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

This tool is designed for clinics that want to incorporate or streamline billing functions into their clinic flow. It describes how billing can be integrated into daily operations and recommends ways to integrate billing before, during, and after patient visits.

1. Before the Visit

By Appointment

- Collect as much information as you can by phone at the time of scheduling, including:
  - *Name, contact information, demographics*
  - *Insurance information*
  - *Basic reason for visit*
- Remind patients 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.
- 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.
- Ask the patient to complete all necessary paperwork if she/he arrives without it.
- 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 using an average of 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, 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 details in a text or voicemail.
- Start all visits on 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.

For Walk-Ins

- Upon arrival, ask the patient to sign-in on a clipboard.
- Give the patient all the necessary paperwork so that she/he can start completing it.
- Avoid having patients sit down and calling them up later to fill out paperwork, as this makes for unnecessary delays.
- If patients are insured by Medicaid or a third-party payer, verify eligibility and benefits electronically ASAP.
- Make a copy of the front and back of the insurance card and ID card.

INSURANCE INFORMATION

Obtain from Client or Insurance Card	Verify with Carrier
• Client name	• Insurance carrier phone number
• Date of birth	• Is authorization required?
• Address	• Is a referral required?
• ID number	• Is there a co-pay?
• Group number	• Is there a deductible?
• Insurance carrier phone number	• In or out of network?

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2. During the Visit

Registration

- Make the registration process as efficient as possible.
  - *Obtain copies of insurance card(s)*
  - *Verify contact information, demographics*
  - *Obtain signed paperwork*
  - *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.

Co-pays

- Collection of co-payments is standard business practice (most services are paid for at the time of service).
- Failure to collect co-payments required by payers is an insurance contract violation.
- 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 the patient enters 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.

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3. After the Visit

Policy & Procedures

- It is imperative that the agency have a written Policy & Procedures to outline the end of day reconciliation process. This process should include checks and balances and separation of duties among staff to prevent risk.
- At the end of the day, the payments recorded in the system must match the superbills. These, in turn, must equal 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**.