

PROCEDURE

ORIGINAL DATE: 04/02

Revised Date: 08/02

SUBJECT: FINANCIAL OBLIGATION FOR SERVICES, IDENTIFYING PATIENT

PURPOSE: To provide a step-by-step procedure for clinicians to follow when completing the Notice of Acceptance form for VNA services. The process outlines how to complete the **\$ amount of patient responsibility when insurance is/is not known at start of care.**

GENERAL INFORMATION

An important aspect of **Patient Rights** is to provide the patient with enough information to make an *informed decision* in becoming a patient of HHVNA. One component of informed consent is that the patient receives accurate insurance information and is aware of the possible financial obligation that he/she may have towards payment for care. The process outlined below provides the clinician with guidelines on how to complete the Notice of Acceptance form when insurance coverage is known at the start of care. It also addresses the steps that the clinician should take when insurance coverage is not known and must be verified after the Start of Care visit.

A. INSURANCE COVERAGE IS KNOWN AT THE START OF CARE

1. The **INTAKE DEPARTMENT** enters all insurance information as “PENDING” into the HealthWyse system at the time of the referral.
2. The admitting clinician must verify the “PENDING” information by **reading** the patient’s insurance card.
3. If the insurance is Medicare or Medicaid the clinician must choose the primary insurance in the PALM.
4. If the insurance is Medicare, Medicaid, or a Medicare/Medicaid HMO product the coverage will be 100%. You must still identify that the patient responsibility is **zero dollars**.
5. Other insurance products may vary in level of coverage, which will be identified for the clinician.

EXAMPLE:

Service	Frequency	Estimated Duration	Primary Insurance	% Paid by Insurance	\$ Paid by Patient
SN	1-2 x week	9 weeks	Medicare	100%	\$0.00
ST	2 x week	9 weeks	Medicare	100%	\$0.00

It is extremely important for the clinician to fill in detailed information on # 1 for Medicare patients, # 2 for Medicaid patients and # 3-5 for HMO'S/commercial insurance patients on the *Notice of Acceptance* so that the Billing Department has the correct billing address and phone number.

B. INSURANCE COVERAGE IS NOT KNOWN AT THE START OF CARE:

1. The **INTAKE DEPARTMENT** will enter all insurance information as "PENDING".
2. The admitting clinician will explain to the patient that the insurance verification information is not available at this time. He/she should ask the patient if they are aware of what their Home Care benefit covers. Do they have a co pay or deductible?
3. The admitting clinician will explain to the patient that we are required to use our public rate until we verify the insurance. If there is a co pay or deductible then the patient will be responsible for a portion of the rate.
4. It is the clinician's responsibility to verify the insurance by **reading** the insurance card (s). This should help minimize the time needed to get correct coverage information from the insurance company.

EXAMPLE:

Service	Frequency	Estimated Duration	Primary Insurance	% Paid by Insurance	\$ Paid by Patient
SN	3 x week	9 weeks	BC/BS	Unknown	\$95.00/visit
HHA	2 x week	9 weeks	BC/BS	Unknown	\$33.00/visit

It is extremely important for the clinician to fill out # 3-5 for HMO'S/commercial insurance on the *Notice of Acceptance* so that the Billing Department has the correct billing address and phone number.

If the patient has concerns about signing the form the clinician should encourage the patient to look at their policy or call insurer, if appropriate, if they have concerns.

The clinician should contact the Billing Manager and if unavailable, the Clinical Managers, if assistance is needed at this point.

4. The admitting clinician will obtain the patient signature on an initial Notice of Acceptance; explaining to the patient that a new one with the correct insurance coverage information will be issued ASAP.

If the patient is identified as **FREE CARE** the form must be filled out as if insurance coverage is UNKNOWN since Free Care is considered pending until approved by UR department. **\$ Paid by Patient** must be filled in with our public charge. The clinician will be notified by UR that the patient has been approved for Free Care. A new Notice of Acceptance must be completed by the clinician with free care information

5. As soon as possible the **BILLING DEPARTMENT** will verify the insurance coverage detail and notify the patient via a certified letter. **The letter will be accompanied by a new Notice of Acceptance indicating the correct insurance coverage.**
6. A copy of the certified letter will also be sent to the primary clinician.
7. The primary clinician should then follow up with the patient and fill out the new form with updated insurance information; including patient financial responsibility, if indicated.
8. In the event that the Return Receipt for the new Notice of Acceptance is not returned, the Billing Department will notify the Clinical Manager of the primary clinician.

EXAMPLE: Follow-up NOTICE of ACCEPTANCE

Service	Frequency	Estimated Duration	Primary Insurance	% Paid By Insurance	\$ Paid By Patient
SN	2 x week	9 weeks	ETNA	80%	\$19.00/visit
OT	2 x week	9 weeks	ETNA	80%	\$20.00/visit
MSW	1 x week	4 weeks	ETNA	80%	\$30.00/visit

NOTE: Refer to current visit rate chart when calculating percentages

9. All **ADDED DISCIPLINES** that are not on initial Notice of Acceptance form should check HealthWyse for insurance information. If a primary insurer has not been identified in the record the clinician can either fill out the Notice of Acceptance as indicated in Steps 3-7 or call the UR Department to assess if any updated information has been obtained at this time.