

BROOK LANE HEALTH SERVICES	
Policy Name/Subject	Inpatient Financial Admission Procedures
Program/Department	Accounting
Responsible Party	Chief Financial Officer
Date Last Reviewed:	11/20
Date Last Revised:	11/20
Frequency of Review:	Every 2 years

INPATIENT FINANCIAL ADMISSION PROCEDURES

I. Pre-admission/Admission

A. When it can be determined in advance of admission that a person is a probable candidate for admission to the inpatient service:

1. The person conducting the pre-admission evaluation or screening should:
 - a. Obtain basic insurance data including the name of the insurance company, type of insurance plan, and name of patient's employer.
 - b. Advise the patient or responsible party that a Patient Accounts staff member may call to provide the patient or financially responsible person with additional information about various financial matters prior to admission.
 - c. Advise Patient Accounts staff of the probable inpatient admission and refer any relevant financial information.
 - d. Advise the patient who to contact in the Patient Accounts office.
2. Patient Accounts staff shall:

Telephone financially responsible person to discuss additional financial information and further explain the Organization's financial policies, if necessary.

B. Where it is determined through a re-evaluation or screening that a patient is not a probable candidate for admission to the inpatient service, and the patient is subsequently admitted, or where such determination cannot be made because there is no lead time between the evaluation/screening time and admission,

1. The evaluation team shall:

Discuss with the patient or financially responsible person the need for a thorough financial evaluation and the cost of the initial evaluation.

2. The Patient Accounts staff shall discuss with the financially responsible person or patient additional relevant financial factors including:
 - a. Determining the patient's insurance coverage.
 - b. Determining the financially responsible person's ability to pay.
 - c. Advising financially responsible person of estimated self-pay portion.
 - d. Negotiating with financially responsible person an acceptable method of payment.
 - e. advising financially responsible person of the billing procedure used by the Organization.
 - f. Giving financially responsible person pre-admission information package.
- C. Where an admission occurs on an emergency basis and at a time when the evaluation team and/or Patient Accounts staff is not present:
1. The Nursing staff shall give the patient an information package and discuss its contents with the financially responsible person, advising this person that a financial evaluation will be necessary and that it will be conducted by the evaluation team and/or Patient Accounts staff on the next working day. In addition, the Nursing staff should obtain basic financial and medical record face sheet information on the appropriate form.
 2. The evaluation team shall on the next working day conduct the appropriate evaluation and discuss the cost of evaluation and the need for a thorough evaluation of the patient's financial status.
 3. The Patient Accounts staff shall meet with the financially responsible person or patient on the next working day and discuss relevant financial issues and collect additional financial information as necessary.
- D. For the purpose of financial determination, patients shall be divided into two categories. Those having insurance coverage and those not having insurance coverage.
1. Where the financial evaluation reveals that patients possess some form of insurance coverage:
 - a. Patient Accounts staff will call the insurance company and determine the benefits a patient may be eligible for at a

non-profit private psychiatric hospital. Brook Lane makes no guarantees concerning insurance benefit information and subsequent final settlement with Brook Lanes is the patient's responsibility.

- b. The coverage shall be evaluated to determine an estimated self-pay amount.
 - c. Where the patient indicates it will not be possible to make full payment of the estimated self-pay amount prior to discharge:
 - d. Negotiate a payment plan which shall extend no longer than 24 months. For further information see [Financial Assistance](#).
2. Where the financial evaluation reveals the patient has no insurance coverage:
- a. Advise the patient or financially responsible person of the estimated total bill and request payment for one week of services in advance and weekly payments thereafter.
 - b. Advise the patient or financially responsible person that the balance is to be paid at discharge.
 - c. If the patient or financially responsible person's ability to pay is questionable, the Patient Accounts Manager shall consult with the CEO to determine whether the patient qualifies for financial assistance.

II. During Hospitalization

A. The Patient Accounts staff shall:

1. Make monthly billings to the insurance company, patient, or financially responsible person as agreed to at the admission.
2. Monitor the patient's account to determine if appropriate payments are being made.
3. Maintain appropriate contact with insurance companies and patients where it appears there may be a problem with the bill.
4. Request additional conferences with patient or financially responsible person based on additional information supplied by the therapist which significantly alters the patient's anticipated length of stay.

III. Discharge

- ### A. The team nurse shall be responsible for notifying the Patient Accounts office at least three (3) days in advance of a projected discharge.

- B. An interview with the Patient Accounts staff shall be arranged for all patients and/or financially responsible persons prior to discharge. This interview shall include a discussion:
 - 1. Of the estimated amount due at discharge.
 - 2. of any other payment plans or financial arrangements which may have already been negotiated.
- C. The nursing staff shall be responsible for notifying, in writing, the Accounting office staff of final discharge. This notification shall be sent to Accounting by 8:00 a.m. on the day after discharge.

IV. Following Discharge

- A. Self-pay accounts: Patient Representative shall make contact by phone to discuss their inpatient account concerning insurance and self pay balances. Also to ask if they have any questions concerning their insurance and inpatient charges.
 - 1. Unpaid accounts will be sent to patient or financially responsible person on a monthly basis.
 - 2. Where an account is inactive:
 - a. In the first month following no activity, a telephone and letter contact shall be made to determine the cause and to advise the patient that payment must be made as agreed upon at the time of discharge.
 - b. In the second and third month, a telephone and letter series will be initiated. A copy of the third letter should be sent to the therapist.
 - c. After 90 days of inactivity, the account shall be 100% written off.
 - d. Following write-off, subsequent collections efforts will be determined by the Director of Patient Account.
- B. Accounts with insurance coverage:
 - 1. Telephone contact will be made with insurance companies if payment is not made within 30 days of billing.
 - 2. Weekly calls will be made subsequent to the original 30 day period.