

BUSINESS SERVICES POLICIES

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III. Business Services

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I. Scheduling and Registration

Subject: Standard Account Documentation

To the extent possible, standard account documentation within IDX must be synchronized with standard documentation in Meditech, utilizing an institution-wide character-specific standard format.

Common enterprise-wide approved abbreviations will be utilized. This is to include IDX, Meditech, Pathways, medical records, and other applicable venues.

D&D Task Force
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Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Visit Types

TUMG affiliated providers and administration will utilize a limited number of standardized visit types. TUMG affiliated providers will be required to use these common terms for appointment scheduling. The Oversight Committee will review and approve all visit types.

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Oversight Committee
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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Provider Scheduling Standards

In order to properly schedule patients and support staff, faculty providers shall commit to a consistent weekly schedule at a minimum of twelve months in advance. Each faculty provider shall meet with a scheduling coordinator to develop a scheduling template.

Templates are to be reviewed with a scheduling coordinator at least annually. The coordinator will come to the individual practice sites for this review. TUHC provider scheduling will be done by appropriate TUHC personnel. Hospital and department representatives will meet with chairs on a regular basis to review schedules and scheduling issues.

D&D Task Force
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Oversight Committee
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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Clinic Cancellations

All clinic cancellations and changes by physicians and all other providers require a clinic schedule change form. The completed clinic schedule change form must be received by the schedulers at least 30 days before the scheduled change date. If the time period for the change or cancellation is less than 30 days, the form must be approved by the department chairman or section chief or designee and forwarded to the clinic manager. The chairman's designee will then arrange appropriate coverage as needed.

The provider will state the time frame in which the patient must be rescheduled. Each provider will give appropriate consideration of the patient's medical needs when rescheduling patients.

A periodic review of all clinic cancellations will be done by the section chief, chairman, Medical Director, hospital representative and Executive Director.

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Oversight Committee
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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Clinic Hours of Operation

The hours of business will be posted at each clinic site where it is visible to patients whether the office is closed or open. The posting should also include the manner in which the physician may be reached after office hours.

Specific clinic hours at TUHC need to be defined by a joint committee. Change requests must be approved by a joint committee.

D&D Task Force

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Oversight Committee

Approved: Yes

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Scheduling Guidelines

Common scheduling guidelines will be developed and provided in written form to guide staff in scheduling patient appointments. A decision tree based on each provider's Master Schedule Template will be utilized when applicable. All staff who perform registration and scheduling must complete IDX Scheduling and Registration training and adhere to enterprise-wide scheduling policies.

Professional services, regardless of where services are provided, will be scheduled and/or blocked in the IDX Scheduling system to include HCA Hospitals and outreach clinics. All Type I patients encounters will be scheduled in the IDX Scheduling system. All patients seen in TUHC or in practice-owned clinics will be scheduled in IDX.

D&D Task Force

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Appointment Reconciliation

At the end of each clinic session, a reconciliation of patient appointment no shows, bumps, cancels, and arrivals will be made by clinic staff. No-show attendance will be noted twice a day, once at the end of the AM session, then again at the end of the PM sessions.

Reconciliation of the scheduled vs. arrive patients is a mandatory part of the job process as it directly affects visit statistics and reporting processes.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Registration Standards

All patients must be completely pre-registered before being given an appointment. The information collected at patient registration will be standardized for all clinic/practice sites. A common registration format will be utilized to ensure consistent data gathering and to facilitate information system interface needs.

Registration information will be reviewed and verified by staff at each interaction with the patient. The same standards will apply whether information is obtained manually or by electronic interface.

Verification of primary care physician (PCP) and/or TUMG assignment of benefits should be confirmed where applicable. All demographic information including eligibility, insurance verification, physician and hospital participation will be obtained.

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Oversight Committee
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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Verification of Coverage

Registration information will be reviewed and updated when an appointment is scheduled. Staff must verify insurance or governmental third party coverage for all patients. Verification of coverage must occur at least 48 hours prior to the patient appointment. [An attempt to verify walk-in patient coverage must occur before the patient can be seen]. If required, pre-certification will be obtained at least 48 hours prior to the appointment.

If insurance is unable to be verified, patient will be told that a deposit will be collected at check in before services are rendered.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Charity Care (Medically Indigent)

Charity care will be provided to patients who present themselves for and who are classified as financially indigent or medically indigent according to TUHC and TUMG Business Services criteria.

Determinations for all patients eligible for Charity Care must be based on the criteria established by TUHC and TUMG and will be processed in accordance with TUHC and TUMG policies and procedures.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Appointment Confirmation

Appointments will be verified at least twenty-four (24) hours before the scheduled appointment. Any exceptions to this policy must be received in writing and noted in the IDX patient records. There will be certain exceptions to this policy such as psychiatry, pediatrics and ob/gyn.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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I. Scheduling and Registration

Subject: Meditech and IDX Downtime and Recovery

Staff performance standards will remain intact during Meditech or IDX system downtime with the exception of recording patient data and account notes hardcopy, pending system availability.

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II. Check - In and Check - Out

Subject: Patient Arrival and Tracking

Staff will “arrive” a patient in the IDX system immediately upon check-in. Validity of current insurance information will be noted. [These patients are to have had insurance coverage verified at least 48 hours prior to the appointment and will have been called at least 24 hours prior to the appointment.]

Patients who arrive later than 30 minutes of their scheduled appointment will be seen on a “work-in” basis. All efforts will be made to see the patient.

All patients who fail to present for a scheduled appointment will be given a NO SHOW status at the end of the session.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check - In and Check - Out

Subject: Follow-up Calls to No Shows

Clinic staff will notify the physician of patients who fail to show for their scheduled appointment. The physician will advise staff of appropriate follow-up calls.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check - In and Check - Out

Subject: Walk-In Patients

All walk-in patient must be completely registered, following the registration standards, before being given a status of "arrived" in the IDX Scheduling system. This is to include verification of coverage where possible before the patient can be seen.

Verification of Primary Care Physician (PCP) and/or TUMG assignment of benefits should be confirmed where applicable. All demographic information including eligibility, insurance verification, physician and hospital participation will be obtained.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check - In and Check - Out

Subject: Payment

All patients will be required to make their co-payment at check-in and this payment will be posted at check out. They will also be required to pay or make arrangements to pay, non-covered services, elective services, and non-covered supplies. In addition, patients with an outstanding patient responsibility balance on their accounts will be requested to make payment in full or required to make acceptable payment budget plan arrangements. This is to include amounts owed on accounts at both TUHC and TUMG.

True self-pay patients will be required to pay a deposit at check in.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check - In and Check - Out

Subject: Cash, Check, Credit Card, and Money Order Collection/Appropriation/Reconciliation

Collectors of money will not have authority to write off account balances. Co-payments will be credited to the physician providing the professional services. All other amounts collected will be appropriated on a percentage basis between TUHC and TUMG. Cash, checks, money orders, and credit card payments will be reconciled with receipts daily. If a single remittance is received, it will be posted to IDX and split accordingly between TUHC and TUMG.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check- In and Check- Out

Subject: Cash Management

There will be cash drawers for each employee (per shift) accepting payments from patients. The cash drawer is to be maintained in a secure environment at each facility.

Cash drawers must be balanced on a daily basis, by each shift (or employee). Both the individuals completing the shift and the individual beginning the next shift should do shift reconciliation. This will insure that the cash balance at the end of a shift is equal to the amount at the beginning of the shift.

Any overage or shortage must be reported on the Daily Cash Reconciliation Worksheet. Shortages in excess must be reported immediately to the supervisor and cash management.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check - In and Check - Out

Subject: Patient Departure

The check out staff will review encounter forms for accuracy, enter charges into IDX, schedule any follow up appointments, collect self-pay balances and refer to financial counselor if necessary, post payments, issue a receipt to the patient, initiate the referrals process and initiate required ancillary orders.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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II. Check - In and Check - Out

Subject: Appropriate Cash Handling

To ensure proper internal control, there will be a division of responsibility for cash control. This will include separating individuals who collect cash payments from the responsibility of preparing and making bank deposits. Other internal controls may be used where staffing is limited.

D&D Task Force

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Oversight Committee

Approved: Yes

Date: December 14, 2000

III. Business Services

Subject: Timely & Complete Charge Documentation - Inpatient Services

Physician documentation of patient care rendered on inpatient services must be dictated or written in the medical record within twenty-four (24) hours of services rendered and same calendar day of discharge.

TUHC Medical Records will deliver the copied chart or make the actual chart available within twenty-four (24) hours of discharge.

Inpatient service charge abstraction must be completed and entered into IDX BAR within seven (7) working days of discharge at TUHC. Inpatient charge abstraction of outside facilities must be completed and entered into IDX BAR within seven (7) working days upon receipt of the documentation.

Source documents with incomplete documentation will have communication back to the provider. The provider will be responsible for completing the documentation within forty-eight (48) hours of notification.

Services which are not documented within the designated time period will not be billed.

D&D Task Force

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Oversight Committee

Approved: Yes

Date: December 14, 2000

III. Business Services

Subject: Timely & Complete Charge Entry and Submission - Outpatient Services

All providers must complete and submit encounter forms for all outpatient services at the time of the visit, or if ancillary services are provided, within 24 hours of receipt of results. All encounter forms must be fully completed by the provider rendering services, including the correct CPT and diagnostic codes.

Encounter forms, which are not properly coded at initial submission, will be returned back to the provider for completion.

D&D Task Force
Approved: Yes
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Oversight Committee
Approved: Yes
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III. Business Services

Subject: Practice Plan Fee Schedule

The practice will adopt and use a standardized fee schedule for all Type I professional services provided by TUMG members. This fee schedule will be developed and approved on an annual basis by the TUMG fee committee.

TUMG will price its services in accordance with national and local normative pricing strategies in order to insure appropriate reimbursement for the group as a whole.

Individual physicians will have the discretion based on extenuating circumstances to override prices on an individual patient basis. As new services are identified and implemented, physicians will work with the fee committee to establish a new fee.

An annual report will be prepared on the effectiveness of the current year's fee schedule in order to evaluate proposed fee schedule changes.

D&D Task Force
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Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Charge Encounter Forms

Encounter forms will be reviewed and updated at least annually after input and approval from TUMG affiliated providers, administration and management. TUMG will be responsible for coordinating the design and printing of all standard encounter forms. Standard encounter forms will be designed by HCFA sub- specialty.

D&D Task Force
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Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Discounts

It is the policy of TUMG that there is no discount billing or waiver of co-insurance amounts except in the following circumstances:

- A. Patients individually determined to be charity care based on completion and review of hardship form;
- B. Small balance write-offs consistent with reasonable and uniformly applied policy;
- C. Risk management situations

D&D Task Force

Approved: Yes

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Oversight Committee

Approved: Yes

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III. Business Services

Subject: Missing Charge Documents

An IDX Missing Charge Report will be produced daily to identify cumulative missing clinic charge documents from the previous day's appointments. Providers must provide missing charges within 24 hours of the request for missing charge information or encounter forms. The report will be provided to clinic managers for their review and resolution.

An IDX Missing Charge Report will be produced weekly. The report will be provided to clinic directors for their review and resolution.

D&D Task Force
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Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Collection Risk Patients

Accounts that have 90 days delinquent patient responsibility balances, accounts that have been referred to collection agencies, or accounts with other credit-related issues will be flagged appropriately. Patients who have been identified as collection risks must set up a payment schedule for the outstanding balances. Any variance to this policy must have management approval.

Appointment scheduling staff will notify patient and provider of collection risk status and connect the patient with financial counselor assistance. New services for collection risk patients must have payment at the time of service.

D&D Task Force
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Oversight Committee
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III. Business Services

Subject: Financial Reporting Categories

The IDX system is designed to allow a roll up of financial information into major areas called financial reporting categories. For example, pay codes link to Financial Status Classification's (FSC) which roll into financial reporting categories for reporting purposes.

The major categories of Financial Reporting Categories will be:

- Medicare
- Medicaid
- PPO
- HMO
- Commercial
- Worker's Compensation
- Self Pay
- CHAMPUS
- Other

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Self-Pay Financial Classes

The following Self-Pay Financial Classes will be used but not limited to:

- Self Pay
- Self Pay After Commercial Insurance
- Self Pay After Medicare
- Self Pay After PPO
- Self Pay After HMO

All self-pay financial categories without appropriate financial flags will be subject to delinquent notices, collection letters and collection calls according to policy. All contractual terms and obligations with payer will be resolved before the self-pay financial class is utilized.

D&D Task Force

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Patient Billing

All patients will receive a single, combined monthly statement for services billed through the IDX system. All patient accounts will be processed as individual accounts.

All patient statements will be generated on a cycle basis using four (4) cycles per month.

D&D Task Force
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Oversight Committee
Approved: Yes
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III. Business Services

Subject: Managing Deceased Patients' Accounts

Estate proceedings will be handled by the Business Services Department in a courteous and sensitive manner.

Reciprocal notification between departments must occur when an in-house patient has expired. Accounts will be flagged upon notification.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Insurance Billing

An electronic claims submission service will be used for all eligible insurance carriers unless Carrier Direct. All claims will be billed as accepting assignment of benefits (insurance will pay assigned entity as required by compliance.) Claims non-eligible for electronic submission will be submitted on paper. Claims submission will occur daily according to timely filing procedures. All Transaction Edit System (TES) edits, claim form edits and electronic rejections will be resolved within the timely filing limitations.

D&D Task Force

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Oversight Committee

Approved: Yes

Date: December 14, 2000

III. Business Services

Subject: Delinquent Insurance Claims

Follow-up on insurance claims will be based on a payer-specific schedule. A claim is delinquent if payment, denial or request for additional information have not been received. All follow-up action will be worked and tracked through the Paperless Collection System (PCS).

D&D Task Force
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III. Business Services

Subject: Statement, Collection Letters and Referral to Collection Agency

Patients will receive FPP statements based on the age of the patient responsibility balance. As the amount due ages, statement messages, collection letters and telephone calls will be used at appropriate intervals as determined by TUMG. The action, at approximately 120 days from age of patient responsibility balance, is a referral to a collection agency with the balance written off of the accounts receivable.

All delinquent self-pay accounts that have not established an approved installment payment plan shall be referred to a collection agency. This occurs approximately 120 days from age of patient responsibility. Physicians will be given an opportunity to review accounts before assignment to a collection agency. Physicians will be given 20 days to respond; no response will be considered approval to assign account to collections. After 180 days, the account will be subject to write off without further approval.

TUMG will approve any exceptions to the collection agency referral. Specific pay-codes will be used to identify collection referrals.

TUHC and TUMG collection policies and procedures will be reviewed annually by both parties.

D&D Task Force

Approved: Yes

Date: November 30, 2000

Oversight Committee

Approved: Yes

Date: December 14, 2000

III. Business Services

Subject: IDX Financial Categories

The following categories shall be used:

- Charges
- Payments
- Refunds
- Contractual Allowances
- Adjustments
- Transfers

Note – Credits, Debits, Discounts and Courtesy will not be used.

All paycodes will be linked to the above categories. For example, the charge correction paycode will be linked to “Charges” and the no charge paycode will be linked to “Contractual Allowances”.

D&D Task Force
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III. Business Services

Subject: Contractual Allowances and Adjustments

Contractual Allowances are defined as contractual, legal, and governmental reductions from the amount billed. These amounts are not available for collection. Contractual Allowances must be subtracted from the charge amount when calculating the Net Collection Ratio.

Adjustments are those amounts that were available for collection but were written-off. Adjustments are different from Contractual Allowances and must be tracked separately. Adjustments are not subtracted from the payment amount when calculating the Net Collection Ratio.

Services billed in error will be removed by using the charge correction methodology. Services billed in error will include but not be limited to charges billed where services were not rendered, unbundled procedures, or charges billed within the global period. A charge correction transaction automatically corrects total gross charges amount.

Net Collection Ratio =
$$\frac{\text{Net Payments}}{\text{Gross Charges} - \text{Contractual Allowances}}$$

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**Tulane University Hospital & Clinic and Tulane University Medical Group
Policy Statement**

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III. Business Services

Subject: Payment Posting Standards

All insurance payments with identified invoices will be posted in the IDX system within two business days of the bank deposit date.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Payment Posting

Payments received from insurance companies, contracts, PPO's, governmental third parties, etc. will be posted to the invoice/line item of the charge. Therefore, each payment received for a provider's services will be credited to that provider.

Payment posting on patient due invoices will be posted using the FIFO method. The only exceptions to this policy will be payment instructions specified by the patient, agency applications, or payments received in advance for elective services.

D&D Task Force
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Oversight Committee
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III. Business Services

Subject: Unidentified Payments

Payments received which cannot be identified for a specific account or invoice will be posted to the appropriate "Unidentified Payment" account. Additional research to identify the payment for refunding or posting payments to the patients' account are completed within 5 business days or receipt for state or federal payers.

Other payers are researched and worked weekly, but must be completed within 30 days, pending additional information from outside sources (i.e., payor).

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Payment Policy

All patient responsibility balances on accounts are due and payable upon receipt and are considered delinquent thirty (30) days from the statement date. Patients who are unable to pay in full will be requested to contact TUMG to establish payment terms. Patients who fail to make payment in full or establish payment terms will be subject to the collection process.

Financial Screeners will access both systems to determine outstanding balances and payments will be applied per patient instructions.

Patients will be billed for professional services rendered that have not been paid or denied within a reasonable time frame (approximately 60 days from the date of the original claim submission).

D&D Task Force
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III. Business Services

Subject: Installment Payment Plan

Patients who cannot make payment in full may qualify for an installment payment plan. The balance due may be paid in accordance with the approved TUMG payment schedule. Responsible parties who fail to follow approved installment schedule are subject to the collection process.

The appropriate TUMG manager must approve exceptions to the payment schedule and collection process.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Adjustments

Appropriate authorization levels will be defined and approved based on position level and adjustment type. Final approval requirements per invoice are as follow:

<u>Amount</u>	<u>Approval Required</u>
<\$50	Account Representative
>50	Business Services Manager

Adjustments are dollar amounts that were available for collections but have been written-off for various reasons.

Examples: Administrative Adjustment, Small Balance Adjustment, and Bad-Debt Adjustment.

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Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

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III. Business Services

Subject: Small Balance Adjustments

Patient responsibility of account balances for \$4.99 or less will be automatically adjusted off monthly using a small balance adjustment pay-code. The balance will be adjusted before the first statement is produced. Patient responsibility balances between \$5.00 and \$9.99 will automatically be adjusted as a bad debt adjustment, when dunning level two (three statements mailed) is reached.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

Approval Date: 12/14/00

III. Business Services

Subject: Refunds

Business Services staff will initiate all refunds. Turn around time for processing refunds will be done in accordance with third party payer requirements, not to exceed ninety (90) days. Any refund requests via memo will be processed within seven (7) business days. Appropriate authorization levels for refunds are defined and approved based on position level. Approval levels per refund are as follows:

<u>Amount</u>	<u>Approval Required</u>
<\$500	Manager
\$500-5,000	Manager and Director of Business Services
>\$5,000	Manager, Director of Business Services, Executive Director

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Transaction Editing System (TES)/Medicode Performance Standards

All charges will be entered into the TES/Medicode system. Charges will be entered daily to ensure timely and correct filing of encounters. Charge entry will be performed subject to the TUMG policy on timely and complete charge entry and submission of outpatient and inpatient services.

TES/Medicode work files will be processed daily to ensure timely and correct filing of encounters. All work files will be subject to a forty-eight (48) hour post Medicode review turnaround standard.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: TES/Medicare Work File Accountability

Accountability for the TES/Medicare work files will be assigned to one senior TUMG manager. Clinic Management will have the authority to take the steps necessary to ensure timely and accurate creation of encounters in TES/Medicare and that resolution of edits occurs within standards established by TUMG and TUHC. TUMG will provide statistical data to monitor performance standards.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: TES/Medicode Work File Setup

TES/Medicode edits and edit groups will be established and managed by the appropriate TUMG management. TES/Medicode work files will be structured by department/section/provider (functional group). Further delineation of TES/Medicode work files will be determined by TUMG management.

Creation of new or revision of existing edits, edit groups, and work files will be managed by TUMG management and will be, to the extent compatible with efficient and effective processing of charges and encounters, tailored to department/section/provider needs.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Third Party Appeals

Appeals will be filed when a claim has been under paid or denied by a third party payer. Requests for additional appeals from providers will be in writing and will include further documentation (ex: letter of medical necessity, narrative or medical records) to substantiate the request, and is subject to approval by appropriate management.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Disputed Charges

Patients who dispute their statement balance based on information received from their insurance carrier or believe payment has previously been made must provide a photo copy – front and back of their explanation of benefits or cancelled check, and copy of receipt before account adjustments will be made.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Letters of Protection

TUMG and TUHC will accept letters of protection from attorneys as approved by general counsel requesting suspension of collection activity pending litigation. The written request from the attorney will be forwarded to TUMG or TUHC Legal Department for a determination based on the specific case to be made.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Requests for Patient Information

Financial information related to TUMG accounts may be discussed over the telephone with the patient or their guarantor. Requests for information related to diagnosis or treatment must be submitted in writing in accordance with patient confidentiality regulations. These requests will be forwarded to the medical records or the clinic manager as appropriate. The responses to the request will be made in a timely fashion.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

Approval Date: 12/14/00

III. Business Services

Subject: Patient Rights and Responsibilities

Patient Rights and Responsibilities will be posted at each clinic or department where it is available to all patients.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

Approval Date: 12/14/00

III. Business Services

Subject: Friend of Tulane

The Friend of Tulane indicator should be used when appropriate to ensure a thorough review prior to the onset of collection activities. Determination of a joint Friend of Tulane list will be established and reviewed periodically by TUMG and TUHC.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

III. Business Services

Subject: Medicare

The Medicare Secondary Payor Questionnaire will be completed for every Medicare registration to ensure compliance with HCFA regulations for all Medicare Primary, Medicare Secondary, and Medicare HMO patients. Policy adjustment will be made to reflect current and ongoing Medicare guideline changes.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

IV. Reporting

Subject: Standard Reporting Policy

The IDX System is a data source for the collected information that documents across the enterprise the achievement of academic and institutional goals. The reporting system will at a minimum provide:

- Management Reports
- Operational Reports
- Ad-Hoc Reports
- Custom Reports

Reports will be available based on appropriate security and delivered at the desktop whenever possible.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

Tulane University Hospital & Clinic and Tulane University Medical Group Policy Statement

Approval Date: 12/14/00

IV. Reporting

Subject: Benchmark Reporting

The provider report and the executive report will be used to provide the following benchmarking information:

TUMG will use benchmarks based on industry and institutional market driven data to measure clinic and business operational success and will be set at a minimum acceptance level.

All benchmarks utilized by TUMG will be reestablished and updated on an annual basis to coincide with the TUMG Fiscal year.

Each quarter, TUMG Business Services will report to management and physicians on the actual versus benchmark performance. Four levels of benchmarks will be used: Unacceptable, acceptable, good and exceptional.

D&D Task Force

Approved: Yes

Date: November 30, 2000

Oversight Committee

Approved: Yes

Date: December 14, 2000

IV. Reporting

Subject: Confidentiality of Practice Management Data and Reports

All TUMG physicians, managers, and staff will respect the confidentiality of all TUMG data and reports. As such, the IDX practice management data will be accessed only for information relative to the business needs of the departments, specialty and faculty. Patient confidentiality will be respected at all times.

This policy is to be used in conjunction with other TUMG policies pertaining to confidentiality, computer security and access.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

IV. Reporting

Subject: Management Reporting

The objectives of management reporting are to provide each clinical department with the information necessary to manage, plan and coordinate all business activities of the clinical enterprise. Such information will be provided via standard IDX tools in a format that allows the user to manipulate data. Proper education will be provided to all authorized users on the IDX tools.

Management Report Set may include:

- Contract analysis (reimbursement & volume)
- Analysis of Accounts Receivable
- Outstanding aged A/R summary by payor
- Adjustments by practice
- Benchmark by specialty
- Account Aging analysis by physician

The Operational Report Set may include:

- Missing charge report
- TES Edits report
- Payor Class Denial Summary
- Cancelled/bumped/no show appointments

D&D Task Force

Approved: Yes

Date: November 30, 2000

Oversight Committee

Approved: Yes

Date: December 14, 2000

V. Training

Subject: IDX System Training Policy

All new and existing staff that will be using the IDX system must attend mandatory computer information system, software applications and clinic policies and procedures training classes that correspond to specific job requirements. All employees must pass a proficiency test before beginning job duties. Performance proficiency assessment will be a part of annual performance reviews.

On-going training and re-training will be provided routinely and as necessary.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

V. Training

Subject: CPT and Diagnostic Code Training

All Providers and appropriate Office staff will participate in annual training on charge and diagnosis coding and billing procedures. The following will require training:

- New Providers or Office Staff
- Annual training to Instruct on mandated changes
- For audit purposes
- Compliance Training

D&D Task Force

Approved: Yes

Date: November 30, 2000

Oversight Committee

Approved: Yes

Date: December 14, 2000

**Tulane University Hospital & Clinic and Tulane University Medical Group
Policy Statement**

Approval Date: 12/14/00

VI. Policy Review

Subject: Annual Policy Review

The Oversight Committee will meet on an annual basis to review the policies.

D&D Task Force
Approved: Yes
Date: November 30, 2000

Oversight Committee
Approved: Yes
Date: December 14, 2000

