

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title:	Accounts Receivable
Policy:	115.00
Purpose:	To ensure that all billable transports are efficiently processed for billing and collections. This policy also outlines procedures for dealing with non-payment, write-offs and customer complaints.

Policy:

1. CUSTOMER SERVICE

- a. Interactions with patients and families will be conducted in a courteous and professional manner and in accordance with Policy 106.00.

2. BILLING

- a. Intermedix EMS Billing (IMX) is the third-party contractor used by OCEMS for EMS billing.
- b. The electronic patient care reports (ePCR) are received from the field and are held in the “supervisor’s review” to be reviewed and approved or returned for corrections. The review includes confirmation of appropriate documentation of patient demographics, patient disposition, response type, chief complaint, medical necessity, and valid signatures by the field providers and verification of primary insurance whenever possible.
- c. Once approved by the supervisor, the ePCR is electronically uploaded for billing by the IMX Account Manager.
- d. The IMX Account Manager uses verification resources to include hospital face sheets, insurance cards, internet and phone calls to customers. At least two resources should be utilized when trying to verify primary insurance.
- e. The claims are then billed by IMX Account Specialist according to Medicare criteria for medical necessity, coding and signature requirements.
- f. If the customer has insurance but the appropriate billing signature is not on file, a Request for Signature is mailed to the patient by IMX. If the request is not returned, the claim is billed to the customer.
- g. If a primary insurance is determined, IMX will bill the claim. IMX is required to bill Medicare and Medicaid for all covered services. All other insurances are billed as a courtesy to the customer.

3. COLLECTIONS

- a. Penn Credit is the third-party contractor used by OCEMS for collections on delinquent accounts.
- b. IMX will forward all accounts meeting the following criteria to Penn Credit for collection:
 - i. Balance greater than \$0 over the age of 120 days, and without a payment plan in place,

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- ii. Attempted to send the patient 4 invoices
 - iii. All insurances on the account either have paid or denied. If denied, denial remark cannot be appealed.
 - iv. Patient or insurance has not made a payment within the last 60 days.
 - c. IMX will not forward frozen accounts to Penn Credit as frozen accounts signal a possible bad debt write off.
 - d. The IMX A/R Department runs the collection report on a monthly basis. It is reviewed before the list is sent to Penn Credit.
 - e. The Collections File is sent in CVS comma delimited format to Penn Credit's secure site. Once placed on the site, Penn Credit's system automatically uploads the information into their system.
- 4. **BANKRUPTCY/BAD DEBT**
 - a. OCEMS has approved the following bad debt policies:
 - i. Invalid PCS forms where the PCS and the PCR are conflicting.
 - ii. IMX will submit all accounts to Okaloosa for bankruptcy write off.
 - iii. IMX must receive a letter from Bankruptcy court stating "Discharge of Debtor."
 - iv. IMX will always bill the patient's insurance, and then any amount listed as patient's responsibility will be submitted to OCEMS for write off.
 - v. Any other documentation received by IMX on a patient's behalf regarding bankruptcy will be scanned to their account and documented in the notes.
 - vi. IMX will not refund the patient any payment they made prior to the discharge of debtors.
- 5. **COMPLAINT HANDLING**
 - a. Okaloosa County EMS and IMX will make every effort to resolve customer concerns in a courteous and respectful manner.
 - b. If the account was not billed correctly or if the customer can provide additional information that may be helpful in getting the claim paid, the claim will be promptly resubmitted to the insurance company. If the account was billed correctly the OCEMS Billing Coordinator or an IMX claims representative will help the patient understand the billing process and the insurance coverage for the claim.
 - c. Concerns regarding billing team member's behavior will be handled by the EMS Chief.
- 6. **INSURANCE DENIALS**
 - a. When a denial by an insurance company is received by IMX, the reason for the denial is compared to the transport information to determine if the information submitted on the customer was correct.

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- b. If any billing errors have been made or there is additional information on the transport then the claim will be resubmitted to the insurance company.
- c. If the claim was submitted correctly and there is secondary insurance then the claim will be submitted to the secondary insurance.
- d. If the claim was submitted correctly and there is no additional insurance information then the transport will be billed to the customer.

7. WRITE-OFFS

- a. No patient account(s) will be considered for write-off without proper written request and documentation from the patient, legal representation, or family member.
- b. All customer write-offs must be approved by the Department Director or EMS Chief. The determination may be made after review of the documentation provided by IMX, the patient, legal representative, or family member.
- c. In the case of a deceased patient, IMX and / or the OCEMS Billing Coordinator will require a copy of the death certificate so that the account may be placed on hold. Once notification is received that probate has opened on the estate, a claim for the balance of the account will be generated.
- d. IMX or COEMS receives returned mail from the USPS indicating that the recipient is deceased, the same procedures will be followed.

Accountability and Compliance:

The Public Safety Administration Supervisor and OCEMS Billing Coordinator will monitor the billing and collections activities of IMX and Penn Credit monthly and prepare reports related to A/R, collections, and billing complaints. The EMS Chief will review all reports and ensure all billing activities are consistent with policy.

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