

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS  
POLICY & PROCEDURE**

**NUMBER: 176  
VERSION: 1**

**SUBJECT/TITLE:** HANDLING OF BILLING COMPLAINTS

**POLICY:** To provide a method of filing complaints related to billing issues with the intent of better serving the patient needs.

**PURPOSE:**

**DEPARTMENTS:** All

**DEFINITIONS:**

**PROCEDURE:** The following procedures will be followed in the management of billing complaints.

**I. Receptionist**

**A. Patient arrival**

1. Identify nature of complaint
  - a. If related to the Quality of Care, refer patient to Medical Administration.
  - b. If related to application for Ability To Pay (ATP) program, refer patient to unit supervisor
2. Determine whether the patient has existing third party resource to resolve billing issue.
3. If patient has no third party resource, screen the patient for Medi-Cal and/or ATP eligibility and refer as appropriate.
4. If patient has verified resource not previously identified, updates Hospital Information System (HIS) with new financial class and forward information to Patient Accounts.
5. Provide patient with Patient Grievance Form to write complaint, as necessary. (Attachment I)
6. Assist patient in completion of Patient Grievance Form as necessary.
7. Forward Patient Grievance Form to Section Head within one day of receipt.

**II. Supervisor**

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- A. Receive patient complaints related to ATP program.
- B. Discuss concerns with patient.
- C. Research stated concerns.
- D. Explain program eligibility requirements.
- E. Complete necessary documents to process the determined action to be taken.
- F. Provide an accurate and appropriate response to the patient.

**III. Section Head**

- A. Receive all Patient Grievance Forms.

**NOTE:** All Inquiries from the Board of Supervisors and Administrative Adjustments are to be resolved within 10 days of receipt. Telephone or Walk-In Billing Complaints are to be resolved within 30 days of receipt.

- B. Review complaints to determine if related to Quality of Care or billing issue.

**NOTE:** This may require a review of patient's medical record chart.

- C. If related to Quality of Care, contact Medical Administration to assist in resolution.

- D. If complaint is related to billing issue:

- 1. Enter the following information on the Patient Grievance Log
  - a. Date of grievance
  - b. Name and address of patient
  - c. PF #
  - d. Date(s) of service
  - e. Nature of complaint
- 2. Complete and mail acknowledgement letter to patient (Attachment II).
- 3. Locate billing resources from past due bills such as General Relief, Medi-Cal, or private insurance.
  - a. Resolve billing inquiries by phone whenever possible.
  - b. Contact Patient Accounts for charges
  - c. Complete payment charge adjustment forms for either the

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- outpatient or inpatient claim (Attachment III and IV).
- 4. Resolve issues related to Limited Inpatient billings.
  - a. Inform patient that inpatient rates are determined by range and rate levels, which includes the variation of services rendered to the patient in any one day.
- 5. For psychiatric patient inquiries, screen for Short Doyle eligibility.

**NOTE:** If eligible, refer to Patient Financial Services Admitting Worker on Psychiatric Ward for Short Doyle application.

- E. If complaint is related to refund issue:
  - 1. Enter the following information on the Patient Grievance Log
  - 2. Review request for refund (Attachment V) received from Nursing indicating that patient was not seen, was scheduled in the wrong clinic and no services were rendered, or that physician determined that the patient should not be charged.
  - 3. Authorize refund.
  - 4. Refer patient to cashier.
  - 5. Retain refund request.
- F. Evaluate and resolve Collection Billings.
  - 1. Locate any available resources, which might allow for the recall of the bill from Collection Agency.
  - 2. Review documents to determine if an error was made in the billing.
  - 3. Review Medical Record chart as necessary.
- G. Identify a resolution if complaint is related to billing.
- H. Make recommendation for solution of billing complaint.
- I. Formulate response letter to billing grievance within five working days of the decision, but not later than 30 days from the receipt of the grievance.
  - 1. Include all pertinent data that shows patient was seen at the facility.
  - 2. Include name and telephone number.
- J. Forward grievance changes, with all appropriate documents or additional information to Revenue Manager.
- K. Receive response on resolution of billing grievance from Revenue

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Manager.

- L. Make appropriate changes to patient file and HIS.
- M. Send response to patient within two days of receipt.
- N. Maintain file with a copy of the billing grievance, supporting documents, and response for a period of four years.

**IV. Revenue Manager**

- A. Evaluate resolution of billing grievance and recommendation from Section Head.
- B. Authorize Section Head to follow through with solution or provide alternative solution.
- C. Forward response to Section Head.

References: DHS Policy 440, "Handling of Complaints"	
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