

Ohio Hills Health Services					
Personnel Justification					
02/01/2025 - 01 31 2026					
				Adjusted	Federal
				Annual	Amount
Name:	Position/Title	% of FTE	Base Salary	Salary	Requested
Jeffrey Britton	Chief Executive Officer	1.00	114,417.00	N/A	114,417.00
Michael Carpenter	Chief Operating Officer	1.00	87,025.00	N/A	87,025.00
Vacant CFO	Chief Financial Officer	1.00	75,000.00	N/A	75,000.00
Teresa Lyle	Staff Accountant	1.00	48,140.00	N/A	48,140.00
Stacy Goddard	PCMH Coordinator	1.00	46,437.00	N/A	46,437.00
Peggy Douglass	EHR Coordinator	0.60	42,661.67	N/A	25,597.00
Janet Chambers	Director of Outreach & Development	1.00	68,951.00	N/A	68,951.00
Karen Gilham	Admin Asst / H R Director	1.00	57,033.00	N/A	57,033.00
Debbie Fisher	Director of Clinical Svcs	1.00	72,113.00	N/A	72,113.00
Dee Stewart	Director of Revenue Cycle Management	1.00	54,462.00	N/A	54,462.00
Connie Flood	Transcriptionist	0.27	32,133.48	N/A	8,570.00
Charles Pulley	Housekeeping	0.53	21,089.44	N/A	11,247.00
Cheryl Forshey	Housekeeping	0.40	24,102.50	N/A	9,641.00
Karen Long	Accounting Clerk	1.00	39,307.00	N/A	39,307.00
Michelle Hamilton	Billing Specialist	1.00	36,153.00	N/A	36,153.00
Tracey Rockwell	Billing Specialist 1	1.00	32,136.00	N/A	32,136.00
Mindy Janosik	Dental Biller	1.00	36,153.00	N/A	36,153.00
Brandy Stephens	Patient Accounts Counselor	1.00	34,004.00	N/A	34,004.00
Ashley Hickenbottom	Call Center Tech	1.00	37,040.00	N/A	37,040.00
LouAnnMorris	Call Center Tech	0.60	26,110.00	N/A	15,666.00
Mary Calovini	Call Center Tech	1.00	29,123.00	N/A	29,123.00
Kayla Reynolds	Site Coordinator	1.00	62,324.00	N/A	62,324.00
Tonya Henthorn	Front Desk Receptionist	0.97	26,111.17	N/A	25,414.00
Yvonne Steele	Front Desk Receptionist	1.00	31,065.00	N/A	31,065.00
Renay Shepherd	Front Desk Receptionist	1.00	29,123.00	N/A	29,123.00
Heidi Wells	Patient Referrals	1.00	31,072.00	N/A	31,072.00
Jeannie Jellison	Patient Referrals	0.80	37,318.75	N/A	29,855.00
Nicole Fisher, RN	RN	1.00	46,196.00	N/A	46,196.00
Natalies Fowler, LPN	LPN	1.00	39,166.00	N/A	39,166.00
Rhonda Pettini, RN	RN	1.00	54,230.00	N/A	54,230.00
Michelle Milhoan, LPN	LPN	1.00	39,166.00	N/A	39,166.00
Andrea Edwards, LPN	LPN	1.00	42,848.00	N/A	42,848.00
Christina Goodhart, LPN	LPN	1.00	35,149.00	N/A	35,149.00
Kim Overly, LPN	LPN	1.00	37,138.00	N/A	37,138.00
Vacant LPN/RN		1.00	46,196.00	N/A	46,196.00
Amanda Kinney	NRCMA	1.00	33,140.00	N/A	33,140.00
Leslie Bardall	MA/Front Desk Receptionist	1.00	35,068.00	N/A	35,068.00
Renee Carpenter	MA	1.00	33,140.00	N/A	33,140.00
Hillary Abrigg	MA	1.00	33,140.00	N/A	33,140.00
Allison Wilson	MA	1.00	33,140.00	N/A	33,140.00
Brandy Lucas	Radiologic Tech	1.00	40,170.00	N/A	40,170.00
Cherie Covert	FD Receptionist/Medical Rcds Clerk	1.00	30,128.00	N/A	30,128.00
Tiffano Yurko	Dental Hygienist (RDH)	0.81	64,273.95	N/A	52,274.00
Brittany Wells	Dental Hygienist (RDH)	0.80	59,251.25	N/A	47,401.00
Lauren Dougherty	Dental Asst	0.60	19,823.33	N/A	11,894.00

				Adjusted	Federal
				Annual	Amount
Name:	Position/Title	% of FTE	Base Salary	Salary	Requested
Amanda Hagan	Dental Asst	1.00	31,072.00	N/A	31,072.00
Rebecca Wells	Dental Asst	0.80	44,187.50	N/A	35,350.00
Melissa Keiser	Front Desk Receptionist	1.00	34,286.00	N/A	34,286.00
Lori Rockwell	Front Desk Receptionist	1.00	32,136.00	N/A	32,136.00
Sarah Pulley	EFDA/Dental Asst	0.80	49,387.50	N/A	39,510.00
Denise McBurney	CAC/Credentialing Specialist	1.00	33,140.00	N/A	33,140.00
		46.99	2,176,177.54		2,042,146.00

**OHIO HILLS HEALTH SERVICES
BUDGET JUSTIFICATION
February 01/2025 - January 31, 2026**

	Federal	Non-Federal	Total
REVENUE -			
Program Income (fees, 3rd party reimbursements and payments generated from delivery of services Medical/Dental/Behavioral Health/Nutrition Other Patient Revenue - Incentives/bonuses from Pt. Assessment Programs (optum, Anthem, etc) 340(b) Program Income	0.00	4,848,408.00	4,848,408.00
Other Support (private grants/contracts, contributions, incidental income not reported elsewhere)	0.00	206,465.00	206,465.00
Federal 330 Grant	2,042,146.00	0.00	2,042,146.00
Other Federal Funding - School Based Health Center Grant: Medical & Dental	324,807.00	0.00	324,807.00
TOTAL REVENUE:	2,366,953.00	5,678,516.00	8,045,469.00
EXPENSES -			
PERSONNEL			
ADMINISTRATION CEO, COO, CFO, Staff Accountant, Pay Mgr/HR Director, Director of Revenue Cycle Management, Director of Quality and Clinical Services	508,190.00	0.00	508,190.00
ADMINISTRATIVE SUPPORT STAFF Administrative Asst	0.00	21,089.00	21,089.00
FISCAL AND NON-CLINICAL SUPPORT STAFF Acting Clerk, Coders, Billing Specialist, Insurance Biller, Pt Accts Counselor, EHR Coordinatory, PCMH Coordinator	258,357.00	61,259.00	319,616.00
FACILITY STAFF Housekeeping Staff	20,888.00	0.00	20,888.00
PATIENT SUPPORT STAFF Medical Assts, Front Desk Receptionists, Medical Rcds Clerk, etc.	283,358.00	161,657.00	445,015.00
OTHER MEDICAL PERSONNEL Patient Referral Clerks, Call Center Techs, Health Center Manager, Site Coordinator	205,080.00	125,631.00	330,711.00
PHYSICIANS Family Practice, Internal Medicine	0.00	838,007.00	838,007.00
NURSE PRACTITIONERS AND PHYSICIANS' ASSTS	0.00	625,920.00	625,920.00
DIETICIAN	0.00	25,709.00	25,709.00

NURSES	340,089.00	0.00	340,089.00
LABORATORY/X-RAY TECH	40,170.00	0.00	40,170.00
BEHAVIORIAL HEALTH Licensed Independent Social Workers	0.00	145,612.00	145,612.00
DENTISTS	0.00	355,017.00	355,017.00
DENTAL HYGIENISTS	99,675.00	44,468.00	144,143.00
OTHER DENTAL PERSONNEL Dental Assistants, Techs, EFDA, Aids, Dntl Svcs Mgr	184,248.00	96,547.00	280,795.00
ENABLING STAFF CAC/Credentialing Specialist, Director of Outreach and Development	102,091.00	0.00	102,091.00
TOTAL PERSONNEL	2,042,146.00	2,500,916.00	4,543,062.00

FRINGE BENEFITS

FICA 7.65% (Soc Sec 6.2% up to max; Mdcare 1.45% plus 2.35% in excess of \$200,000)	0.00	326,619.00	326,619.00
Ohio Bureau of Workers Comp (0.000883) of total wages	0.00	4,010.00	4,010.00
SUTA - Base of \$9,000 - 1.50%	0.00	10,946.00	10,946.00
Retirement - Est 4% for Eligible Employees	0.00	166,041.00	166,041.00
Hlth Ins minus Employee Reimbursement (Elective)	0.00	1,354,752.00	1,354,752.00
Life & AD&D Ins (for eligible employees) (Basic Life @ .53/1000; Basic AD&D @.035/1000)	0.00	4,766.00	4,766.00
Short-Term Disability Ins for eligible employees	0.00	17,838.00	17,838.00
Dental Ins minus Employee Reimbursement (Elective)	0.00	40,316.00	40,316.00

TOTAL FRINGE BENEFITS	0.00	1,925,288.00	1,925,288.00
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TRAVEL

Out of Area Travel

Cont Med/Dntl education for 3 physicians & 2 dentists @ \$500/ea	0.00	2,500.00	2,500.00
Cont Med education for 7 NPs/PAs @ \$250/ea	0.00	1,750.00	1,750.00
OACHC semi-annual conference for CEO, COO, Clin Direc, Direc of Rev Cycl Mgmt, HR Direc, Med Drctr, Dntl Dirctr, Board members and others as indicated @ \$2,500 per conference	0.00	2,500.00	2,500.00
Necessary additional training arising in the course of normal operations (PCMH, etc.)	0.00	500.00	500.00
Director of Outreach and Development Drctr to attend conferences/ events as needed	0.00	200.00	200.00
Certified Application Counselor/Credentialing Specialist for training workshops, meetings, etc.	0.00	200.00	200.00

Travel includes associated expenses such as hotels/motels, meals, etc., if necessary

Total Out of Area Travel 0.00 7,650.00 7,650.00

Local Travel

Local travel for physicians and other medical staff between OHHS sites, travel to meetings/events, and other travel as necessary - 3,500 mi @ .50/mi 0.00 1,750.00 1,750.00

Local travel for dentists, Dental Director, and other dental staff deemed necessary between OHHS sites, to meetings/events, etc., 3,000 mi @ .50/mi 0.00 1,500.00 1,500.00

Admin and non-clinical staff and Board members travel to OHHS sites, local meetings, events, and other necessary functions - 2,600 mi @ .50/mi 0.00 1,300.00 1,300.00

Community and Outreach and Enrollment local travel to meetings, trainings, community functions, and between OHHS sites as needed - 900 mi @ .50/mi 0.00 450.00 450.00

Total Local Travel 0.00 5,000.00 5,000.00

TOTAL TRAVEL 0.00 12,650.00 12,650.00

EQUIPMENT

No items with a unit cost of \$5,000 or higher 0.00 0.00 0.00

TOTAL EQUIPMENT 0.00 0.00 0.00

CONSUMABLE SUPPLIES

Medical Supplies @ 22,840 encounters = \$4.756918/encounter 0.00 108,648.00 108,648.00

Dental Supplies @ 6,725 encounters = \$13.77144/encounter 0.00 92,613.00 92,613.00

Behavioral Health Supplies @ 1,125 encounters = \$.088888/encounter 0.00 100.00 100.00

Medical Lab Supplies @ 10,959 encounters = \$3.38999/encounter 0.00 37,151.00 37,151.00

Medical X-ray Supplies @ 684 encounters = \$.070175/encounter 0.00 48.00 48.00

Dental X-ray Supplies @ 3,851 encounters = \$.037912/encounter 0.00 146.00 146.00

Medical Pharmacy Supplies - 340(b) = \$6,333.333/mo x 12 mos 0.00 76,000.00 76,000.00

Medical Admin Supplies = \$4,789.914/mo x 12 mos 0.00 57,479.00 57,479.00

Dental Admin Supplies - \$1,194.25/mo x 12 mos 0.00 0.00 0.00

Medical/Dental/BH Community Supplies = \$285.50/mo x 12 mos 0.00 3,426.00 3,426.00

TOTAL SUPPLIES 0.00 375,611.00 375,611.00

CONTRACTUAL

Patient Care Contracts

Pharmacy Services for Medical/Dental patients using OHHS needing Medical & Dental Pharmaceuticals - 340(b) Drug Pricing Program @ \$11,744.75/mo x 12 mos 0.00 108,000.00 108,000.00

X-ray reading for medical/dental x-rays as needed - annual 0.00 8,100.00 8,100.00

Medical Outside Lab - \$1,360.4166/mo x 12 mos 0.00 14,041.00 14,041.00

Dental Outside Lab - \$5,766.50/mo x 12 mos 0.00 25,835.00 25,835.00

Total Patient Care Contracts 0.00 155,976.00 155,976.00

Non-Patient Care Cost:

Medical/Dental hazardous waste removal - \$1,104/mo x 12 mos	0.00	13,248.00	13,248.00
Medical/Dental & associated departments Management Information System and associated entities, credentialing services, chronic care mgmnt svcs, BLS CPR/AED training and cards, and other necessary services - \$10,109.4166/mo x 12 mos	0.00	121,313.00	121,313.00
Noble Co. Health Dept staffing svcs - \$1,850/mo x 12 mos	0.00	22,200.00	22,200.00
Administrative contractual includes computer system related tech support, remote data backup and vaulting, Help Line Desk support and other miscellaneous services as necessary such as correcting internet issues, software problems, equipment malfunctions, etc., and consulting as necessary - \$8,138.41/mo x 12 mos	0.00	97,661.00	97,661.00
Accounts Receivable System and associated Companies' costs: eCW System for practice management and EMR and associated costs for billing, claims, filing and reporting support - \$3,487.91/mo x 12 mos	0.00	41,855.00	41,855.00
MIP Fund Accounting support contract for accounts payable, general ledger recording/reporting and associated system services - \$1,660.91/mo x 12 mos	0.00	19,931.00	19,931.00
Other necessary services including those for shredding, outside payroll preparation., retirement plan fees, collection, reporting assistance, etc., \$3,321.82/mo x 12 mos.	0.00	39,862.00	39,862.00
Non-Patient Care Contracts	0.00	356,070.00	356,070.00
TOTAL CONTRACTUAL	0.00	512,046.00	512,046.00
OTHER:			
Monroe Family Health Center			
Utilities - \$1,276/mo x 12 mo	0.00	15,312.00	15,312.00
Consumable Supplies - \$677.50 x 12 mos	0.00	8,130.00	8,130.00
Pub, Print & Sub - Elevator certification fee	0.00	330.00	330.00
Telephone - elevator - \$2,275 annual	0.00	2,275.00	2,275.00
Maint & Rprs - \$5,977.75/mo x 12 mos (lawn mowing, snow removal, wash windows, fire alarm extinguisher checks, elevator maintenance, trash removal, and other miscellaneous repairs and maintenance as needed)	0.00	71,733.00	71,733.00
Interest - Building Pmt - \$5,384.75/mo x 12 mos	0.00	64,617.00	64,617.00
Insurance - annual	0.00	7,720.00	7,720.00
Real Estate Tax - semi-annual - \$4,137 x 2	0.00	8,274.00	8,274.00
Freeport Family Health Center:			
Utilities - \$332.08/mo x 12 mos	0.00	3,985.00	3,985.00
Consumable Supplies - \$172.33/mo x 12 mos	0.00	2,068.00	2,068.00
Insurance - annual	0.00	1,626.00	1,626.00
Maint & Repairs - \$689.58/mo x 12 mos (lawn mowing, snow removal, wash windows, fire alarm extinguisher checks, elevator maintenance, trash removal, and other miscellaneous repairs and maintenance as needed)	0.00	8,275.00	8,275.00
Real Estate Tax - semi-annual - \$266 x 2	0.00	532.00	532.00
Freeport Family Dental Center:			

Consumable Supplies - \$122.83/mo x 12 mos	0.00	1,474.00	1,474.00
Utilities - \$216.83/mo x 12 mos	0.00	2,602.00	2,602.00
Insurance - Annual	0.00	2,572.00	2,572.00
Maint & Repairs - \$411.16/mo x 12 mos (lawn mowing, snow removal, wash windows, fire alarm extinguisher checks, elevator maintenance, trash removal, and other miscellaneous repairs and maintenance as needed)	0.00	4,934.00	4,934.00
Real Estate Tax - semi-annual - \$133 x 2	0.00	266.00	266.00
Barnesville Family Health Center			
Insurance - annual	0.00	9,972.00	9,972.00
Consumable Supplies - \$1,011/mo x 12 mos	0.00	12,132.00	12,132.00
Utilities - \$2,111.33/mo x 12 mos	0.00	25,336.00	25,336.00
Maint & Repairs - \$4,614.91/mo x 12 mos (lawn mowing, snow removal, wash windows, fire alarm extinguisher checks, elevator maintenance, trash removal, and other miscellaneous repairs and maintenance as needed)	0.00	55,379.00	55,379.00
Telephone - elevator - \$80.50/mo x 12 mos	0.00	966.00	966.00
Real Estate Tax - semi-annual - \$4,779 x 2	0.00	9,558.00	9,558.00
Interest Expense - Bldg - \$320.83/mo x 12 mos	0.00	3,850.00	3,850.00
Publications, Print & Subs - elevator certification renewal	0.00	346.00	346.00
Quaker City Family Health Center			
Consumable Supplies - \$274.16/mo x 12 mos	0.00	3,290.00	3,290.00
Utilities - \$381.25/mo x 12 mos	0.00	4,575.00	4,575.00
Maint & Repairs - \$339.50/mo x 12 mos (lawn mowing, snow removal, wash windows, fire alarm extinguisher checks, elevator maintenance, trash removal, and other miscellaneous repairs and maintenance as needed)	0.00	4,074.00	4,074.00
Insurance - annual	0.00	1,898.00	1,898.00
Real Estate Tax - semi-annual - \$699 x 2	0.00	1,398.00	1,398.00
Barnesville Family Dental Center			
Consumable Supplies - \$396.08/mo x 12 mos	0.00	4,753.00	4,753.00
Utilities - \$320.33/mo x 12 mos	0.00	3,844.00	3,844.00
Insurance - Annual	0.00	2,586.00	2,586.00
Publications, Print & Subs	0.00	50.00	50.00
Maintenance & Repairs - \$313.58/mo x 12 mos facility maintenance, projects and repairs	0.00	3,763.00	3,763.00
Real Estate Taxes - semi-annual - \$485 x 2	0.00	970.00	970.00
Caldwell Family Health Center			
Rent - \$300/mo x 12 mos	0.00	3,600.00	3,600.00
Insurance - Annual	0.00	743.00	743.00
BHCC - School-Based Medical Health Center			
Insurance - Annual	0.00	68.00	68.00
BHCC - School-Based Dental Center			
Insurance - Annual	0.00	68.00	68.00
Audit & Related Expenses - Annual	0.00	25,000.00	25,000.00
Legal Counsel as needed - Annual	0.00	16,374.00	16,374.00
Telephone - Medical/Dental - \$1,786.08/mo x 12 mos	0.00	21,433.00	21,433.00

Telephone - Admin - \$4,937.50/mo x 12 mos	0.00	59,250.00	59,250.00
Postage - Medical/Dental - \$280.66/mo x 12 mos	0.00	3,368.00	3,368.00
Postage - Medical Records/Adm,in - \$335.16/mo x 12 mos	0.00	4,022.00	4,022.00
Directors & Officers Insurance -Annual (Medical/Dental)	0.00	5,200.00	5,200.00
Malpractice Ins - Medical/Dental - \$7,096.75/qtr x 4 qtrs	0.00	28,387.00	28,387.00
Dues, Subscriptions, & Publications:			
Medical/Dntl/MH/Nutrition includes provider license renewals, national, state, and local memberships in professional organizations, subscriptions for professional publications, relevant ads, new pt aps, business cards, Rx pads etc. - Annual	0.00	49,794.00	49,794.00
Lab - CLIA renewal - Annual - \$180 x 2 sites	0.00	360.00	360.00
X-ray - Badge Svc Agreement	0.00	250.00	250.00
Administrative, Community, Outreach/Enrollment include Organization's and administrative staff memberships and dues in organizations, relevant advertising and printing for community events and needs, and necessary forms, website updates, etc. - \$2,982.83/mo x 12 mos	0.00	35,794.00	35,794.00
Maintenance & Repairs:			
Medical - BioMedtronics equipment compliance and certification - \$3,075 annual & additional maintenance and repairs as needed - \$1,250	0.00	4,325.00	4,325.00
Maintenance & Repairs - Dental - Dexis Sensor Svc Contract - \$1,749 - annual BioMedtronics equipment compliance and certification - \$300; general maintenance and repairs such as tipping and sharpening instruments, handpiece repairs, switch repairs, light repairs, etc., - \$4,599 - annual	0.00	6,648.00	6,648.00
Maintenance & Rprs - Medical/Dental X-ray - Svc Agreement Dexis Sensor - \$4,161, annual; BioMedtronics equipment compliance and certification - \$925 annual; other necessary repairs and maintenance as needed - \$848/annual	0.00	4,238.00	4,238.00
Maintenance & Repairs - Admin - Maintenance and repairs of printers/copiers - \$83.75/mo x 12 mos	0.00	1,005.00	1,005.00
Marketing - Medical/Dental - \$3,316/annual; Community \$22,054/annual	0.00	25,370.00	25,370.00
Interest Expense - Dental Equip Loan - \$150/mo x 12 mos	0.00	1,800.00	1,800.00
Section 330e Financial Rsv - \$83.33/mo x 12 mos	0.00	1,000.00	1,000.00
Recruitment & Retention - Medical - provider incentive for 2 Nurse Practitioners - \$687.50 mo x 12 mos	0.00	8,250.00	8,250.00
Recruitment Fee for 1 Full--Time Dentist		15,000.00	15,000.00
TOTAL OTHER COSTS:	0.00	676,812.00	676,812.00
TOTAL EXPENSES	2,042,146.00	6,003,323.00	8,045,469.00

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 3.15	EFFECTIVE DATE: 1-03
TITLE: Billing & Collection Process	REVISION DATE: 4-15, 10-15, 2-17, 7-17, 9-17, 9-19, 2-21, 2-22, 2-23, 1-24, 8-24
PAGE: 1 OF 7	BOARD APPROVED:

FINANCIAL MANAGEMENT POLICY

Policy:

To assure the financial solidarity and viability of Ohio Hills Health Centers (OHHC), it is expected that all fees for service be paid promptly and in full, with consideration given for sliding fees and any other appropriate adjustments. OHHC shall make every reasonable effort to collect all charges for health care services rendered, regardless of whether discounted charges or standard charges are applied. A reasonable effort may include but is not limited to issuance of a bill to the patient, patient's insurance or responsible party/guarantor and follow-up with subsequent billing, internal and external collections efforts and telephone calls.

Procedure:

End of Month Process

- At the end of each calendar month, the Director of Revenue Cycle Management will perform a "hard close" within the Practice Management System.
- This process must be completed within five (5) business days after the end of the month.

Patient Statements

- Patient statements are generated by the Director of Revenue Cycle Management, so that each patient receives a statement monthly. Patient statement cycle is 25 days.
- Patients that are in an established payment plan will receive a phone call and/or a reminder notice instead of a statement monthly until they are paid in full. Any future claims not included in the payment plan will be reviewed with the patient before any collection actions are taken.
- If after 90 days and no payment has been made on the patient's claim(s), the Patient Accounts Counselor will send the patient a delinquency notice stating the patient needs to contact the Patient Accounts Counselor to make payment or establish a payment plan.
- Per the CDC requirements providers who choose to bill for the vaccine administration fee of a non-Medicaid, VFC-eligible child after the date of service

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 3.15	EFFECTIVE DATE: 1-03
TITLE: Billing & Collection Process	REVISION DATE: 4-15, 10-15, 2-17, 7-17, 9-17, 9-19, 2-21, 2-22, 2-23, 1-24, 8-24
PAGE: 2 OF 7	BOARD APPROVED:
FINANCIAL MANAGEMENT POLICY	

may issue only a single bill to the patient within 90 days of the vaccine administration. This is to be monitored by a vaccine report to where only one statement will be sent. At the time of the second billing, the vaccine administration fee will be written off by the Director of Revenue Cycle Management.

- If after 20 days from delinquency notice and no payment or arrangements have been made on the patient’s claim(s), the Patient Accounts Counselor will send the patient a final letter stating the patient has 15 days to contact the Patient Accounts Counselor to make payment or establish a payment plan.
- If there is no response within 15 days from the patient, the claim(s) is sent to an external collection agency.

Returned Patient Statements:

- The Patient Accounts Counselor will correct the address in the practice management system and resend patient statement, when possible.
- If a patient is deceased, then an Estate Declaration will be sent to the patient’s family to be completed by the Executor of the Estate and/or attorney and returned to OHHC. If there is not an Estate, the account is written off with the approval of the Revenue Cycle Management and/or CEO.
- In the case of bankruptcy, the claim(s) is/are written off with Director of Revenue Cycle Management and/or CEO approval.

Self-Pay Patients

1. On the date of service, the patient will be expected to pay a minimum fee based on his/her sliding fee, payment plan, co-pay, or co-insurance. Payment is made to the front desk receptionist at the time of registration and a receipt for payment is generated for the patient.
2. Cash, Credit/Debit Cards, and Personal Checks will be accepted.
3. Collection Procedure is as follows:

OHIO HILLS HEALTH CENTERS
101 East Main Street Barnesville, Ohio 43713

POLICY NUMBER: 3.15	EFFECTIVE DATE: 1-03
TITLE: Billing & Collection Process	REVISION DATE: 4-15, 10-15, 2-17, 7-17, 9-17, 9-19, 2-21, 2-22, 2-23, 1-24, 8-24
PAGE: 3 OF 7	BOARD APPROVED:
FINANCIAL MANAGEMENT POLICY	

Commercial Insurance

All insurance co-pays will be collected by the front desk receptionist at the time of registration and a receipt is generated for the patient.

Filing Responsibilities:

- Insurance claims are prepared by the billing specialist daily.
- Electronic Claims are transmitted daily by the billing specialist.
- Paper Claims are sent daily by the billing specialist.

Monitoring Responsibilities:

- A billing specialist will generate a monthly aging report for claims with unpaid balances from 61 to greater than 180 days.
- The claim filing date will be researched in the practice management system.
- The clearinghouse website will be accessed to determine whether the claim was accepted or rejected by the clearinghouse and/or by the payer.
- If the claim was rejected by the clearinghouse, the claim will be corrected in the practice management system and will be rebilled. If the claim was rejected by the payer, the claim will be corrected or rebilled through the payer website or the practice management system, depending on the rejection error.
- If the claim remains unpaid, a billing specialist may contact the insurance to see why the claim has not been paid, or the responsible party for the account, and inform him/her that they need to contact their insurance company. If no additional information is received within two weeks or the noted amount of time given, the claim is rebilled. If the claim remains unpaid, the claim status is changed to patient responsibility.

Medicare

Filing Responsibilities:

- Medicare claims are prepared by the billing specialist daily.
- Claims are transmitted daily by the billing specialist.

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Monitoring Responsibilities

- Claims not paid after 60 days will be researched, corrections made, and rebilling by the billing specialist by accessing the clearinghouse and payer websites.
- Follow-up will be continued by the billing specialist monthly until the claim is paid.
- If there is a secondary insurance carrier, any unpaid claims and balances will be billed.

Medicaid

Filing Responsibilities

- Medicaid claims are prepared by the billing specialist daily.
- Claims are transmitted daily by the billing specialist.

Monitoring Responsibilities

- Claims not paid after 60 days will be researched, corrections made, and rebilling carried out by accessing the clearinghouse and payer websites.
- Follow up will be continued monthly until the claim is paid.

Write-Off

A "write-off" refers to a claim or charge amount that is "written off" or "waived" for a specific reason. Examples of write-off situations are:

1. Correction of a billing error
2. Denied claims which cannot be billed to the patient per benefit plan rules.
3. Balances which are non-collectable (bankruptcy, deceased patient with no estate, other accounts deemed uncollectible, timely filing, etc.)
4. Small balances and small credit balances (Total Account Balance \$3.00 or less)
5. Not medically necessary or unable to bill charges (No G-code to bill) when no ABN is signed.
6. Accounts going to external collection agency that are less than \$10.00.

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7. Certain instances of complaint resolution.

Balances to be written off as listed above shall be reviewed and approved by the Director of Revenue Cycle Management. Certain instances of complaint resolutions, write-offs or other issues will also be approved by the CEO.

Balance written off shall be documented on the patient's claim as an adjustment with the reason for the write-off documented in the notes in the practice management system.

Unpaid Balance

Any unpaid balance remaining after payment from a third-party insurance payer will be deemed the responsibility of the patient. Any unpaid balance due to ineligibility from insurance, Medicare, or Medicaid will be deemed the responsibility of the patient. These balances will be collected using Ohio Hills Health Centers collection procedures as outlined in this policy.

Before any claim is sent to an outside collection agency, the Patient Account Counselor reviews each claim and attempts to contact the patient/guarantor to determine the reason for non-payment. If the patient needs financial assistance, the Patients Accounts Counselor will assist the patient in applying for the OHHC Sliding Fee Discount Program or will refer to the Certified Application Counselor to apply for the State Medicaid program (if applicable). If the patient is approved for the Sliding Fee Discount Program, any claims within 90 days of the slide approval date will be discounted by the Patient Accounts Counselor. Slide approval date is based on the date written by the patient on the Slide Application form as long as it is a current date (within 90 days). If the patient does not qualify, then a realistic payment plan based on the patient's ability to pay is developed by the patient and the Patients Accounts Counselor, then implemented. A payment plan can be established for the patient regardless of the sliding fee status. If, however, the patient is financially able to pay, but is unwilling, the claim(s) is/are forwarded to an outside collection agency. **A patient's refusal to pay is defined as the patient's unwillingness to pay any balance due to OHHC for services rendered and does not equate to an inability to pay.**

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If the patient does not qualify for Medicaid, the sliding fee discount or any other public assistance, and the patient is unable to pay due to the inability to pay, then the patient's claim(s) will be reviewed by a committee.

The committee will consist of the Director of Revenue Cycle Management, Patient Accounts Counselor, and the Chief Executive Officer.

The following is a list of specific circumstances that the committee may review:

- Loss of employment and/or housing
- Prolonged labor strikes
- Inability to work due to disability
- Significant income decrease
- Other financial hardships

The committee will collectively review each patient's specific circumstance and determine if a reduction of fees or payments is warranted or if the fee(s) will be waived on a case-by-case basis. The committee's decision will be based on information collected from the respective patient.

When patient claims are sent to an outside collection agency, they are adjusted for financial statement purposes at that time. The accounts will remain with the collection agency for five (5) years. If the collection agency has not had any successful attempts to collect after that time, the collection agency will return them to Ohio Hills Health Centers as uncollectible and the claim(s) will be officially termed as "bad debt". No account will be written off without EOB support and/or the approval of the Director of Revenue Cycle Management and/or CEO.

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This policy and procedure shall be reviewed and updated consistent with the requirements and standards established by the Board of Trustees and by Health Center management, Federal and State law, regulations, and applicable accrediting and review organizations.

Responsible Parties:

Signature _____ Date _____
 OHHC Board of Trustees President

Signature _____ Date _____
 OHHC Chief Executive Officer