

POLICY AND PROCEDURES

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ENTITY: CSC & HSC	CITATION: N/A	DEPARTMENT: FISCAL
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POLICY MANUAL: FISCAL MANUAL		

PURPOSE: To establish a standard and consistent billing and collection procedure for Hospital *for Special Care* (HSC) Patient Accounts.

SCOPE: This policy is applicable to patients receiving eligible healthcare services at Hospital *for Special Care*. Billing and Collections Procedures will be consistent for hospital services and professional services rendered by employed physicians.

POLICY: It is the policy of Hospital *for Special Care* to pursue collection of patient balances from patients who have the ability to pay for services. Hospital *for Special Care* will make reasonable efforts to identify patients who may be eligible for financial assistance. Regardless of insurance status, collection procedures will be applied consistently and fairly for all patients. For those patients unable to pay all or a portion of their bill, the applicable Financial Assistance Policy will be followed.

Collection agencies and external legal counsel may be engaged after all reasonable collection and payment options have been exhausted. Agencies may help resolve accounts for services where patients are uncooperative in making payments, have not made appropriate payment arrangements, or have been unwilling to provide reasonable financial and other data to support any request for Financial Assistance. All collection agency staff will uphold the confidentiality of each patient. All agencies will meet all HIPAA requirements for handling personal health information and will follow HSC policies regarding patient collection efforts.

HSC will clearly communicate with patients regarding financial expectations as soon as possible. Outpatient charge estimates are provided based on State of Connecticut requirements. All inpatients will receive communication regarding Financial Assistance prior to admission. In

addition, patients are responsible for understanding their insurance coverage and for providing needed documentation to aid in the insurance collection process. Patients are generally responsible for balances not paid by their insurance companies.

HSC employs reasonable efforts in a fair and consistent manner to collect patient balances while maintaining confidentiality.

Collection Efforts:

Hospital *for Special Care* strives to assist all patients in meeting their financial obligation prior to enlisting the assistance of a collection agency.

The Hospital *for Special Care* and its Representatives will not engage in extraordinary collection actions* before making reasonable efforts to determine whether the Patient is eligible for assistance under the Hospital for Special Care's Financial Assistance Policy.

Patient statements contain HSC's phone numbers for the appropriate Patient Account Representative and the address for written communication. Notification of the HSC Financial Assistance Policy is also on all statements.

- The First statement is generated at 30days after final bill or final claim adjudication by insurance payer.
- The Second and Third statements are generated at 60 and 90 days after final bill or final claim adjudication by insurance payers.
- The Final Notice will generate the 120th day after the final bill or final claim adjudication by insurance payers.
- After 130 days from the final bill or final claim adjudication by insurance payers the account will be reviewed for placement with a collection agency.

Collection procedures may be delineated based on balance size, aging, past collection experience, and anticipated collectability.

Collection tools may include:

- Request for payment of past due balances at check in
- Letter requesting payment
- Phone calls requesting payment
- Letters indicating the account may be placed with a collection agency

Patient Budget Plans are also available to patients with self-pay balances when requested. Patients must speak with a Patient Financial Services Patient Account Representative to establish this plan. The Budget Arrangement Policy is to be followed.

Collection Agency Services will be engaged after the account AR segment has met these conditions:

- 1) A minimum remaining balance of \$25.00.
- 2) Guarantor has received a minimum of 3 statements and a final notice.
- 3) The AR segment is not on statement hold resulting from administrative review.
- 4) 130 days have passed from final bill date except if a Financial Assistance Application has been received in which case collection is permitted after 120 additional days if patient qualifies for financial assistance.

An account may be manually held from statements or from turning over to a collection agency upon approval of the Manager of Patient Accounts and Reimbursement or CFO.

*Extraordinary Collection Actions” is intended to be interpreted in a manner consistent with such term as it is used in Section 501(r) (6) of the Internal Revenue Code of 1986, as amended by the Patient Protection and Affordable Care Act of 2010 and applicable implementing regulations promulgated from time to time. Extraordinary Collection Actions shall include but not be limited to, placing an account with a collection agency.