

Title: Billing & Collection Policy	
Department: Admissions	Origination Date: 9/2020
Owner: Chief Financial Officer	Approved by: Chief Executive Officer

POLICY

Brodstone Memorial Hospital's ("Brodstone") mission is to engage in the art and service of delivering quality health care services to all patients regardless of ability to pay. To accomplish this mission, Brodstone requires a collection policy that:

1. Fosters timely payment of the services provided.
2. Is sensitive to each patient's individual financial circumstances.
3. 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. The CFO will facilitate or conclude decisions for situations not defined by this policy.

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

SUMMARY POLICY STATEMENT

It is the policy of Brodstone 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. Collection of Co-Pays and Deductibles:

1. It is the policy of Brodstone to request insurance co-pay balances at registration. Accounts may be set up for patients to pre-pay for their care. Payments may also be collected during the period of care or at discharge. Co-pay balances are not collected in the Emergency Room. All payments are to be requested with sensitivity, consistent with all hospital policies.
2. Cosmetic or non-medically necessary services are to be paid in full in advance of service. Special circumstances may warrant an exception to payment in full but must be approved by the CFO.

B. General Collection Framework:

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

- a. Where Payment Plan arrangements, consistent with this policy, have been made;
- or
- b. Additional financial screening is being conducted.

C. Insurance Billing Policy:

1. Brodstone Patient Financial Services will bill state, federal, and contracted insurance plans. Other payment sources will be billed whenever the patient provides necessary data.

D. Patient Balances:

1. 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.
2. Quality of care and billing accuracy issues are to be resolved as quickly as possible and prior to enforcing collection standards.
3. All patients who indicate financial hardship are to be screened for eligibility under Brodstone's Financial Assistance Policy. Financial assistance may be granted any time, even after collection agency assignment.

OPTIONS AVAILABLE FOR PATIENT PAY BALANCES

A. Methods of Payment:

1. Brodstone accepts cash, check, or Visa/MasterCard 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:

1. Payment plan arrangements are established upon a patient's request with the Patient Financial Services Department. Typically, this would allow up to 12 months of equal payments.

C. Collection Agency Referrals:

1. Collection Agency referrals are appropriate if a patient is unwilling to commit to payment arrangements, breaks his/her financial commitment under a payment arrangement, does not forward insurance proceeds to Brodstone, or has a non-payment history with Brodstone. Patient accounts are turned over to a collection

agency upon the Customer Service Supervisor's review and approval no earlier than 120 days after the first post-discharge bill is mailed to the patient/guarantor.

2. There are specific circumstances which allow the department to refer the account to a collection agency:
 - a. Financial assistance eligibility has been determined and the individual has been notified about his/her reduced balance or ineligibility for financial assistance but is unwilling to commit to payment arrangements.
 - b. 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, typically, thirty (30) days.
 - c. 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.
 - d. No response to letters or calls - If it appears that a patient is receiving mailed bills and statements and does not respond.
 - e. Agreement not maintained - Patients who make less than the prescribed payment or miss a payment may be referred to the agency with proper notification.
 - f. Patient is judged a skip - Patients who do not provide correct or updated contact information may be assigned to the agency immediately upon such determination. Skip tracing should be attempted to determine that a registration error did not occur.
 - g. Patient has poor payment history - Patients with a history of non-payment with the hospital (e.g., has other agency accounts).

D. Extraordinary Collection Actions (ECAs): Patient Accounts shall not be subjected to any ECAs, either by Brodstone 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.
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 have 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.

6. If at any time after an ECA has begun, if a financial assistance application is submitted by a patient, Brodstone must suspend any ECAs that have been initiated. No additional ECAs or further action can be taken on prior ECAs until Brodstone determines whether the individual is FAP eligible based upon a complete FAP application or the reasonable efforts requirements described below have been met.
 - a. Reasonable efforts include the following:
 - i. Patient is offered a plain language summary of the Financial Assistance Policy and an application for financial assistance and offered help in completing the application;
 - ii. If an incomplete application is received, written notification of missing information or documents is sent to patient including notification of any ECAs Brodstone (or Brodstone's agent) may initiate or resume if application or payment is not received by a specified deadline. If an incomplete application has been received, ECAs that have begun must be suspended.
 1. The patient will be provided written notice with the contact information for Brodstone's Patient Finance Staff for help with the application.
 2. Alternatively, Brodstone may provide contact information for at least one nonprofit organization or government agency that will assist with the financial assistance application.
 - iii. All billing statements contain a conspicuous notice about the availability of financial assistance with a phone number to call for information or assistance and the direct web site address where copies of the financial assistance documents maybe obtained;
 - iv. Completed applications for financial assistance are processed in a timely manner and the patient is notified in writing of the determination.
 - v. If a patient is eligible for partial financial assistance, Brodstone will provide a billing statement for the discounted amount, describe how that amount was determined, and either state the AGB or describe how the patient can obtain information about the AGB. Brodstone will refund the patient any amount paid in excess of the amount owed after financial assistance is applied to the account. Brodstone will also take reasonable steps to reverse any ECA taken.
 - vi. Brodstone 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. Brodstone may choose to grant financial assistance to a patient who has failed to fully provide the information or documentation requested on the financial assistance application by making a presumptive determination of eligibility from information provided by others or based on a prior financial assistance determination.

- b. If Brodstone determines that the patient is eligible for less than the most generous assistance provided under the Financial Assistance Policy, Brodstone will:
 - i. Notify the individual about the basis of the presumptive financial assistance policy eligibility determination and the way to apply for more generous assistance;
 - ii. Give the individual a reasonable period of time to apply for more generous assistance before initiating ECAs; and
 - iii. Promptly process any complete FAP application that the individual submits

PROMPT PAYMENT SELF-PAY DISCOUNT POLICY:

1. This Billing & Collection policy is clarified to allow maximum flexibility for PFS staff to negotiate payment plan arrangements with patients and to meet the needs and expectations of our patients.
2. The specified discount below is granted primarily in return for prompt payment from patients with no insurance coverage for services received. A patient/guarantor with no insurance coverage for services provided will be offered a five (5) percent discount when paying his/her bill within ninety (90) days of billing.
 - a. However, the prompt pay discount does not apply to cosmetic services, or to patients/guarantors granted financial assistance under the FAP.