Harmon Memorial Hospital

Division: **CBO**

Effective Date: 7/01/2012

POLICY TITLE: **Insurance Follow-up**

POLICY STATEMENT:
To process all patient accounts with open balances in a timely and accurate manner.

POLICY
All patient accounts with insurance will be billed along with any other third party payer, prior to billing the patient for any patient balance due. Appropriate steps will be followed to assure timely reimbursement and resolution of all claims.

PROCEDURE

1. Insurance and/or third party payers: All patients that present with verifiable insurance and/or third party coverage will be billed and followed-up by the CBO.
    A. The AR Representatives in the Insurance follow-up department will contact insurance companies, Medicare, Medicaid, Indian Health offices, and Employer Plans, as necessary to request status and expected payment date between 15-30 days after billing.
    B. All pending insurance accounts should be followed up twice within the first 45 days from billing. If a determination is made that reimbursement will not be made from insurance or third party payer, the account will be changed to a patient balance due status.
    C. Commercial insurance web-sites are utilized for insurance AR follow-up when possible. Telephone calls to payors are made, when necessary.
    D. Workman's Comp, MVA, Attorney, and Indian Health claims will all be followed-up via telephone calls.
    E. Medicare claims follow-up and some corrected claims will be worked on the DDE system, when at all possible, by the Medicare AR Reps. During follow-up research, claims will sometimes be required by Medicare to be resubmitted after hospital authorized corrections have been made. Corrections and resubmitting of claims will be performed by the Biller.
    F. Medicaid claims follow-up will be performed via the Medicaid website, when possible, by the Medicare AR Reps. Telephone calls will be made, when necessary. Authorized corrected claims and resubmitting of claims will be performed by the Medicaid AR Rep via the Medicaid web-site, when necessary.
    G. All attempts will be made by all AR Reps to resolve any unpaid claims in a timely manner.
    H. All patient accounts will be noted with detailed follow-up notes by AR Reps
    I. Denials and appeals will be researched and worked to resolution by the AR Representatives, while working with the hospital coding staff for any corrections that might be required for a clean claim and or appeal.

J. After 90 days from billed date, any unpaid insurance account will be referred to the CBO Manager for review and resolution.

Department Approval: _____ Date: _____\

Administrative Approval:_____ Date: _____

Replaces Policy # _____ Original Date _____

CAH Reference # _____ Dated _____

State Licensing # _____ Dated _____

Date Reviewed	Date Revised	Supervisor Initials	Comments