



# Marion County Board of County Commissioners

Fire Rescue ▪ Headquarters



## Regular Billing/Collections Process

- Every couple of days, Billing staff log into the FTP site using FileZilla application and download the files into a subfolder within the Billsave folder on the Marion County Network.
- These files are then placed in the folder for Zoll RescueNet Dispatch/Billing software to import and create the accounts/runs.
- During the keying step, Billing staff obtains face sheets from the hospital and attaches to the account.
- Once keyed, Billing staff attempts to locate and verify available insurance coverage.
- Billing staff uses the patient care report to code the bill based on coverage and ICD-10 codes pertinent to the transport.
- Billing staff verifies information and coding.
- Billing staff submits to be queued up for submission to the mailing company.
- Bills are sent out by mailing company.
- Once insurance coverage has provided payment, billing is then changed over to bill patients for those accounts other than Medicaid.
- After receiving what insurance has paid, if there is a balance, then the following takes place:
  - Patient is billed the outstanding balance (VA patients are not balance billed).
  - Should payment not be received after 30 days, the patient is sent a second notice.
  - Should payment not be received after 60 days, the patient is sent a final notice.
  - Should payment not be received after 90 days and there is no success with pre-collection efforts, the account is submitted to a collection's agency.
  - Should payment not be received after 365 days, accounts are submitted for inclusion in the annual write-off.

An example of this is as follows:

- Patient gets transported.
- Billing goes through their process.
- Insurance either pays or sends a denial letter.
- Once information on payment is received and if there is a balance, we send out the first bill (typically 60 days after the transport).
- Considered day 1: The patient will receive invoice #1 – this occurs 30 days after insurance company(s) have paid their portion.
- Considered day 30: The patient will receive invoice #2 – 30 days from the first bill sent.
- Considered day 60: The patient will receive invoice #3 – 30 days from the second bill sent. This invoice will advise "notice of collections" meaning the bill must be paid and/or a payment arrangement must be made within 15 days.
- Considered day 75: The Medical Billing Specialist will prepare unpaid accounts for collections. Accounts will be placed into "batches" for submission to the collection agency.

- Considered day 136: The collection agency will report patients with unpaid accounts to all three credit bureaus.
- Considered day 440: This will be the 365th day from when the patient's account was submitted to the collection agency.
- During this period, billing consistently checks on payments from insurance. If payment is received, the patient is reimbursed for whatever payments have been made that insurance covered.
- MCFR offers various payment plans and has a charity program for patients who are in a hardship.

### Specific to the VA

- VA requires us to send them billing information within 90 days. If we bill the VA outside that window, it is denied.
- Billing has a contact person with the VA that they deal with directly.
- The VA bases their payment on the percentage of disability or if they have secondary insurance.
- We do not balance bill the VA. What the VA sends us, we consider payment in full.
- In FY 22/23, we received 1,038 denial letters from the VA for various reasons (available on request).
- FY 22/23, we had the following transactions
  - Payments received: \$1,292,186.12
  - Refunds: \$5,985.91
  - Write-offs: \$11,809.25 (this is the difference between what the VA paid and the total bill)

## Recent Changes to VA Process

Due to extended periods of time for receiving payment from the VA, we are delaying the normal process of sending a patient to collections for lack of payment. On day 75, the medical billing specialist will prepare unpaid accounts for collection. Accounts with noted VA benefits being sent to collections will be “reset” (essentially start the process over and giving an additional 75 days [150 total days]) no more than twice, which will give the patient 225 days before being processed for collection.

## Special Notes

- VA patients are not balance billed.
  - Example: Patient is billed \$600. VA pays \$50. We write-off \$550.
- If VA patients are determined by the VA to not receive benefits, we will bill a secondary insurance if they have it. If the patient does not have a secondary insurance, the patient is moved to the self-pay category and is then responsible for the full bill.
- All patients are given the opportunity to set up payment arrangements to avoid being sent to collections.