# BRAZOS VALLEY COMMUNITY HEALTH CENTERS

## Policies and Procedures

| | |
|---|---|
| Policy Subject/Title: | Billing Policies and Procedures |
| Applicability: | Front Office Staff and Billing Staff |
| Purpose: | To establish a framework to capture charges and payments, calculate and post appropriate discounts and allowances, maintain patient balance owed, and allow billing of charges to third party payer sources. |

---

BVCHC will implement and maintain an Electronic Health Record system (EHR) that includes an Electronic Practice Management component (EPM), an Electronic Medical Records component (EMR) and will include an Electronic Dental Records component (EDR). The purpose of this EHR system is to capture the details of medical, dental and mental health services provided patients, to utilize this captured information to facilitate meaningful use practices, and to record and track the financial information generated from the services provided. This EHR system will be utilized in compliance with HIPPA and HITECH regulations.

The registration staff will record in the EHR the patient's demographic and payer source information; along with required eligibility information and documents. The appointment and check-in staff will maintain the patient appointment scheduling system. The providers will record in the EHR for each patient all relevant health history information, health assessments and diagnosis, health services and procedures provided, medications prescribed, and other ancillary services ordered or referred. The check-out staff will use the EHR to generate a receipt at the time of service that will show services provided, gross charges, discounts applied, payments applied, and the net amount remaining. The billing staff (or contracted billing service) will use the EHR's billing function to generate claims of total charges without applying any discounts which are transmitted to third party billing sources and patient due statements that show total charges less any paid co-pays are sent to patients. The reporting staff will use the EHR to generate reports that satisfy the requirements of federal and state monitoring agencies, and reports that satisfy the accounting and financial policies of the agency.

Sliding fee schedules with proportional co-pay increments are used to help eliminate ability to pay as a barrier to access to health care. The sliding fee schedules are based on the latest Federal Poverty Level Guidelines and are revised annually as the FPL Guidelines are revised. See the policy on Sliding Fee Scale Discount Schedules for additional information.

The billing staff or contracted billing service (billing staff) will bill all necessary third party payers including commercial insurances, Medicaid, Medicare, and all State fee-for-service programs. The billing staff will receive all Remittance Advices and Explanation of Benefits and post to the patient accounts payments received and contractual allowance adjustments. The billing staff as appropriate will work all rejections and denials, rebill claims when necessary, sent out patient statements, and perform collection services. The billing

staff will prepare account receivable aging reports to submit to the Chief Finance Officer. The Chief Finance Officer will review all accounts over 120 days past due to access collectability. Those deemed uncollectible will have the past due balance written off.