

WEST HOLT MEDICAL SERVICES BILLING AND COLLECTION POLICY

West Holt Medical Services includes West Holt Memorial Hospital, primary care clinic, all specialty clinics, West Holt Pharmacy, and other facilities providing services which are part of the WHMH system

I. POLICY

West Holt Medical Services (WHMS) mission is to deliver quality health care services to all patients regardless of ability to pay. To accomplish this mission West Holt Medical Services requires a collection policy that:

- A. Fosters timely payment of the services provided.
- B. Is sensitive to each patient's individual financial circumstances.
- C. Offers flexible and sufficient options for patients to meet their financial obligations.

This policy will guide the Patient Financial Services (PFS) staff when working with patients.

For the purposes of this policy the term 'patient' will be used to refer to the actual patient or any other party who may be legally responsible for account payment.

II. SUMMARY POLICY STATEMENT

It is the policy of WHMS to expect full payment for services provided. Full payment is due from the patient upon receipt of initial post-discharge billing for non-insurance covered balances unless arrangements are made with the Patient Financial Services Department. A 10% discount is allowed on all hospital accounts paid in full within 30 days of receipt of statement.

A. Collection of Co-Pays and Deductibles:

It is the policy of WHMS to require insurance co-pay payment at time of registration.

Uninsured patients receiving services at WHMS will be expected to pay \$85.00 day of service. If unable to pay this at time of service the patient needs to make payment arrangement or apply for financial assistance.

Patients with accounts in Collections will be required to make a \$100.00 payment at time of service.

WHMS will collect deposits on any services subject to insurance pre authorizations. Examples are CT, MRI, Ultrasounds, Surgical Procedures, Respiratory and Cardiology Services, and Outpatient Services. These deposits will be based on the patients co-pay, remaining deductible, and co-insurance. If the entire deposit cannot be made prior to service a minimum payment of \$250.00 will be required and a payment plan will need to be set up with the Patient Financial Counselor with full payment expected within 12 months.

The Physical, Occupational and Speech Therapy Department will collect \$250.00 deposit prior to the first visit if deductible and co insurance have not been met. The patient will receive an estimate of the total cost of their therapy services at which time the patient will contact the Patient Financial Counselor to set up a payment with full payment expected within 12 months.

Patients presenting at the West Holt Retail Pharmacy unable to make full payment will be granted a \$200.00 line of credit and required to make monthly payments according to minimum payment schedule.

Cosmetic or non-medically necessary services are to be paid in full in advance of service.

B. General Collection Framework:

All account balances are due upon receipt of first post-discharge billing with the following self-pay exceptions:

1. Payment Plan arrangements, consistent with this policy, have been made.
2. Additional financial screening is being conducted.

C. Insurance Billing Policy:

WHMS will bill state, federal and contracted insurance plans when the appropriate information has been provided.

Patient pay accounts are payable upon receipt of initial post-discharge billing, unless other arrangements are made with Patient Financial Services. We do not hold the patient responsible for the bill until we have resolved all issues with the insurance carriers, including appeals of denials. We act as a patient advocate to secure insurance payment before the claim is changed to self-pay; however, we cannot accept responsibility for the insurance claim or negotiate settlement of a disputed claim.

Quality of care and billing accuracy issues are to be resolved as quickly as possible and prior to enforcing collection standards.

Patients who indicate financial hardship are to be screened for Financial Assistance and/or possible Medicaid coverage.

III. OPTIONS AVAILABLE FOR PATIENT PAY BALANCES

A. Methods of Payment:

WHMH accepts cash, check, Visa/MasterCard, My Loan with Pinnacle Bank or Care Credit for payment. Credit card payments are accepted in person, by phone or by mail. Patient portions are due upon receipt of initial post-discharge billing unless payment arrangements are made or an application for Financial Assistance has been submitted.

B. Payment Plans:

In the event that your financial means are limited and you are unable to pay in full within 30 days after receipt of statement, financial arrangements for payment need to be established. The following policy will be followed:

<u>Account Balance</u>	<u>Minimum Monthly Payment Required</u>
Up to \$ 500	\$ 50.00 each month until paid in full
\$ 501 to \$1,000	\$100.00 each month until paid in full
\$1,001 to \$3,000	\$125.00 each month until paid in full
\$3,001 to \$5,000	\$250.00 each month until paid in full
\$5,001 to \$10,000	\$350.00 each month until paid in full

Payment arrangements do not automatically include new charges. Payments for new charges will be due and payable at the time of service, in addition to the previous payment arrangements.

C. Collection Agency Referrals:

Collection Agency referrals are appropriate if a patient is unwilling to commit to financial arrangements, breaks his/her financial commitment, does not forward insurance proceeds to the hospital, or has a non-repayment history with WHMS. Patient accounts are turned over to a collection agency upon the Patient Financial Counselor's review and approval no earlier than 120 days after the first post-discharge bill is mailed to the patient/guarantor.

There are specific circumstances which allow the account to be referred to a collection agency:

1. Financial Assistance eligibility has been determined and the individual has been notified regarding his/her reduced balance or ineligibility for Financial Assistance but is unwilling to commit to financial arrangements.

2. Patient has been notified of presumed eligibility for less than the full amount of care, and of his/her right to submit an application for additional Financial Assistance, but fails to do so within the reasonable time frame provided.
3. No payment plan agreement made – Patients/guarantors who do not accept one of the offered payment plans will be referred to a collection agency with the proper notice.
4. No response to letters or calls - If it appears that a patient is receiving mailed bills and statements and does not respond to the WHMS.
5. Agreement not maintained - Patients who make less than the prescribed payment or miss a payment may be referred to the agency with proper notification.
6. Patient is judged a skip - Patients who do not leave a correct or complete avenue for contact may be assigned to the agency immediately upon such determination. Skip tracing should be attempted to determine that a registration error did not occur.
7. Patient has poor payment history - Patients with a history of non-payment with the WHMS (e.g., has other agency accounts).

D. Extraordinary Collection Actions (ECAs):

Patient Accounts shall not be subjected to any ECAs, either by WHMS or the collection agency to which they are assigned, until the following have occurred:

1. Reasonable efforts have been made to determine Financial Assistance eligibility. Reasonable efforts include the following:
 - a. Patient is offered a plain language summary of the Financial Assistance Policy and an application for Financial Assistance and offered assistance in completing the application;
 - b. If an incomplete application is received, written notification of missing information/documents is sent to patient including notification of any ECAs WHMS (or WHMS's agent) may initiate or resume if application or payment is not received by a specified deadline;
 - c. All billing statements contain a conspicuous notice regarding the availability of Financial Assistance with a phone number to call for information/ assistance and the direct Web site address where copies of the Financial Assistance documents may be obtained;
 - d. Completed applications for Financial Assistance are processed in a timely manner and patient is notified in writing of the determination, provided an updated billing statement if a balance remains, and refunded any overpayment.
 - e. WHMS may meet the reasonable efforts requirement by determining a patient eligible for the most generous Financial Assistance available based on information that established the patient's eligibility for one or more means- tested public programs.
 - f. WHMS may choose to grant Financial Assistance to a patient who has failed to fully provide the information/documentation requested on the Financial Assistance Application.
2. 120 days have elapsed since the first post-discharge billing statement; and
3. The following notification requirements have been met (at least 30 days prior to initiation of the ECA):
 - a. Written notification sent notifying of Financial Assistance availability;
 - b. Provision of a plain language summary of the Financial Assistance Policy;
 - c. Notice of the action(s) to be taken upon nonpayment has been provided;
 - d. Notice of the date after which the action(s) will be taken if payment is not received; and
 - e. Attempts made to verbally discuss the Financial Assistance Policy and application for Financial Assistance with the patient.
4. Credit reporting may occur 150 days after the first post discharge billing.
5. Lawsuits for past due balance may not be filed prior to 240 days after the first post discharge billing.