

By Russ Pankonin

The Imperial Republican

Automatic federal budget cuts that kicked in earlier this year, known as sequestration, will affect Medicare payouts at the Chase County Community Hospital and Clinic.

During the regular hospital board meeting Thursday, April 4, Renea Fink, chief financial officer, said the two entities will get Medicare reimbursement reduced by 2 percent as of April 1, 2013.

As a critical access hospital, reimbursement is paid to the entities at 101 percent of cost. That will now drop to 99 percent of costs.

Fink said they are looking at some cost-cutting measures in the short term to help offset the loss.

Another step the hospital is doing, she said, is bringing their billing back in house.

She said they outsourced the billing based on a quote of 80-100 hours of billable time per month by the outside biller.

She said that estimate wasn't even close, with the hospital getting billed from 400-500 hours per month. As a result, money can be saved by bringing the process back in house.

The transition will occur over a 90-day period that has already begun. She said they are using a billing consultant to assist in the transition.

Even though billing will be brought back in house, Fink said it will not be uncommon for patients to wait 60-90 days before receiving a bill when an insurance company or Medicare is involved.

She said it takes at least 60 days before the insurance companies or Medicare pay their claims.

She said they don't send bills to patients when claims are pending. Once the claims process is completed, a patient will receive a bill showing what's still outstanding.

Speciality clinics

Specialty Clinic Corrdinator Jamie Hiatt briefed the board on activity in the clinic.

She said the hospital currently has 10 doctors who operate clinics here. A variety of specialties are covered from oncology, cardiac, orthopedic, ear nose & throat, and general surgery.

Due to requests, she said they are looking for a dermatologist to add to the clinic rotations.