billing department is responsible to bill accounts on a timely basis, either to the insurance company or the patient. Administration will support effective practices to assure prompt billing.
2. The Hospital will be responsible for collection of the contractual agreement from the insurance company. This will ensure accurate balance due for patient responsibility.

IV. Credit and Collection

1. The objective for account resolution is prompt and full payment for services rendered. Administration will support effective billing and collection practices to assure prompt and full payments.
2. The Hospital will bill third parties payors based on financial information provided from the patient at the time of registration. The Hospital will process claims to ensure accurate and timely payment from the insurance company. The patient and/or guarantor will be notified of their responsibility after the insurance company has paid their contractual amount.
3. For elective procedures, co-pays, deductibles, and self-pay balances are requested prior to services being provided. Acceptable payment arrangements should be established in advance of services with an appropriate Patient Account Representative/Financial Counselor.
4. The Hospital will use the following tools to collect amounts due:

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- Telephone contacts
  - Monthly statements
  - Collection letters
  - Credit investigation
  - Collection agencies
5. Under no circumstance will patients be harassed or threatened.
  6. Refunds, when applicable, will be made promptly after all insurance payments are received and all guarantor accounts have been cleared.
  7. The Hospital recognizes humanitarian as well as legal needs to provide proper treatment to patients unable to pay their bill. The Administration will approve the criteria to determine a patient's inability to pay and approving financial assistance per the Community Benefit policy BOARD-FN-10.

The Hospital provides patients with the opportunity to pay the balance on their account within 2 years, without any interest or fees. Accounts will be transferred to legal counsel or collection agencies after a reasonable number of attempts to receive payment have failed. The standard process for attempts to collect from the Hospital will be completed within 120 days from detailed bill date, prior to forwarding accounts to the collection agencies, the hospital will follow the guidelines and practices as set forth in the Fair Debt Collection Practices Act, and all similar applicable state laws, in collection of such debt. Likewise, the Hospital will not engage in any collection practices that may jeopardize its tax-exempt status.

V. Write-off of Uncollectible Accounts

In satisfaction of the Board's duty to review and satisfy itself that a debtor has no financial means or assets from which the debt may be satisfied, prior to accounts being discharged and written off as uncollectible, the C.F.O. will provide a certification to the Board accompanying such uncollectible debt write-off requests that it has complied with the appropriate provisions of this policy and that the applicable accounts turned over to an outside collection agency are written off from the in-house accounts receivable and carried on a sub-system for outside collection agencies. Accounts on the sub-system for collection agencies which have no activity for two years are returned from the collection agency and presented to the Board of Trustees for approval to write off as uncollectible. After approved by the Board of Trustees, pursuant to Wyoming Statute 16-4-502, uncollectible accounts will be written off of the in-house accounts receivable or sub-system for collection agencies.

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**References:**

**This policy replaces the following deleted policies:**

**Policy Cross Reference:** 2-163 EMTALA, Community Benefit Board-FN-10,  
Red Flag Policy, PFS Guidelines for Payment Plans

**Key Words:** Payment, Accounts