



## Proper Billing Policy

<b>Date Drafted:</b> 6-3-16	<b>Revision Date</b> August 25, 2016	<b>Board of Directors Approval:</b> August 25, 2016	<b>Board of Health Approval:</b> 2016.08.116
--------------------------------	---	--	---

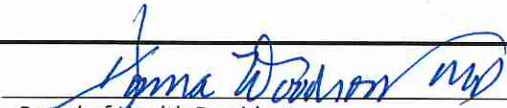
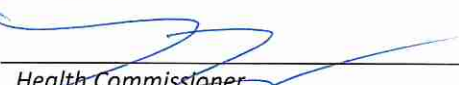
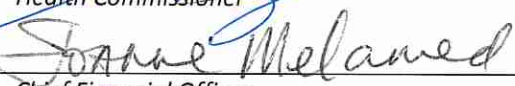


**Maintenance Steward:** CFO,CEO **History:**  New  Revised  Archived

**Organizational Scope:**  
 Full Agency  Administration  Community Services  Environmental Health  Health Center

**Frequency of Review:**  
 Annually  Biennially  5 Years  As Needed  Other:

**Location:**  
 G-Drive: G → Users → Common → Policies & Procedures  
 Website: [www.lucascountyhealth.com/employee-login/](http://www.lucascountyhealth.com/employee-login/)  
 Hardcopy: TLCHD Policies & Procedures Manual, HR Office  
 Archived Version(s):

### Requisite Signatures

<input checked="" type="checkbox"/>	 Board of Health President	<u>8.25.2016</u> Date
<input checked="" type="checkbox"/>	 Health Commissioner	<u>08-25-16</u> Date
<input checked="" type="checkbox"/>	 Chief Financial Officer	<u>8/25/16</u> Date
<input checked="" type="checkbox"/>	 Board of Directors President	<u>8/25/16</u> Date
<input checked="" type="checkbox"/>	 Chief Executive Officer	<u>8/25/16</u> Date



## Proper Billing Policy

### **PURPOSE :**

The purpose of this policy is to ensure proper billing of patient services of the Toledo Lucas County Health Center (TLCHC). TLCHC is committed to upholding all applicable Local, State, and Federal regulations and requirements. These include: not knowingly and willfully making or causing to be made a false statement or representation of material fact in an application for benefits or payments, and not knowingly or willingly concealing or failing to disclose the occurrence of an event affecting the right to payment with the intent to secure payment that is not due.

### **PROCEDURE:**

1. Only claims that are appropriately supported by documentation shall be submitted. This means that the documentation in the medical record supports the diagnosis, procedure and any other information required on the claim.
2. Coding information contained in electronic medical record shall not be modified on the claim form without review and approval by Certified Coder and/or Provider.
3. Compensation for billing and coding staff shall not include any incentives, financial or other, to improperly upcode claims.
4. Educational training shall be provided for billing staff regarding the submission of accurate bills for services rendered. Training offered by Medicare/Medicaid will be attended on an annual basis. Proof of attended training will be kept in personnel files.
5. If TLCHC contracts with a third party billing company, certification shall be obtained from the third party billing company that it is presently in compliance with all federal health care program requirements.
6. Periodic audits to assess the billing and coding of claims submitted by providers shall be conducted on a regular basis by either an internal auditor or an external auditor.
7. In the event that an overpayment is identified, the insurance company will immediately be reimbursed by the TLCHC. The Billing Supervisor will follow the Purchasing and Disbursement Policy and attach the proper backup documentation for the refund. Since Medicare and Medicaid do not want to handle payments by check, the following procedure will be followed: If the overpayment is Medicare, that overpayment will be reported on the next quarterly Medicare Credit report which will cause them to take the funds from our next payment. If the payment is Medicaid, they will be notified and they will also take the funds from our next payment or it can be instantly reversed in the Medicaid Portal.



# Proper Billing Policy

## Record of Change

(Required for all policies)

Date of Change	Changes Made By	Changes Made/Notes	Approved By