

Single Billing Office (SBO) Customer Service Collections			
Standard Operating Procedure #	CSD-03-001-01	Published Date	03/14/2022
Category	Revenue Cycle	Previous Review/Revision	March 2016
Sub-Category	Single Billing Office	Designated Responsible Individual	AVP, Revenue Cycle Customer Service

PURPOSE:

To define a process to ensure that all self-pay balances are collected efficiently and timely from all guarantors for service rendered at Wellstar. Additionally, establishes guidelines for the Single Billing Office (SBO) Customer Service team to define Wellstar's procedure for small balance write-offs.

DEFINITION(S):

Account Activity: A message attached to a guarantor or hospital account that describes a change to that account.

Allowable charge: Maximum fee that a third party will reimburse a provider for a given service. An allowable charge may not be the same amount as either a reasonable or customary charge.

Financial Assistance Program (FAP): Commonly known as Charity Care, a program which may prospectively and/or retroactively establish the qualification for reductions issued to the amount owed by a patient for the bills sent by WellStar Health under the authority of this FAP. Provides WellStar served communities with discount policies for the uninsured and the under-insured and incorporates such discounts available via community benefit programs.

Co-insurance: Percentage of bill for covered services which a member must pay.

Contractual Adjustment: Bookkeeping adjustment to reflect uncollectible differences between established charges for services rendered to insured persons and rates payable for those services under contracts with third-party payors.

Co-pay: Predetermined amount a member must pay for services, at time of service.

Customer: All patients and their families, guarantors, hospital employees, physicians, Business Associates (BA), insurance companies, attorneys, and law enforcement representatives.

Deductible: Predetermined amount a member must pay before the insurance carrier considers services for payment.

Explanation of Benefits (EOB): A statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf. Insurance companies also use EOB statements when paying a hospital. The EOB is commonly attached to a check or statement of electronic payment.

EPIC: System wide patient data computer software which houses all events related to the patient encounter.

Guarantor Account: Record that contains information about the party ultimately responsible for a given set of professional or hospital charges. Guarantor accounts are service area specific.

Hospital Billing (HB): An Epic centric acronym for Hospital Billing, also referred to as HB Prelude

Health Insurance Portability and Accountability Act (HIPAA): An act passed in 1996 to help ensure that privacy is maintained regarding a patients' medical record. It also created a set of standards to which all electronic medical records must adhere.

Itemized bill (IB): A statement listing the cost of each item purchased or provided.

Medical Record Number (MRN): A number assigned to a patient's medical record for identification purposes.

Patient: Any individual who is receiving or has received healthcare related services from WellStar Health System. (i.e., inpatient, outpatient, emergency and/or other healthcare services, etc.)

Professional Billing (PB): An Epic centric acronym for Professional Billing, also referred to as PB Resolute

Payment Plan Account (PPA): An account in which a time frame and value for the guarantor to pay their self-pay balance has been set in the Epic system., using the Account Contact activity in Account Maintenance within the Electronic Medical Record (EMR).

Single Billing Office (SBO): A mode in the Electronic Medical Record (EMR) that blends the self-pay functionality and workflows of both Prelude Hospital Billing and Resolute Professional Billing into a consolidated billing system.

Single Billing Office (SBO) Representative: Any employee in the Single Billing Office.

Wellstar Administrative Building (WAB): Where the Patient Financial Services (PFS) department is based.

WHS: Wellstar Health System

Wellstar Medical Group (WMG): The total functional, organizational and structural operations of preadmission, registration, insurance verification, precertification, financial counseling and other 'front-desk' registration related activities in a Wellstar physician office.

Workqueue (WQ): Generic term for a workable list in Epic. Common workqueues include patient workqueues, follow-up workqueues, claim edit workqueues, charge review workqueues, and many others.

EXCEPTIONS:

1. EPIC Contested Workflow.

2. Risk Management Hold.
3. Bankruptcy, Deceased, Financial Assistance Program.
4. Accounts on payment plans paying as expected.
5. Other financial class situations not appropriate for collecting the self-pay balance.

CARE SETTING: [Mark all that apply]

- WellStar Cobb Hospital
- WellStar Douglas Hospital
- WellStar Kennestone Hospital
- WellStar Paulding Medical Center
- WellStar Windy Hill Hospital
- WellStar Atlanta Medical Center
- WellStar Atlanta Medical Center- South Campus
- WellStar North Fulton Hospital
- WellStar Spalding Regional Hospital
- WellStar Sylvan Grove Hospital
- WellStar West Georgia Medical Center
- WellStar Medical Group
- Wellstar Home Hospice Marietta
- Wellstar Community Hospice Cobb & Kennesaw
- Wellstar West Georgia Hospice
- Wellstar Home Health Marietta
- Wellstar West Georgia Home Health
- Wellstar Skilled Nursing and Long-Term Care West Georgia
- Wellstar Skilled Nursing and Long-Term Care Paulding

LOCATION OF VARIATION: NONE

PROCEDURE:

	Required Action Steps	Performed By	Supplemental Guidance
Collection Process for Epic			
STEP ONE	<p>NOTE:</p> <ul style="list-style-type: none"> • Single Billing Office (SBO) Management may make several dialer attempts to contact the guarantor at each statement level from multiple different Epic Workqueues (WQs). 		

	Required Action Steps	Performed By	Supplemental Guidance
STEP ONE CONT' D	1.1 Itemization of services sent to Guarantor.	Epic System	<ul style="list-style-type: none"> ◆ Epic will send an itemization of services to the guarantor in accordance with the State of Georgia, Office of Inspector General, requirements within five days of discharge for inpatient accounts. ◆ This may be expanded to include out-patient accounts.
	1.2 Assign to Self-Pay Follow-Up Level 1.	Epic System	<ul style="list-style-type: none"> ◆ Epic will generate a list of eligible accounts to be sent through WellStar's statement vendor. ◆ The statement vendor will print and mail the statements.
	1.3 Attempted Contact with the Guarantor.	Single Billing Office (SBO) Dialer Program/ SBO Dialer Coordinator	<ul style="list-style-type: none"> ◆ Once the account has been in the WQ approximately 23+ days after the first statement is sent, the SBO team will begin outbound dialer collection calls. ◆ A list of eligible accounts will be loaded into the dialer program by the SBO Dialer coordinator to begin calls.
	1.4 Assignment to Self-Pay Follow-Up Level 2.	Epic System	<ul style="list-style-type: none"> ◆ If a balance remains due at approximately 30 days after the first statement is sent to the guarantor, Epic will deem the account eligible to receive a second statement. ◆ Epic will generate a list of eligible accounts to be sent through WellStar's statement vendor. ◆ The statement vendor will print and mail the statements.
	1.5 Attempted Contact with the Guarantor.	SBO Dialer Program/ SBO Dialer Coordinator	<ul style="list-style-type: none"> ◆ A list of eligible accounts will be loaded into the dialer program by the SBO Dialer coordinator to begin calls. ◆ The SBO team will continue outbound dialer collection calls.
	1.6 Assignment to Self-Pay Follow-Up Level 3.	Epic System	<ul style="list-style-type: none"> ◆ If a balance remains due at approximately 30 days after the second statement is sent to the guarantor, Epic will deem the account eligible to receive a third statement. ◆ Epic will generate a list of eligible accounts to be sent through WellStar's statement vendor. ◆ The statement vendor will print and mail the statements.
	1.7 Attempted Contact with the Guarantor.	SBO Dialer Program/ SBO Dialer Coordinator	<ul style="list-style-type: none"> ◆ A list of eligible accounts will be loaded into the dialer program by the SBO Dialer coordinator to begin calls. ◆ The SBO team will continue outbound dialer collection calls.
	1.8 Assign to Self-Pay Follow-Up Level 4.	Epic System	<ul style="list-style-type: none"> ◆ If a balance remains due at approximately 30 days after the third statement is sent to the guarantor, Epic will deem the account eligible to receive a fourth statement. ◆ Epic will generate a list of eligible accounts to be sent through WellStar's statement vendor. ◆ The statement vendor will print and mail the statements.

	Required Action Steps	Performed By	Supplemental Guidance
STEP ONE CONT'D	1.9 Attempted Contact with the Guarantor.	SBO Dialer Program/ SBO Dialer Coordinator	<ul style="list-style-type: none"> ◆ A list of eligible accounts will be loaded into the dialer program by the SBO Dialer coordinator to begin calls. ◆ The SBO team will continue outbound dialer collection calls.
Review Process for Missing Phone Numbers			
STEP TWO	NOTE: <ul style="list-style-type: none"> • Do not update patient phone numbers without proper Health Insurance Portability and Accountability Act (HIPAA) verification. 		
	2.1 Run report of missing phone numbers (monthly).	Vendor	<ul style="list-style-type: none"> ◆ Vendor run batch job on Wellstar inventory sent via statement files. ◆ Accounts with no valid phone number in Epic are indicated as 000-000-0000 in the guarantor home phone number field.
	2.2 Download report from vendor secure website.	SBO Representative	<ul style="list-style-type: none"> ◆ Access <i>Statement Services</i> Tab and select <i>Return Mail Manager</i>. ◆ Download monthly report. ◆ SBO representatives complete report updating the guarantor phone numbers.
Small Balance Write-Off			
STEP THREE	NOTE: <ul style="list-style-type: none"> • EPIC will automatically write off the Hospital Account Record (HAR) Self-Pay (SP) balance(s) to small balance write off when the account balance has been deemed self-pay. • Refer to <i>Small Balance Write-Off Procedure</i> [Job Aid CSD-03-JA05] for details regarding the Epic workflow related to qualifying small balance accounts for a write-off. 		
	3.1 For Hospital Billing (HB) and Professional Billing (PB) Accounts.	Epic System	<ul style="list-style-type: none"> ◆ Accounts qualify for small balance write off at the Hospital Account Record (HAR), not at the Guarantor Level. ◆ When the balance is deemed self-pay and meets the below criteria, per HAR, the balance will auto adjust off: <ul style="list-style-type: none"> ○ Insurance balance is <= \$0 ○ Hospital Billing HAR Self-Pay balance <= \$14.99 ○ Professional Billing HAR Self-Pay balance <= \$2.99
Send Account to Bad Debt			
STEP FOUR	NOTE: <ul style="list-style-type: none"> • Epic will review accounts for automatic placement with an external collection (bad debt) agency. 		
	4.1 Account Assigned to Bad Debt.	Epic System	<ul style="list-style-type: none"> ◆ If a balance remains due at approximately 30 days after the fourth and final statement is sent to the guarantor, Epic will deem the account eligible to be sent to bad debt. Refer to <i>Bad Debt</i> [8221-08-440].

RELATED DOCUMENTS	
Policy / Procedure	Bad Debt [8221-08-440]
Job Aids	Associated job aids are located on the Revenue Cycle SharePoint site.
Related Medical Record Form(s)	Item #
Regulatory Requirements	
Evidence Based Practice References	
<i>This replaces all previous <u>82280-01 SBO Customer Service Collections</u> and all previous <u>82280-01 SBO Customer Service Collections</u> shall automatically terminate upon the published date set forth above.</i>	