

Sidney Regional Medical Center

ORIGINATING DEPARTMENT: 118 - Patient Accounting/Business Office	POLICY DESCRIPTION: Billing and Collections Policy
PAGE(s): 1 of 2	REPLACES POLICY and/or DOCUMENT DATED:
APPROVED DATE: 5/2007	RETIRED DOCUMENT:
EFFECTIVE DATE: 5/2007	REFERENCE NUMBER: PFS.007
REVIEW DATE: REVISED DATE: 11/20/17	DEPARTMENT(S) DISTRIBUTION: Patient Financial Services

SCOPE: Patient Financial Services, Patient Access
PURPOSE: 1. 10 To fairly and consistently bill and collect on accounts

POLICY:

- 2.10 SRMC shall submit claims consistently to all payer sources. SRMC shall not submit claims to Medicare or Medicaid in excess of what it charges commercial payers or individuals.
- 2.11 SRMC shall allow discounts to uninsured and under-insured patients in some instances according to the Financial Assistance Policy (FAP) and True Private Pay Policies.
- 2.12 In offering such discounts, SRMC should reflect full uniform charges rather than the discounted amounts on its cost report.
- 2.13 SRMC staff will attempt to establish payment plans with patients prior to or at the time of service, payment options will include FAP as an option.
- 2.14 Subsequent collection actions, such as billing statements, collection letters and telephone calls, will constitute as a “genuine collection effort” on all accounts with a patient responsibility amount due unless said patient or guarantor qualifies for free or reduced billing under the Financial Assistance Policy

Actions in the event of Non-Payment

- 2.15 SRMC or its authorized representatives may refer a patient’s bill to a third party collection agency or directly take any or all of the following extraordinary collection

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actions (“ECAs”)in the event of non-payment or failure to meet minimum payment guidelines on outstanding bills:

1. Report adverse information about the guarantor to credit reporting agencies;
2. Pursue legal actions through the judicial process to launch a civil action to obtain judgment which may result in wage garnishment, property liens and /or seizing or attaching bank accounts or other personal property.

2.16SRMC may refer a patient’s bill to a collection agency 120 days from the date the first bill for care was provided to the patient. SRMC will not take ECAs against a patient or any other individual who has accepted or is required to accept financial responsibility for a patient unless and until SRMC has made “reasonable efforts” to determine whether the patient is eligible for financial assistance under this policy. SRMC financial assistance department is responsible to determine whether SRMC has satisfied the reasonable efforts standard.

2.17 If a patient has not submitted a financial assistance application, SRMC has taken “reasonable efforts” so long as it:

1. Does not take ECAs against the patient for at least 120 days from the date SRMC provides the patient with the first post-discharge bill for care; and
2. Provides at least thirty (30) days’ notice to the patient that:
 - a) Notifies the patient of the availability of financial assistance;
 - b) Identifies the specific ECAs SRMC intends to initiate against the patient; and,
 - c) States a deadline after which ECAs may be initiated that is no earlier than 30 days after the date the notice is provided to the patient
3. Provides a plain language summary of the financial assistance policy with the aforementioned notice; and
4. Makes a reasonable effort to orally notify the patient about the potential availability of financial assistance at least 30 days prior to initiating ECAs against the patient describing how the individual may obtain assistance with the financial assistance application process.
5. If the patient has been granted financial assistance based on a presumptive eligibility determination, the Hospital has provided the patient with the notice required in the financial assistance policy.

2.18 If a patient submits an incomplete financial assistance application during the Application Period, “reasonable efforts” will have been satisfied if SRMC:

1. Provides the patient with a written notice setting forth the additional information of documentation required to complete the application. The written notice shall include the contact information (telephone number, and physical location of the office) of the [Hospital] department that can provide a financial assistance

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application and assistance with the application process. The notice shall provide the patient with at least a reasonable response timeframe to provide the required information; and

2. Suspends ECAs that have been taken against the patient, if any, for not less than the response period allotted in the notice.

2.19 If the patient fails to submit the requested information within the allotted time period, ECAs may resume; provided, however, that if the patient submits the requested information during the Application Period, [Hospital] must suspend ECAs and make a determination on the application.

2.20 If a patient submits a completed financial assistance application, “reasonable efforts” will have been made if SRMC does the following:

1. Suspends all ECAs taken against the individual, if any;
2. Makes a determination as to eligibility for financial assistance as set forth in this policy; and,
3. Provides the patient with a written notice either (i) setting forth the financial assistance for which the patient is eligible or (ii) denying the application. The notice must include the basis for the determination.

2.21 If a patient is eligible for financial assistance other than free care, SRMC will:

1. Provide the patient with a revised bill setting forth: (i) the amount the patient owes for care provided after financial assistance, (ii) how the revised amount was determined; and (iii) either the AGB for the care provided or instructions on how the patient can obtain information regarding the AGB for the care provided;
2. Provide the patient with a refund for any amount the patient has paid in excess of the amount owed to SRMC (unless such amount is less than \$5); and ,
3. Take reasonable measures to reverse any ECAs taken against the patient.

2.22 The collection agency shall make every attempt to collect from the patient until deemed uncollectible by the collection agency or until 12 months collection efforts have passed, with no payment activity being recorded, whichever comes first. At that point, the account shall be closed at the collection agency and returned to Sidney Regional Medical Center.

REFERENCES:

True Private Pay Policy
Financial Assistance Policy
Patient Payment Option Policy
Seim Johnson 501r Review 2018

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