

HealthEast Medical Laboratory (HML)

## CONTRACT REQUIREMENT - Skilled Nursing | Long Term Care Facilities

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Sending us complete and timely information is crucial for us to provide you with error free invoices - this is our goal each and every month. Timely information is essential in our billing process.

As part of your contract with HML, you are **REQUIRED** to provide information on **ALL RESIDENTS**. An example of such would be "**Medicare Part-A Stay**".

### Information includes:

***name of resident, an identifier such as date of birth, first covered date, last covered date.***

Some facilities will send a daily census that does not include dates of birth, but will attach face-sheets for all admits. Since face-sheets are required for us to be able to bill appropriately for you, sending face sheets on admit with the census makes a lot of sense. Other facilities will send a spreadsheet with all the information. This makes it easy to track and the preferred method - as the first covered date and the last covered date are all in the same place.

We require the information be sent timely and on a daily basis. This information needs to be sent without reminders from our staff. ***Your facility responsibility is to provide billing information for all of your residents.*** If we do not receive the correct information we will bill your facility and possibly suspend or terminate services.

Once a month, you will receive a report called a Custom Billed Report. This report is all the residents we will invoice charges to your facility. Please take a few minutes to review the report. If you see any resident that was discharged or had a last covered date before the generated report date, please indicate and fax/email back to us. We like to keep these lists current and correct as possible

If you find something on your invoice that is incorrect, please use the HML Reconciliation form to let us know. We are happy to make corrections. You will see the corrections on the following month's invoice.

There are times that we bill you, not for a SNF stay but because of an ordering error. We will let you know if that is the case. Finally, per Medicare guidelines, we bill your facility for date of discharge. Please do not include those dates on your reconciliation form as we are following CMS guidelines.

Thank you for all your continued partnership - This is a team effort!

Questions? Please call 651-232-3500 Option #4