	<b>Tenet Physician Resources Policy Job Aid</b>	<b>No.: JA.TPR.124.00</b>
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## I. POLICY DEFINITIONS:


**Same Group Practice** means– A practice(s) having the same tax identification number and operating in the same billing system table space.

**Patient Responsibility** means– all amounts due from patients for services not covered by third party reimbursement. Includes balances from prior dates of service, legacy Tenet billing systems, and copayments, coinsurance and deductible for current dates of service.

## II. PROCEDURE:

- A. Patients in Same Group Practice – Each location within the Same Group Practice accessing the patient account will be aware of any alert on the account from another location and will follow the guidelines below with the exception of “Withdrawal from Care” which will be evaluated and a determination made of the appropriate action to take.
  
- B. Referred from Hospital/Emergency Department
 

A patient who is referred to the practice from the affiliated hospital or emergency department for follow-up care will be scheduled for services according to any existing arrangement between the practice and the hospital. The guidelines in this policy will be followed unless overridden by the hospital arrangement. Consultation with Senior Manager-Operations and/or Tenet Legal Counsel may be appropriate.
  
- C. Collection/Bad Debt Accounts – Reference TPR and JA.TPR.RCM.103.31 Accounts Receivable Follow up-Patient Balances.
  1. Patient In Collections:
    - a. Patients whose account is older than 180 days from patient responsibility, with a balance greater than or equal to \$5.00, having received a minimum of three statements without contact or payment from the patient will be transferred to the Collection Agency and adjusted from the billing system.
  
  2. The practice reviews all patient balances prior to scheduling a patient and if there is an amount due from the patient the physician practice staff will review the status of the account with the patient and inform them of the amount due in order to bring the account into good standing. The patient may be scheduled; however, before services are rendered will either:
    - a. Make payment in full of the outstanding or written off amount, or

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- b. Enter into a satisfactory payment plan arrangement, including signed, and initial payment made (this is not available to patients whose account has been written off).
- c. If the patient cannot pay, and the care may be medically indicated including follow-up care to services already provided by the practice at an earlier date or a referral from the affiliated hospital or emergency department, the Practice Manager and when necessary, the provider, will be consulted to make a determination. If the patient receives services under this exception, the decision will be documented in the account as outlined in the Job Aid JA.TPR.OPS.109.00 Time of Service Collection.
- d. Any patient amount due which has been written off of the accounts receivable and sent to the collection agency, will be referred to the collection agency and the patient will pay the outstanding amount or enter into a payment plan, with the collection agency, prior to being scheduled for any additional appointments unless care is medically indicated as outlined in b above., The practice may also collect the amount due that is with the agency following the Payment on Balance in collection process in the billing software. The practice will refer to the agreement with the collection agency if further guidance is needed.

**D. Insufficient Funds**

- 1. A patient who has written a check for insufficient funds will have the amount paid reversed from the claim line, by the revenue cycle CBO, and patient statements will be activated in the billing software. Account balances will follow the statement escalation process resulting in submission to the collection agency if the account is not paid in full.
- 2. The physician practice staff member will ask any patient that made a payment, resulting in an insufficient funds reversal, to pay the balance in full prior to scheduling any additional services.

**E. Bad Address**

- 1. The RCM vendor receives bad address returned statements through their mail dept. The vendor places a hold on the patient statement which triggers an alert on the patient registration screen in the practice billing system.

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- a. The physician practice staff member will request a current address upon the next patient appointment, and remove the statement hold which removes the alert on the account. The staff will update the address and request the payment for the outstanding balance from the patient.
2. The TPR collection agency receives an automated patient report, on a monthly basis, from the practice management system, for all bad address accounts. The TPR vendor provides a skip tracing service and monthly provides a list of all new addresses recovered to the TPR RCM Vendor. The dedicated refund, credit balance team will update the new addresses, across TPR, and remove the statement hold; statements resume the next day after the hold is removed. If an updated address cannot be obtained from the patient or through skip trace efforts, the account is sent to the collection agency collections.

**F. Bankruptcy**

1. The practice abides by state and federal laws governing companies and individuals who have declared bankruptcy.
2. If the practice receives the bankruptcy notice, the notice will be scanned into the practice management system, an alert will be placed on the account by the Practice Manager or designee, and place a bankruptcy hold on the patient statements in the billing system which triggers an automatic bankruptcy alert on the patient account.
3. If the RCM vendor or collection agency -receives – a bankruptcy notice for a patient, the notice will be scanned into the practice management system on the patient account and the patient’s statements placed on a bankruptcy hold which automatically places a bankruptcy alert on the account.
4. A patient in bankruptcy, who schedules an appointment for future services or who visits the practice for an appointment will be asked to work out payment arrangements for new charges not included in the bankruptcy notification. The practice manager or designee will work with the patient on any payment arrangements to keep current.

**G. Deceased/Estate Accounts**

1. If the practice becomes aware of a patient’s death, an alert will be placed on the account by the Practice Manager or designee,

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2. If call center -staff becomes aware of a patient’s death, the call center staff will place the alert on the account and will take responsibility for any further investigation and action on the account.
3. Family members contacting the practice will be advised to contact the call center regarding outstanding balance information or payment.

H. Withdrawal from Care – Reference TPR and JA.TPR.OPS.120.00 – Withdrawal From Care

1. When a physician practice scheduler or check-in staff member is presented with a patient who has been dismissed from the practice under Policy TPR.OPS.120.00, the Letter of Withdrawal (“Letter”) will be reviewed by the Practice Manager or designee to determine any applicable terms and conditions to providing additional care. If necessary, the provider will be consulted.
2. The patient will not be scheduled for service except for circumstances which are covered by the “Letter”.

Withdrawal from Care in the Same Group Practice - if the patient requesting service was dismissed from another location in the Same Group Practice, the Practice Manager or designee will review the “Letter,” and determine applicability to the location whose services are being requested. Consultation with the provider, Senior Manager-Operations and/or with Tenet Legal Counsel may be appropriate.

**III. STANDARDS:**

100% of Special Account Circumstances processed according to guidelines.

**IV. REFERENCES:**

TPR and JA.TPR.RCM.103.31 – Accounts Receivable Follow up-Patient Balances (renamed)

TPR and JA.TPR.OPS.109.00 – Time of Service Collections

ATT.JA.TPR.RCM.103.31 – Revenue Cycle Management Forms (Payment Plan Arrangements)