River Valley
Health & Dental
Your Center for Care

471 Hepburn Street
(Hepburn Plaza)
Williamsport, PA 17701

Financial Control Policy Manual
January 11, 2021 Review

Section 4.7.5 Reimbursements, Section 4.7.10 Business Travel, Section 4.8.3 Payroll Processing, Section 4.11.1 Retirement Plan Committee

- Changed Human Resources Manager to CHRO.

Section 4.12.7 340B Program Roles and Responsibilities & Section 4.12.13 Contract Pharmacy Oversight and Monitoring

- Changed Clinical Operations Manager to Director of Medical Operations.

Section 4.2.3 Journal Entries

- Updated Procedure 2, added excluding purchase orders. Purchase order documentation is maintained in the "subledger" software system (EMAPP). Review of any purchase order journal entry includes a review of the information attached in EMAPP.

Section 4.2.5 Financial Reporting

- Updated "Listing of Checks Written" distribution list to include Finance Committee vs. Finance Committee Chair.

Section 4.5.3 Revenue Cycle Management

- Updated Claim Processing #4 from 60 days to 30 days.

Section 4.7.2 Vendor Selection, Ordering and Receiving

- Updated Procedure to reflect title changes and add in new position.

Section 4.7.7 Check Signing Authority

- Added in Chief Operating Officer as an authorized signer.

Section 4.7.9 Credit Card Purchasing Authority

- Changed HR Manager to CHRO and added in COO and Director of Community Engagement as authorized credit card signers.

Section 4.12.10 Contract Pharmacy Operations

- Added Wellpartner to Procedure #1.

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Section 4.13.0 Good Faith Estimates (New)

4.13.1 General Overview

Purpose

The purpose of this policy and procedure is to establish how SCH&DC ensures that its patients are not subject to "surprise medical bills."

Policy

SCH&DC protects its patients from surprise medical bills for services and items provided by SCH&DC through a combination of:

- Compliance with requirements established under Section 330 of the Public Health Service Act and
- Provision of Good Faith Estimates as outlined in Section 27966B-6 of the Federal No Surprises Act.

Section 330 requirements that protect against surprise bills:

As a health center funded under the Federal Health Center program, SCH&DC is subject to the requirements established in Section 330 of the Public Health Service Act and detailed in the Bureau of Primary Health Care Compliance Manual. These requirements contain several provisions that protect patients from surprise medical bills.

Services – As outlined in Chapter 9 and Chapter 16 of the BPHC Compliance Manual:

1. For patients whose incomes are below 200% of the Federal Poverty Level, SCH&DC reduces its fees to ensure that they are affordable, and that cost does not create a barrier to accessing care. To do this, SCH&DC has established:
    a. A schedule of fees for all services, and
    b. A corresponding schedule of discounts which are provided to all uninsured and underinsured patients with incomes at or below 200% of the Federal Poverty Level (FPL).
    c. These protections are detailed in section *4.5.2 Sliding Fee Scale Discount Program*.

2. SCH&DC informs patients of the availability of sliding fee discounts, and their eligibility for such discounts, in language(s) and literacy levels appropriate for the patient population.

3. SCH&DC ensures that no patient is denied care due to an inability to pay. In the event that a patient cannot afford the fees they are charged, SCH&DC reduces or waives those charges to ensure that the patient can afford them as detailed in section *4.5.3 Revenue Cycle Management*.

Provision of Good Faith Estimates

1. **When SCH&DC provides GFEs to uninsured and self-pay patients**: SCH&DC further protects patients from receiving surprise bills for SCH&DC services/items by providing a Good Faith Estimate (GFE) of expected out-of-pocket costs whenever an uninsured or self-pay patient:
    a. Schedules an appointment at least three business days in advance or
    b. Inquires about out-of-pocket costs for a service/item, without scheduling an appointment for that service.

2. **Informing patients of their right to a GFE**: SCH&DC ensures that uninsured and self-pay patients are informed of their right to receive a GFE.

3. **Services and items addressed in GFEs**: These policies and procedures apply to all healthcare-related services provided by SCH&DC, including medical, dental, behavioral health, pharmaceuticals, and medical equipment.

4. **Good Faith Efforts**: When preparing a GFE, SCH&DC staff are expected to make a good faith effort to estimate the patient's out-of-pocket charges, based on the information available when the GFE is requested. However, it is recognized that:
    a. SCH&DC staff may lack adequate or appropriate information about the patient's needs when preparing the GFE.
    b. The need for some services cannot be determined until the patient meets with a clinician.
    c. The price of some items, particularly prescription drugs, can change significantly in a short time period.

Therefore, despite SCH&DC's good faith efforts, patients' actual charges may differ from what is listed on the GFE.

Procedure

SCH&DC uses the following procedures to implement the policies established above:

A. Section 330 requirements that protect against surprise bills

SCH&DC has extensive policies and procedures that outline how it complies with Section 330 requirements that protect patients from surprise medical bills. These policies and procedures are listed in the policy section and are incorporated into this policy and procedure by reference.

B. Providing and documenting Good Faith Estimates

1. **Definition of uninsured and self-pay patients** - For purposes of eligibility to receive a GFE:
    a. An uninsured person is an individual who meets one of the following:
        i. Has no health insurance.
        ii. Has health insurance, but it does not cover the specific service(s) or item(s) for which they are seeking a GFE.
        iii. Has a short-term, limited duration plan.
    b. A self-pay person is an individual who has insurance for the service or item about which they are inquiring, but who has indicated that they do not plan to bill their insurance for that service/item.

2. **Generating a Good Faith Estimate** - As discussed above, SCH&DC will provide a GFE anytime that an uninsured or self-pay patient schedules an appointment at least three business days in advance or otherwise inquires about out-of-pocket costs for a service/item, even without scheduling an appointment.

    The following procedures implement this policy
    a. GFEs generated in response to appointment scheduling:
        i. When an individual schedules an appointment at SCH&DC three or more business days in advance, SCH&DC scheduling staff will ask if the individual has insurance that covers the service and/or item about which they are inquiring.

ii. SCH&DC scheduling staff will ask patient which insurance they plan to use for their visit.
iii. If the individual answers no to the above question (indicating that they are either uninsured for the service/item or self-pay) and/or the individual does not provide their insurance information, SCH&DC patient financial services staff will initiate the process to provide the patient with a GFE, subject to the timelines outlined below.
iv. The healthcare data analyst will be responsible for generating a report on a daily basis that will be automatically sent to the patient financial services department for processing.

b. GFE requests made separately from appointment scheduling:
   i. SCH&DC patient financial services staff will initiate the production of a GFE whenever an individual requests one, or otherwise asks about the cost of a service(s)/item(s), regardless of whether the patient schedules an appointment.
   ii. Any request for a GFE (or a similar request for information about costs) should be forwarded to the patient financial services department within 2 hours of receiving the request.

3. **Timeframes for providing GFEs** – SCH&DC provides GFEs to patients within the following timelines:
   a. When the GFE is for an appointment that the patient has scheduled 3 to 9 business days in advance, SCH&DC will provide the GFE within 1 business day.
   b. When the GFE is for an appointment that the patient has scheduled 10 or more business days in advance, SCH&DC will provide the GFE within 3 business days.
   c. When the patient has not scheduled an appointment for service/item, SCH&DC will provide the GFE within 3 business days of receiving the request.
   d. SCH&DC does not provide GFEs for appointments scheduled less than 3 business days in advance.

4. **How GFEs are provided to patients**
   a. SCH&DC will provide the GFE to the patient or their authorized representative in writing.

b. Depending on the patient's preferences and IT capabilities, SCH&DC may provide the written GFE via patient portal, email, postal delivery, or making the GFE available for the patient to pick up at an SCH&DC site.
c. All patients have the right to have the written GFE explained to them verbally by a member of SCH&DC's patient financial services staff upon request.

5. **Retaining and ensuring future access to GFEs**
   a. SCH&DC will store GFEs in the patient's health record.
   b. Upon request, SCH&DC will provide patients with a copy of any GFE furnished to them within the past 6 years at no cost to the patient.

C. Contents of Good Faith Estimates

1. **Demographic Information:** The GFE contains the patient's name, date of birth, and date the request was initiated.

2. **Appointment Information:** If the patient scheduled an appointment, the GFE will contain the date, time, and location of the appointment for the services/items addressed in the GFE.

3. **Diagnosis Code(s):** Subject to the limitations described below, the GFE contains diagnosis codes and their plain-language meaning.
   a. SCH&DC patient financial services staff are not expected to know diagnosis codes for new patients, or for existing patients who are scheduling an appointment for a new issue. In these, situations, SCH&DC staff will indicate "does not yet know the correct diagnosis for your visit" on the GFE.
   b. If the patient is receiving a GFE for an issue with a diagnosis code currently on their chart, the patient financial services staff will add the appropriate code and their plain language meaning to the GFE.

4. **Period of care:** Each GFE will address a "period of care", which is generally defined as a single visit and any ancillary services which are provided in conjunction with that visit. However, if SCH&DC expects a patient to receive the same service on a recurring basis (e.g., 6 weekly behavioral health visits), SCH&DC may consider all the recurring services as a single "period of care" and include them all on a single GFE. No GFE may cover more than 12 months of recurring visits.

5. **Services listed:**

a. For the period of care, the GFE provides CPT codes and description for:
    i. The primary service that SCH&DC expects to provide to the patient, based on the information offered by the patient or, in the case of a follow-up appointment, by the SCH&DC provider (i.e. – follow-up notes from primary care providers and the dental treatment plan for dental providers).
    ii. Items and services that SCH&DC reasonably expects to be provided in conjunction with the primary service.
b. The GFE does not contain information on charges for services provided and billed by providers other than SCH&DC.

6. **Charge information for services and items other than prescription drugs:** For each service and item listed (other than pharmaceuticals – see next section), the GFE will provide charge information as follows:
    a. If the patient's current sliding fee discount class is known, SCH&DC will provide charge data that is specific to that discount class for the services and items listed on the GFE using the *Good Faith Estimate (With Sliding Fee Determination)* form.
    b. If the patient's current sliding fee discount class is not known, either because they are a new patient or because they are due to have their eligibility reassessed, SCH&DC will:
        i. Indicate the range of possible charges (varying by discount class) for each service/item and provide information to enable the patient to determine their discount class using the *Good Faith Estimate (No Sliding Fee Determination)*.
        ii. Offer the patient an opportunity to meet with SCH&DC patient financial services staff to be assessed for sliding fee discount eligibility and be informed of their estimated charges based on that assessment.

7. **Charge information for prescription drugs**
    a. SCH&DC recognizes that charges for prescription drugs are particularly hard to predict in advance, for reasons including:
        i. For many conditions, there are many potential drug treatments available, and it is impossible to know which specific drug a patient will be prescribed until they have been evaluated by a clinician.

ii. Within the range of potential drugs for a specific condition, the cost to SCH&DC and therefore to patients can range significantly.
iii. For any individual drug, the price can change significantly with short notice, particularly at the start of the calendar quarter.

b. For these reasons, on GFEs that list prescription drugs as a potential charge, SCH&DC will
   i. Indicate that drug prices can change rapidly, and that any charges listed could change after the date of the GFE.
   ii. If a patient's specific drug and discount class are known, SCH&DC will include the estimated price for that drug as of the date of the GFE.
   iii. If either a patient's specific drug or their discount class are unknown, SCH&DC will:
      1. Provide information on how SCH&DC strives to make drugs affordable for low-income uninsured, under-insured, and self-pay patients such as the Sliding Fee Discount Program
      2. When possible, include a range of potential charges for the drug.

8. **Disclaimer language:** All GFEs include the disclaimer language consistent with the requirements established by the Centers for Medicare and Medicaid Services.

9. **Notification of right to appeal:** All GFEs include language informing patients about their right to dispute a bill that is substantially greater than what was listed in the GFE.

D. Informing patients of the availability of Good Faith Estimates

1. SCH&DC ensures that patients are informed about their right to receive a Good Faith Estimate by prominently displaying information about the availability of GFEs:
   a. On the SCH&DC website.
   b. On patient education monitors in the lobby and exam rooms.
   c. In patient communication materials, such as new patient packets.

2. When SCH&DC patient financial services staff assess patients for eligibility for the sliding fee scale discounts, they will inform patients of the availability of GFEs.