

FINANCIAL MANAGEMENT 2.0

Accounts Receivable -- 2.7

Waiving Private Insurance Billing (Non-TennCare Enrollees)--2.7.h

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POLICY

The Director of the Bureau of Health Services may exempt a region or specific counties in a region from billing private insurance as long as the patient is not a TennCare enrollee.

APPLICABILITY

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

PROCEDURE

Regional directors must send a written waiver request to the Director of the Bureau of Health Services requesting that their region or specific counties in their region be exempt from billing private insurance for patients not enrolled in TennCare. Documentation that demonstrates and supports the need for the waiver must be provided with this request. Such documentation should include, at a minimum, an analysis of what each county has billed and collected from private insurance over a minimum of three (3) months. Other factors unique to the county or region's billing history should be documented and will also be taken into consideration for granting the review.

The waiver to exempt a region from billing private insurance for patients not enrolled in TennCare may be implemented regionwide or may only apply to specific counties in a region. In the latter case, the regional director must provide written rationale as to why the waiver is requested for county specific, rather than regionwide, implementation. Factors pertinent to private insurance billing, such as average collection rates, volume of claims, time spent on individual claims, and speed of payment must be documented and will be considered for the waiver.

The waiver may apply to all or selected insurance plans presented at the health department. If a region chooses to waive billing to some, but not all, private insurance of plans of patients who are not enrolled in TennCare, a detailed explanation of exactly how that procedure will work in the health department must be provided with the waiver request. Factors unique to the individual plans should be documented and will be considered for the waiver.

Regions granted a waiver must inform non-TennCare patients of their personal responsibility to file private insurance claims. A sign explaining this responsibility must be posted/displayed in a clearly visible location within the check-in/checkout area.

Regions granted a waiver must provide appropriate billing information in order for the patient to file his/her own insurance claim.

Waiver procedures will remain in effect until such time as the Director of the Bureau of Health Services is notified in writing of the regional director's intent to re-implement billing private insurance for non-TennCare patients.

Nothing in this policy applies to the billing of private insurance for patients who are also enrolled in TennCare. All regions must bill private insurance for those patients who have both TennCare and private insurance.

NECESSARY FORMS

None

OFFICE OF PRIMARY RESPONSIBILITY

Office of the Director, Bureau of Health Services, (615) 741-7305