CLINIC FLOW: BEST PRACTICES FOR EFFICIENT INTEGRATION OF BILLING FOR STD SERVICES

I. Before the Visit:

For Walk-Ins:

- Have clipboards and/or paperwork “packets” arranged ahead of time with any paperwork you need them to fill out so clients can get started as soon as they walk in the door.

- You can have them sign in on a clipboard, and take the paperwork as they sign in. Avoid having them sit down and calling them up later to fill out paperwork as this is a reason for unnecessary delays.

- If they are insured (Medicaid or other third-party insurance), after they submit their insurance information, verify eligibility and benefits electronically ASAP.

- Make a copy of the front and back of the insurance card and ID card.

By Appointment:

- Collect as much information as you can by phone at the time of scheduling. Including:
  - Name, contact info, demographics
  - Insurance information
  - Basic reason for visit

- Remind patient to bring insurance card and co-payment when they come for service.

- Use website and/or software for insurance eligibility verification. Do this the day before or first thing in the morning ahead of the visit, if possible.

<table>
<thead>
<tr>
<th>Obtain from Client or Insurance Card</th>
<th>Verify with Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Client Name</td>
<td>* Insurance Carrier Phone Number</td>
</tr>
<tr>
<td>* Date of Birth</td>
<td>* Is authorization required?</td>
</tr>
<tr>
<td>* Address</td>
<td>* Is a referral required?</td>
</tr>
<tr>
<td>* Insurance Carrier</td>
<td>* Is there a co-pay? How much?</td>
</tr>
<tr>
<td>* ID Number</td>
<td>* Is there a deductible?</td>
</tr>
<tr>
<td>* Group Number</td>
<td>* In network or out of network?</td>
</tr>
<tr>
<td>* Insurance Carrier Phone Number</td>
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</tbody>
</table>
• Make filling out paperwork and forms ahead of time an option for quicker processing. You can post paperwork on your website for download, send by email, by mail, or allow it to be picked up in person.

• If the patient arrives without paperwork completed use the “walk-ins” suggestions (above).

• Make a copy of the front and back of the insurance card.

**Best Practices for Simplified Patient Scheduling**

• Make all appointments the same length. Individual appointments will vary in length, but if you use an average of the length this simplifies scheduling and increases access to care.

• Make appointments as close to the time of request for care as possible. The closer to the request for care the more likely it is that the patient is going to show up. Same day/next day scheduling is ideal.

• Send appointment confirmation by text if possible. Never mention reason for visit or any visit details in a text or voicemail.

• Start all visits on time every time. The first visit of the clinic session often starts late. Make it a clear expectation to start clinic sessions on time. [See: Coleman and Associates Resource for more information on clinic flow.]

**II. During the Visit:**

**Registration:**

• Make the registration process as efficient as possible.
  
  o Obtain copies of insurance card(s)
  
  o Verify contact info, demographics
  
  o Obtain signed paperwork
  
  o Review financial obligations and obtain payment (or provide estimate for collection at check-out)

• Keep paperwork to a minimum and ask only the questions you actually use for registration and clinical decision-making. If you don’t use it, lose it.

FOR MORE TOOLS AND RESOURCES, VISIT STDTAC.ORG/BILLING-TOOLKIT
Co-pays:

- Failure to collect co-payments required by payers is an insurance contract violation.
- Collection of co-payments is standard business practice (most services are paid for at time-of-service).
- Post-visit billing for co-payments is costly and seldom results in collection.
- Train staff in effective communication regarding payment collection; provide sample scripts or talking points for FAQ. [See: Medical Billing Information FAQs]

Superbill/Encounter Form:

- If using paper charts, or EMR with separate practice management system, the clinician should be provided with a superbill with demographic information completed. The superbill should be attached to the chart when they enter the exam room.
- If using an EMR with integrated practice management system, complete documentation prior to patient’s check out.
- The clinician should code the visit (visit, procedure, labs completed and ordered, medications, diagnosis and return visit information) prior to the patient checking out with the front desk.

Check-Out:

- Collect payment, if not done at the beginning of the visit.
- Upon Receipt of Payment: Record payment in system IMMEDIATELY.
- Provide receipt and visit summary to client.
- Schedule or arrange any follow up visits as necessary.
III. After the Visit:

**Policy & Procedures:**

- It is imperative that the agency have a written Policy & Procedures to outline the end of day reconciliation process, and that the process include checks and balances and separation of duties among staff to prevent risk. [See: Sample Cash Control Policy and Procedures]

- At the end of the day, the payments recorded in the system must match the superbills, which must match the total of cash, checks, and credit card receipts in the cash drawer.

- There should be an end of day process in place to reconcile payments.

- Cash control policies should be in place. [See: Sample Cash Control Policy and Procedures]

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