

FINANCIAL MANAGEMENT 2.0

Accounts Receivable -- 2.7

Patients Requesting Local Health Department Services in lieu of Receiving Services from their Assigned/Network Provider—2.7.e

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POLICY

Local health departments may refuse to provide services to patients (except those patients exempt from fees as a personal obligation as defined in the Rules and Regulations Governing Fees for Services, Chapter 1200-17-2-.04) that are covered by a third-party plan that the local health department is not authorized to bill. If the patient insists upon receiving services at the health department that are available as a covered benefit through the third party plan and the health department is willing to see the patient, the patient will be assessed the full charge for services provided with no slide applied.

APPLICABILITY

This policy applies to Local Health Department, Regional and Central Office personnel.

PURPOSE

To establish equitable and sound guidelines for the collection of fees for services rendered to individual patients who are enrolled in a third-party plan that the local health department is not authorized to bill, but prefer to receive services at their

local health department. This policy applies only to services that the patient has access to as a covered benefit through a network provider. It does not apply if the patient is not in a third-party plan, or has a third party plan that does not cover a particular service and will not modify any applicable sliding fee scale policies.

PROCEDURE

If a patient that is enrolled in a third-party plan that the local health department is not authorized to bill [including private insurance, TennCare or Medicare (except local health departments that are enrolled as full Medicare providers*)], presents at the local health department for services because they choose not to be seen by their assigned/network provider:

1. The local health department may choose not to serve the patient and refer him/her to the assigned PCP.
2. If seen by the local health department, the patient will be assessed the full charge for services provided with no slide applied, after signing an **Authorization of Full Fee** form.
3. The charges should be billed as private pay and no claim sent to any third party carrier.
4. *Full Medicare providers can not charge Medicare HMO patients as if they were private pay.

NECESSARY FORMS

Authorization of Full Fee

REFERENCE DOCUMENTS

Rules of the Department of Health, Chapter 1200-17-2.

OFFICE OF PRIMARY RESPONSIBILITY

Fiscal Services Section, Bureau of Health Services, (615)741-7305