

The BPHC Newly Funded TA Web Guide Resources for New and Existing Grantees

Developed by:

The U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Office of Training and Technical Assistance Coordination (OTTAC)

The BPHC Newly Funded TA Web Guide is a self assessment tool designed to help new BPHC grantees provide high-quality primary health care from the day they open their doors for business. The Guide is a central hub for links to HRSA-approved templates, information pages, and policy documents, and many other resources. The intent of the Web Guide is to help Health Center grantees improve their quality and efficiency, work within Health Center Program Requirements, and access Federal policies, programs and resources intended for the specific needs of Health Centers.

This document is a printable version of a portion of the content available on the Web Guide. It was developed by the BPHC Office of Training and Technical Assistance Coordination and is hosted at:
<http://bphc.hrsa.gov/technicalassistance/index.html>

4e. Program Requirement 13: Billing and Collections

Requirements:

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services. These systems include written policies and procedures addressing:

- Billing
- Credit
- Collections

Authority:

Section 330(k)(3)(F) and (G) of the PHS Act

Documents to Review for Answers: 1) Policies and procedures for credit, collection, and billing; 2) Visit form

Links and Additional Resources:

Your grant application’s [Form 3](#): “Income Analysis Form” contains your assumptions and projections for billing and collections. This link is for reference purposes only.

MSCG Resource Center [Billing and Collections Page](#)*

**Note: All non-Federal documents are for use as aids to consultants and grantees, the contents of such documents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA, and should not be considered official guidance by BPHC. Any “sample” documents must be tailored to the health center’s unique circumstances and needs.*

Table 1: Billing and Collections Questions

These questions are intended to help grantees in assessing their practices regarding health center billing and collections.

#	Questions	Answers
1	Health center has systems in place to maximize collections and reimbursement for its costs in providing health services.	
1.a.	Does the visit form include all billable services (on-site and off-site)?	
1.b.	Does the grantee have Medicare and Medicaid provider numbers?	
2	Does the grantee have Board approved written policies and procedures for:	
2.a.	Billing	
2.b.	Credit	
2.c.	Collections	

Table 2: Additional Billing and Collections Questions

These questions are intended to help grantees in streamlining and improving the efficiency of their billing and collection processes.

#	Question	Answer
1	Visit Form	
1.a.	Does the health center have a visit form?	
1.b.	Does the visit form reflect the scope of practice of each provider?	
1.c.	Do the ICD and CPT Codes reflect the most current updates?	
1.d.	Do the ICD and CPT Codes meet State billing coding requirements?	
1.e.	Are all visits recorded in the MIS within 24 hours of service? If not, what is the lag time?	
1.f.	Is a procedure in place to identify and find missing visit forms on a timely basis?	
1.g.	Are off-site visits reported and billed on a timely basis?	
1.h.	How does the grantee know if all off-site activity is being reported?	
2	Medicaid and Medicare	
2.a.	Are Medicare and Medicaid billed electronically and is the appropriate billing number used?	
2.b.	If not, how does the grantee address systems problems that arise?	
2.c.	Have the interim PPS rates been set? If yes: <ul style="list-style-type: none"> • What is the interim PPS rate for Medicare? • What is the interim PPS rate for Medicaid • Do these rates appear reasonable? 	
2.d.	Are Medicare and Medicaid and other material third party payers billed at least weekly?	
2.e.	What is the billing procedure?	
3	Other Third-Party Billing	
3.a.	Are “cross over” patients billed to the secondary payer within a week of payment by the primary payer? If not, what is the lag time?	
3.b.	If a third party billing is not responded to in 30 days, are effective follow-up procedures done?	
4	Self-Pay	
4.a.	Is payment at the time of service encouraged?	
4.b.	If self pay billings are not paid in 30 days, what is done?	
5	Accounts Receivable	
5.a.	How many days of net revenue are tied up in accounts receivable?	
5.b.	Are the indicators acceptable or are receivable collections lagging?	
5.c.	Are rejected claims corrected and resubmitted within a week? If not, what is the lag time?	