

	Title: SELF PAY BILLING AND AR COLLECTION POLICY		
<input checked="" type="checkbox"/> Saint Francis Hospital and Medical Center <input checked="" type="checkbox"/> Mount Sinai Rehabilitation Hospital <input checked="" type="checkbox"/> Johnson Memorial Hospital <input checked="" type="checkbox"/> Saint Mary's Hospital <input checked="" type="checkbox"/> Trinity Health Of New England P.N.O. <input checked="" type="checkbox"/> Franklin Medical Group	Proponent Department Business Office	Number	Level <input type="checkbox"/> System <input type="checkbox"/> Division <input checked="" type="checkbox"/> Department
	Category <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> HR <input type="checkbox"/> EOC	Published Date 9/27/2018	Review Cycle <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 3 years

PURPOSE: It is the policy of Trinity Health Of New England that all patients who have received services and that have outstanding financial obligations are given fair and objective opportunities to satisfy these responsibilities. To that end, Trinity Health Of New England commits to the following: Patients/patient guarantors shall receive a summarized bill including but not limited to encounter specific information including dates of service, summarized charges, discounts, payments, adjustments and amounts owed.

- Patients/patient guarantors will be properly informed of the various options available to satisfy their outstanding financial obligation(s) including assistance through Access Health CT, State of Connecticut's Medicaid Assistance Program as well as through Trinity Health Of New England's internal financial assistance program, and recurring payment plan guidelines.
- Patients/patient guarantors will be given an appropriate amount of time (4 statements or 120 days) to respond to such notices of their outstanding financial obligations. If the patient does not respond within the 120 days, the account will be forwarded to collections.
- Patients/patient guarantors will be treated with respect and compassion in accordance with the Trinity Health mission.
- Mail returns without any non-identified information and unable to locate an updated address may be forwarded to collections prior than 120 days.

SCOPE:

This procedure applies to Patient Accounting

POLICY:

Self-Pay Billing: Execution of the self-pay billing cycle.

Primary self-pay balances, (those balances for which there is no insurance coverage), or self pay balances after insurance has been processed, will receive a series of four statements when the account is released into self pay.

- An account is generated for services provided. Charges associated and the bills are released after the appropriate coding and account review has been conducted.
- A statement displaying a summary of the total charges and the outstanding balance (after any discounts and recent payments have been applied) is generated and mailed to the patient.
- Simultaneously files containing the billed inventory are electronically transferred to our contracted self pay vendors.
- Customer service representatives will initiate contact and work with patients for account resolution.

Each statement includes a specific message based upon the status and age of the account. The statement intervals are generated in 30 day intervals and the entire dunning cycle, assuming no interventions, lasts 120 days. All accounts which have an established recurring payment arrangement (payment plan) will receive an alternative self-pay dunning cycle.

Payment Plans: Are available to patients who need more than 120 days to resolve their outstanding balance.

- ◆ Internal monthly payment plans are available within the 120 day dunning cycle for up to 4 months with no interest.
- ◆ Interest free payment plans are available through AccessOne for 12 months.
- ◆ Extended monthly payment plans are also available through AccessOne at a low interest rate for those who need more than 12 months to resolve their balance.

Payments for arranged and approved plans must have consistent payment in accordance with the plan. If installment payments are missed, the account is eligible for immediate collection. Employees can have an internal extended payment plan as long as payroll deductions are set up.

Self-pay A/R Management: Execution of Self-pay Collection Efforts

Collection efforts are provided by our contracted customer service agents. The contracted agents receive daily billing files as self-pay claims are generated.

- Follow-up and collection activities will commence upon receipt of the referral.
- The agencies will check for Medicaid Eligibility, Bankruptcy filing, and Bankruptcy discharges to update and flag the account appropriately for internal review and resolution.
- Accounts are run through a predictive dialer application/voice broadcasting system to establish initial contact with the patient/patient guarantor. Patients whose established phone number has a voice answering system are left pre-recorded messages indicating the nature of the call and requesting them to contact the Billing & Customer Service Department at the appropriate toll-free number.
- All patients shall be made aware of the various financial assistance options available to them including but not limited to assistance through Access Health CT, the State of Connecticut's Medicaid Assistance program, Trinity Health Of New England's internal financial assistance program, and the AccessOne loan option for payment plans.
- All efforts should be made to establish a payment plan through AccessOne when an outstanding balance cannot be resolved in 120 days. All accounts which have established (in-house) a recurring payment arrangement in good standing with consistent monthly payments for the agreed upon amount are exempt from any bad debt write-off protocols. Should an account become delinquent, a late notice is generated at 15 days and a second delinquency notice is generated at 30 days past due. If a payment is not received within two months (60 days), the account will become eligible for bad debt.
- Accounts in need of further evaluation will be escalated and forwarded to our internal customer service staff/manager for review and resolution.

Presumptive Eligibility Screening

A third party vendor is used to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable Trinity Health Of New England to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients. The systematic financial review process will be performed by our contracted Self Pay vendor after the patient receives four statements and is non-responsive, but prior to Bad debt turnover. Patients less than 200% of the FPL will be written off automatically at 100%. Unresponsive patients who are between 201% to 400% of the FPL will be provided with a discount based upon the amounts generally billed ("AGB"). See addendum. -The remaining balance referred to bad debt. The system will automatically send a letter to notify the patient of the charity assistance.

I. Fair Billing and Collection Practices:

- a. Trinity Health Of New England will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations.
- b. Trinity Health Of New England will make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance. Trinity Health Of New England will also offer a loan program with interest for patients who qualify: There is also a low interest loan program.

- c. Patient balances will be not be transferred to a collection agency if the patient is eligible for financial assistance or other programs to satisfy their balance in full.
- d. The following collection activities may be pursued by Trinity Health Of New England or by a collection agent on their behalf:
 - i. Communicate with Patients (call, written, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying Trinity Health Of New England. The patient communications will also comply with HIPAA privacy regulations. Trinity Health Of New England will refrain from initiating ECA's until 120 days after providing patients with their first statement.
 - ii. Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws.
 - iii. Pursue Legal action for individuals who have the means to pay but do not pay or who are unwilling to pay. Our legal limits are account balances over \$1500.00
 - iv. Place liens on property of individuals who have the means to pay but do not or who are unwilling to pay.
 - v. Trinity Health Of New England will cease all ECA activities once patient is eligible for Financial Assistance. If a patient is in the legal process they still may be responsible for court costs and legal fees.

Self-pay Write-offs: Execution of Bad Debt Write-off Protocols

- If a mutually agreed upon recurring payment arrangement is not established or if the account is not resolved within the 120 day billing cycle, the account automatically becomes eligible for bad debt write-off.
- Account balances greater than \$5,000 are routed to a work queue for approval prior to being written off to bad debt.
- Automatic assignment is changed to reflect bad debt assignment of one of two contracted collection agents.
- Upon completion of the bad debt approval work queues the account is automatically written off to Bad Debt at the end of the month.
- Automatic assignment is changed to reflect bad debt assignment of one of two contracted collection agents.
- The account balance is subsequently removed from the active accounts receivable and becomes part of the bad debt receivable. Any patient payments secured on this receivable are classified as recoveries to bad debt. Contracted agents will pursue recoveries of referred accounts for a period of 180 days and perform similar referral management and collection activities as described above.
- Any unpaid balance in bad debt with no activity for 180 days, will be returned to the hospital as uncollectible and may be referred for secondary placement if over \$5,000.

REFERENCES:

CROSS REFERENCES: Financial Assistance Policy, Emergency Medical Screening and Stabilization/ EMTALA Policy, and Bad Debt Write Off -Procedure.

APPROVED BY: Procedure requires Director's approval.

Director(s): Sarah Alber

Date:

9/27/2018

Vice President(s): Nicole Schulz

Date:

9/27/2018

REPLACES: 1/30/2015

Revised Date: 10/1/03; 3/15/04; 9/1/04; 11/01/04; 03/07/05; 10/1/05; 10/01/06; 3/01/07; 4/11/08; 2/21/11; 07/29/2011; 5/22/2013, 2/6/2014; 1/30/2015; 7/6/2016; 1/5/2018; 9/27/2018

Key Changes:

Removed up to 74% partial

Added Amount Generally Billed (AGB)

Removed HealthFirst Financial

Added AccessOne