



THE BELLEVUE HOSPITAL

Quality Care, Close To Home

Patient Financial Services Department

Policy/Procedure Name: Billing and Collections Policy

Purpose:

To define the policy for billing and collection of self-pay account receivables, ensuring reasonable collection efforts are administered.

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction, and efficiency. Through the use of billing statements, written correspondence, and phone calls, The Bellevue Hospital will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts.

The guiding principles behind this policy are to treat all patients equally with dignity and respect and to ensure appropriate billing and collection procedures are uniformly followed.

Additionally this policy requires The Bellevue Hospital to make reasonable efforts to determine a patient's eligibility for financial assistance under The Bellevue Hospital's financial assistance policy before engaging in extraordinary collection actions to obtain payment.

Definitions

Extraordinary Collection Actions (ECAs): A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in Section II of this policy below and include actions such as reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions such as garnishing wages.

Financial Assistance Policy (FAP) A separate policy that describes The Bellevue Hospital's financial assistance program- including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under The Bellevue Hospital's financial assistance policy.



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Procedures

- I. **Billing Procedures:** This policy sets forth The Bellevue Hospital's billing procedures and actions that may be taken if a bill for medical care is not paid.
 - A. The Bellevue Hospital shall request payment for any known patient responsibility for medical care (such as co-pays or deductibles) prior to or at the time care is provided.
 - B. Insurance Billing
 1. For all insured patients, The Bellevue Hospital will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
 - C. Patient Billing
 1. All uninsured patients will be billed directly and timely, and they will receive a statement as part of the organization's normal billing process.
 2. For insured patients, after claims have been processed by third-party payers, The Bellevue Hospital will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.
 3. All patients may request an itemized statement for their accounts at any time.
 4. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested information within 10 business days (if possible) and may hold the account if necessary.
 - a. If account is active with an agency the agency will be notified of status and any hold requests.
 5. The Bellevue Hospital may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.
 - a. Patient Financial Services leaders and director have the authority to make exceptions to this policy on a case-by-case basis for special circumstances.
 - b. The Bellevue Hospital is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.
- II. **Collections Procedures**
 - A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, The Bellevue Hospital may engage in collection activities- including extraordinary collection actions (ECAs) to collect outstanding patient balances.



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1. Patient balances may be referred to a third party for collection at the discretion of the hospital. The Bellevue Hospital will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:
 - a. There is reasonable basis to believe the patient owes the debt.
 - b. The hospital will not refer accounts for collection while a claim on the account is still pending payer payment. However, The Bellevue Hospital may classify certain claims as “denied” if such claims are stuck in “pending” mode for an unreasonable length of time despite efforts to facilitate resolution.
 - c. The Bellevue Hospital will not refer accounts for collection where the claim was denied due to a hospital error. However, The Bellevue Hospital may still refer the patient liability portion of such claims for collection if unpaid.
 - d. The Bellevue Hospital will not refer accounts for collection where the patient has initially applied for financial assistance and has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests during the application process).

B. Reasonable Efforts and Extraordinary Collection Actions (ECAs)

1. Before engaging in ECAs to obtain payment for care, The Bellevue Hospital must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:
 - a. ECAs may begin only when 120 days have passed since the first post-discharge statement was provided.
 - b. However, at least 30 days before initiating ECAs to obtain payment, The Bellevue Hospital shall do the following:
 - a. Provide the individual with a written notice that indicates the availability of financial assistance, lists potential ECAs that may be taken to obtain payment for care, and gives a deadline after which ECAs may be initiated (no sooner than 120 days after the first post-discharge billing statement and 30 days after the written notice)
 - b. Provide a plain-language summary of the FAP along with the notice described above
 - c. Attempt to notify the individual orally about the FAP and how he or she may get assistance with the application process.
2. After making reasonable efforts to determine financial assistance eligibility as outlined above, The Bellevue Hospital (or its authorized business



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partners) may take any of the following ECAs to the extent authorized by The Bellevue Hospital Chief Financial Officer to obtain payment for care:

- a. Report adverse information to credit reporting agencies and/or credit bureaus
 - b. Take action to foreclose property
 - c. Garnish wages
 - d. Place a lien on property
- C. Accounts that are referred to a third party for collection will be electronically selected and placed with agency according
1. Accounts are systematically selected on a monthly basis and split according to alpha split criteria. (Last Name: A-L and M-Z) and transferred to a bad debt status in hospital system.
 2. The collection agency will send a series of three collection letters over a 49- day period. All collection efforts, telephone contacts, payment arrangements, etc., will be documented in the agency's system and will be made available to the hospital upon request.
 3. After accounts have been placed with the collection agency and have reached six months with no activity, they will be closed and returned to the facility for review for second placement or as uncollectible. The Bellevue Hospital Credit and Collection staff will be responsible for monitoring the accounts at each agency and will request closing of accounts according to these guidelines.

III. Financial Assistance

- A. All billed patients will have the opportunity to contact The Bellevue Hospital regarding financial assistance for their accounts, payment plan options, and other applicable programs.
1. Financial assistance information and applications are available free of charge. Request a copy:
 - a. In person at: Hospital's main registration desk, ER registration desk or at Patient Financial Services.
 - b. By phone: Call Financial Counselor 419-483-4040 ext. 4888.
 - c. By mail at The Bellevue Hospital, Attention: Financial Counseling, PO Box 8004, Bellevue OH 44811
 - d. Online at www.bellevuehospital.com/financialassistance

IV. Discounts

- A. Uninsured Self Pay Discount:
1. Uninsured patients who are not eligible for financial assistance may be eligible to receive a discount equal to the current AGB percentage for medically necessary and emergency care that they receive.
 - a. See Financial Assistance Policy for additional information.



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V. Estimates

- A. The TBH Patient Access / Financial Counseling staff or other designee is responsible for providing estimates to patients when the service and insurance benefits are available to produce estimated cost. They will also collect appropriate estimated out of pocket payments prior to the date of service for those that are self pay and insurance.
1. If patient is unable to pay the estimated out of pocket that is due on estimate they must pay a deposit amount and cooperate with financial counselor to set up payment plan.
 - a. 30% of estimated amount due will be considered appropriate deposit. This is subject to patient establishing a payment plan. If patient is unable to pay this amount financial counselors will review for reduced deposit and assist patient in completing financial assistance application.
 2. If patient estimate is unavailable for specific service or due to insurance the designated representative will be review patient's insurance benefits utilizing insurance eligibility software. Deductible / deposit information will be determined and documented in account and patient will be expected to pay out of pocket or deposit amount at minimum.

VI. Scheduled /Elective Services

- a. All elective treatment or procedures should be scheduled in advance of service unless Ordering Physician dictates otherwise (to allow ample time to complete insurance verification and authorization obtainment procedures)
- b. All authorizations for non-emergent or elective procedures should be obtained three or more days in advance of service. This must be obtained from the appropriate area.
- c. Patients will be provided with the estimated cost and out of pocket liability and will be responsible for payment prior to receiving service. If no payment is made the hospital reserves the right to defer service until patient is able to pay.
- d. When attempting to defer service, the Ordering Physician has final say in the matter as to the urgency /emergency of treating the patient.
- e. The obligation for payment for healthcare services becomes effective when services are scheduled. It is the responsibility of the Financial Counselor or designated staff to review patients scheduled for treatment do not possess outstanding bad debt with TBH.
 - i. Patients with outstanding bad debt will be required to set up payment arrangements and make appropriate deposit payment to continue with scheduling of service.



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VII. Payment Arrangements

A. Any expected payment plan arrangement should be documented on the patient's account. However, the payment plan will be finalized when account has been transferred to TBH's Self-Pay Early-Out Vendor (CMC).

1. Payment Arrangements as follows:

<u>BALANCES</u>	<u>Amount or Maximum months</u>
\$1.00-\$100	Payment in full
\$101-\$500	\$75.00 per month
\$501-\$1000	\$100.00 per month
\$1001-\$2000	\$125.00 per month
Over \$2000	24 equal payments

B. Extended Payment Plans-

1. Extended payment plans at the First National Bank may be established for additional assistance on 36 month installment plan. Patients should contact financial counselor to request extended term agreement.
 - a. Financial counselor will review all open balances for patient/guarantor to determine approval and required minimum payment.
 - b. Patient / guarantor total outstanding balance is used to determine monthly payment amount and is reviewed when adding new self pay balances to existing payment plan.
 - c. Any payment plan arrangement beyond 36 months must be approved by the PFS Leader prior to setup.
2. Patients will be required to complete and sign agreement at the time payment arrangement is being established. Patient will receive copy of the agreement and will receive monthly statements from financial institution listing monthly payment amount and due date.
3. If patient/guarantor misses two monthly payments the accounts will be reviewed for collections.