

Policy Number	
EW77	
Date Established: June 29,2022	Date Revised: June 29,2022/ May 9, 2024
Authorized By: <i>Dixie Hudson</i>	

PATIENT FINANCIAL SERVICES POLICY

SUBJECT: SELF-PAY CREDITS

POLICY: It shall be the policy of WellSpan Patient Financial Services to outline the steps to be taken to process self-pay credits in Epic and Legacy (DRIS/Summit Meditech & Medent) systems.

PROCEDURE:

1. Prior to the patient credit being submitted for refund or refund review, the Patient Credit Specialist will confirm that there are no outstanding balances in the patient's account or for dependents/children under the age of 18 that they are listed as the responsible party. WellSpan Health will not transfer credit balances from spouse to spouse. Credits will be refunded, and a new payment will need issued for the open balance on a spouses account.
2. If a credit cannot be moved within Epic, the Patient Credit Specialist will check for balances in all legacy systems. If there is a balance within the legacy systems, the Patient Credit Specialist will transfer the credit to the outstanding balance in the legacy system utilizing the appropriate transfer

code as the adjustment type, via adjustment posting. A comment should be added advising where the credit balance was moved to/needed to be applied.

3. If a credit cannot be moved within Epic or to a legacy balance, a refund will be requested. **All refunds should be issued from the system in which the credit balance is located.** The Patient Credit Specialists will enter refunds through Epic utilizing the refund request option for PB or through the Liability Bucket, Post “Self-Pay refund” option for HB.
4. The patient’s accounts should be reviewed for statements issued to the patient that match the payments received. Image Look should be reviewed to determine that the payment was posted to the correct patient’s Guarantor account and that the amount posted within Epic is accurate. The payment received should be reviewed to determine that it was not meant for an account that is still pending insurance response. If it is determined that it was, this should not be refunded back to the patient until insurance processes the claim and their response is posted to the account. If a payment was not intended for a specific balance and there are balances pending with insurance, we will refund the patient. WellSpan will not hold patient money if there are new claims still awaiting response from the patient’s insurance.
5. A comment should be placed within the refund request that all patient accounts (if applicable: Patient or dependents under the age of 18), within Epic and Legacy, were checked and that there is no outstanding balance due. Additional comments will populate in the system based upon codes utilized during the refund process.
6. Refunds for amounts greater than the approved amount for the Patient Financial Specialists will fall into a work queue for Manager/Director approval.

HB Refund Review Work queues: 6321, 6322, 6323

PB Refund Review Work queues: 5349, 5350, 5433

7. Refunds can be modified or deleted from the system if the credit is sitting in a “pending refund” status. Once a refund is posted and shows a “refunded” status, it cannot be recalled or modified. The Credit Specialist may VOID the refund following the process below. Credit Specialists will review the check registry every Monday to confirm that errors are not present prior to refund checks being issued. The process for auto-mailing refund checks can then be established and refund checks will be manually pulled out of Oracle by the finance department.
8. Patient refund checks will be processed on Mondays and mailed out to the patient on the following Tuesday of each week.
9. A refund check that is returned will be forwarded to the Patient Credit Specialists for review, to determine if the refund check should be voided and/or reissued. If the refund check is returned due to an undeliverable address, the credit specialists will attempt to contact the patient to obtain updated information. If the patient cannot be reached within two weeks, the returned check will be forwarded to the Finance Department where it will be held for three years, after this timeframe the refund check gets sent to the state as “unclaimed.”
10. A refund check that is to be voided will have “VOID” written across the front of the original check. A return check form will be attached indicating why the refund needs to be voided and sent over to the Finance Department, the check will be removed from the outstanding check list once it is confirmed that the check is still outstanding in positive pay/and wasn't previously cashed by the patient. Once this confirmation is received, the Patient Credit Specialists will reverse/void the refund in Epic. And submit a new refund request, for a new refund check to be issued, pending there aren't any new or outstanding balances on the patient's account.

11. Self-pay refunds will be issued for all patient credit balances regardless of the amount.