Con Make and	Policy Description	DEPARTMENT	POLICY NUMBER:
DESCHUTES RIM HEALTH CLINIC	Billing & Collection Policy	Financial Operations	FN-02
ORIGINAL DATE: 3/1/2018	RESPONSIBLE PARTY:	Shelby Dumire	REVISED DATE: 1/12/2021, 01/07/2024
APPROVAL DATE: 1/11/2024	DATE REVIEWED: 1/11/2024		APPROVED BY: BOARD OF DIRECTORS
RESOLUTION NO:	Altonosti soberbelos	BOARD CHAIR:	Suzanne Knapp

In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, White River Health District dba Deschutes Rim Health Clinic will engage in billing and collection activities to efficiently collect payments on current accounts receivable, prevent delinquent accounts, and maintain positive patient relationships while obeying Fair Trade Rules and Collection laws.

Purpose:

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collections that promote compliance, patient satisfaction, and efficiency.

Billing Practices:

It is our practice to collect copays at the time of service for our insured patients. If there is an outstanding balance at the time of the patient's visit, we will attempt to inform them of this. If uninsured, we expect full payment at the time of service or a deposit of \$75.00 if unable to pay the full charge and a consult with the financial manager, clinic manager, or administrative assistant to create a payment plan agreement.

A. Insurance Billing

- 1. It is the patient's responsibility to know their insurance benefits and coverage prior to their services at Deschutes Rim Health Clinic. All required referrals or authorizations must be secured prior to services for optimal insurance benefits.
- 2. For all insured patients, Deschutes Rim Health Clinic will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.

- 3. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Deschutes Rim Health Clinic will not bill the patient for any amount.
- 4. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control (i.e. patient omission or error of providing information or technical complications), staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, Deschutes Rim Health Clinic may bill the patient or take other actions consistent with current regulations and industry standards.
- 5. For Medicare and Medicaid patients proceeding with a non-covered service, the appropriate Non-Covered form/waiver will be used to obtain patient authorization to complete the service(s) and accept financial responsibility prior to performing services.

B. Patient Billing

- 1. A pay in full discount of 10% is available on all coinsurance/deductible and self-pay (full charge) charges if paid in full within 30 days of the date of the first patient statement for said services.
- 2. Deschutes Rim Health Clinic will bill patients in a timely fashion for their respective liability amounts after insurance has adjudicated the claim.
- 3. All patients can apply for the Sliding Fee Scale (see approved sliding fee policy FN01) and no one will be denied services for the inability to pay at the time of service. The Sliding Fee Scale application must be received within 2 weeks of the patient visit (if charges are known) or 30 days from first patient statement (if charges were unknown) and will be processed within 2 business days after received. If the Sliding Fee Scale is approved, the patient must pay the discounted balance in full within 30 days after the approval. If the patient is denied the sliding fee scale, does not return the application within the appropriated timeframe, or is unable to pay the sliding scale discount in full within 30 days, the patient will be responsible for the full amount and may set up a payment plan on the full balance.
- 4. Payment Plans may be approved for patients who indicate they may have difficulty paying their balance in a single installment with a signed Payment Plan form.
 - a) The Clinic Manager, Finance Manager, or Administrative Assistant have the authority to approve payment plans and a signed agreement will be placed into the EMR acknowledging the agreement and account will be placed in a PP (payment plan) status.
 - b) Payments must be received each month to keep the account in good standing. A missed payment without proper clinic authorization may result in the account being referred to a collections agency.
- 5. Deschutes Rim Health Clinic is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.
- 6. Patient payments resulting in a credit balance may be transferred to other open patient and or responsible family account balances.
- 7. If the patient has deceased, efforts will be made to locate next of kin to return monies to estate. If unable to return they may be turned over to State of Oregon under the ORS 98.302 unclaimed property rules.
- 8. Statements will not be sent out for balances under \$5 dollars. These will be collected at the next patient visit. After 120 days they will be written off as "small balance write off".

9. Refunds will be processed within 90 days of clinic being made aware of them and after research to determine it is accurate.

C. Collections of Patient Balances

- 1. Deschutes Rim Health Clinic employees will use discretion, patience, and empathy when contacting patients and setting payment deadlines.
- 2. Employees will make every attempt to verify the patient address, phone number, insurances billed, and account balances are correct before referring the account to collections. This includes attempting to contact the patient/guarantor at least 3 times via telephone during the 120-day period beginning from the first patient statement.
 - a) There will be circumstances where these guidelines will not precisely apply and the employee must use their best judgement or consult with the Clinic or Finance Manager when determining a plan of action.
- 3. After 120 Days without an appropriate payment, patient balances may be referred to a third party for collection at the discretion of Deschutes Rim Health Clinic to include reporting unpaid debts to credit reporting agencies and /or credit bureaus.
 - a) Deschutes Rim Health Clinic will maintain ownership of any debt referred to debt collection agencies and will accept payments from the agency minus any applicable fees.
- 4. An account that goes to collections 3 times (3 strike rule) will be reviewed by Medical Staff, Clinic Manager and Finance Manager for potential discharge from practice.

D. Patient Assistance

- 1. All patients will have the opportunity to contact Deschutes Rim Health Clinic to determine possible eligibility regarding a sliding scale fee discount for their accounts, payment plan options or other applicable state/federal programs.
- 2. Deschutes Rim Health Clinic's Sliding Scale Fee Discount policy and application are available free of charge. To Request a copy of the above or to discuss payment plan options, contact the clinic:
- In person at: 1605 George Jackson Rd, OR 97037
- By calling Patient Financial Services at (541) 395-2911

E. Customer Service

1. Deschutes Rim Health Clinic employees will use discretion, patience, and empathy when contacting patients. The clinic will advertise its contact information on all patient bills and collection statements sent. Our commitment will be to return phone calls within 2 business days or sooner if possible.

Passed by a majority of the Board of Directors of White Ri	ver Health District, with a quorum in
attendance the day of day of	2024.
White River Health District dba Deschutes Rim Health Clin	nic
Wasco County, Oregon	
By SNZxnne /ha	2/23/24
Suzanne Knapp, Chairman of the Board	Date
Attest:	
By Anison J Beclital	2/22/24
Allison Bechtol Secretary of the Board	Date