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Owner	Rebecca Hegyesi
Area	PHYS PRACTICE SUPPORT - BILLING SVCS
Applicability	Quorum System-Wide
References	Corporate

Collection Agency Policy

Audience:

Physician Practices

Once a claim balance has been transferred to patient responsibility, further adjustment is not appropriate and the account meets all criteria as specified in this policy, the claim balance will be removed from active accounts receivable and transferred to a collection agency.

Collection Criteria:

Patient balances will be considered for collection if the following criteria are met:

1. Three (3) statements have been sent (28 - 35 days apart) and patient balance is not paid in full;
2. Patient balance exceeds "Automatic Small Balance Write-off Amount"
3. The claim balance has been in a patient due status for greater than **120** days
4. Patient does not live up to payment plan (missing two or more scheduled payments); or
5. Patient statements are on mail return and current address information is not able to be updated by the clinic.

Patient Statements:

Athena health sends invoices or statements, when patients have outstanding balances not covered by insurance. Statements are mailed six times per week. A patient will not get more than one statement every 28 to 35 calendar days. The phone number for patient billing questions is on the patient statement and is handled through Frost Arnett.

If the patient has filed a change-of-address form with the post office, then athenahealth will change the

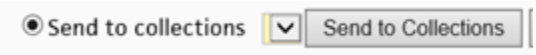
address on the statement but practice/practice staff are responsible for correcting the addresses in athenaNet. Return mail goes to the practice, if requested.

Athenahealth does not contact your patients to inquire about the status of unpaid statements. Each patient is put on a 28 to 35-day statement cycle (so in any given week, approximately one quarter of all patients who are currently responsible for charges receive a statement). If charges on a statement go unpaid, progressively severe dunning messages appear on each subsequent statement.

Patients receiving services from providers in different medical groups will receive separate statements from each medical group.

Collection Worklist Review:

All provider groups have a collection worklist created, it may be found in the table space under **Claims.** At the bottom of the claims worklist, there is a *Filter Button* 

Anytime during the month, the list may be generated by clicking the filter button and reviewed by clinic staff. If the staff is comfortable with the claims on the list, they can generate a manual batch and send at any time by selecting "send to collections" 

The benefit of this is the claims will be deleted from the worklist and will not need be reviewed again.

If the clinic identifies claims that should be removed from the list and not sent to collections; it is the clinic's responsibility to obtain approval from the CFO, CEO or authorized delegate to withhold transfer of accounts that are eligible for placement with collection agency based on the established collection criteria. The clinic will also be responsible for providing evidence of this approval as required by QHCCS, LLC for compliance.

Note: Once an account is removed from the collection worklist, another action should be taken; such as: billed to an updated insurance, adjusted for small balance other adjustment reason. Failure to change the claim will result in it being back on the worklist the next day.

Agency File Creation:

Once the collection worklist has been reviewed, the accounts that do not meet the above criteria will need to be check marked and a batch be created by clicking on "Send to Collections Now." Those accounts that were unchecked will remain on the collections worklist.

1. Clinic staff members have opportunity to work all collection eligible claims through the 26th day of each month and create a file.
2. For clinics that have not created a collection file by the 26th day, a file will be automatically created by Athena and all collection eligible accounts will be sent to collections..
3. The collection file will be sent on the 27th of the month.

Patient accounts must have an established payment plan set up in Athena and meet QHCCS, LLC payment plan standards to avoid being sent to collections. Accounts that are sent to collections without a payment plan established cannot be recalled from collections for this reason alone. Patient payments can continue to be collected at the practice as per the "Collection Payments" section.

Removal of Accounts once they have been placed with an Agency: Once an account has been sent to collections and the clinic is requesting it be removed; the clinic will need to create a Collections Reversal Log (CRL). The log should be completed and sent to 2800_RM_AthenaSupport AthenaSupport@quorumhealth.com for processing. The log must be have all information completed and contain appropriate approval. CFO approval is required for all requests to have collection amounts removed from the agency with the exception of an account with active, confirmed insurance, for which eligibility has been verified, and when the claim is still within timely filing limits. In this instance the Practice Director or Administrator may approve the CRL, so the account may be updated and billed to the appropriate payer. CRL's received without the appropriate approvals, will be returned to the clinic unprocessed until approval signatures are received.

Collection Payments

If an account has been turned to collections and a payment is collected or received at the practice, those payments need to be posted to the collection balance without voiding the collect adjustment. The practice will need to post the payment as a standard payment, to allow a recovery adjustment to auto post once the payment is posted. .

COMPLIANCE PROGRAM POLICY STATEMENT:

The adoption of and adherence to this documentation and billing policy by this facility is pursuant to and in furtherance of the "Fraud and Abuse" element of the Code of Conduct of QHCCS, LLCs, and its subsidiaries. Failure to comply with this policy shall constitute a serious violation of policy and subject an employee to suspension or termination of employment.

Approval Signatures

Step Description	Approver	Date
Policy Coordinator	Sue Xiong: Compliance Review Spec I	11/2020
2nd Approver	Laura Fey: Dir Revenue Mgmt	10/2020
Owner/Editor/1st Approver	Genifer Mastrella: Mgr Revenue Mgmt	10/2020

Applicability

1 - Quorum Corporate, Barstow Community Hospital, Big Bend Regional Medical Center, Evanston

Regional Hospital, Forrest City Medical Center, Kentucky River Medical Center, Martin General Hospital, McKenzie-Willamette Medical Center, Mesa View Regional Hospital, Mimbres Memorial Hospital, Mountain West Medical Center, Three Rivers Medical Center, Z Archive - Crossroads Community Hospital, Z Archive Gateway Regional Medical Center, Z Inactive DeKalb Regional Medical Center