

**POLICY NUMBER****950-421**

Version 7.2

TITLE:	Collection
DATE CREATED:	3/18/1999
DATE LAST REVISED:	1/4/2022
DEPARTMENT:	Administration Financial Control
APPLIES TO:	Network
APPROVED BY:	
Department Director:	Jill Rauber
Administration:	Jeff Van De Kreeke

1. POLICY

- 1.1. All services provided by HFM are available to all individuals under this policy with the expressed exception of non-medically necessary services. The Network may however, refer an individual to alternative programs or services within the community where appropriate programs and services are available and where such referrals do not place an undue burden on the patient or family. The Network also actively pursues and assists the individual in pursuing alternative source of payment from third parties. Confidentiality of information and individual dignity is maintained for all who seek services at HFM.
- 1.2. If after exhausting all of the above financial options, the patients still fails to assume financial responsibility for their charges, the patient's accounts may be placed with a collection agency. Considerations may also be given to dismissing the patient from the HFM Network.

2. DEFINITIONS

- 2.1. N/A

3. RESPONSIBILITIES

- 3.1. N/A

4. EQUIPMENT / MATERIALS

- 4.1. N/A

5. PROCEDURE

5.1. General

- 5.1.1. If a patient cannot pay the minimum required payment, a payment plan is offered as well as Community Care (Policy 950-343) explained.
- 5.1.2. Accounts under the facility defined dollar amount (\$10.00 are adjusted to small balance write off. Exceptions to those dollar amounts are approved by the appropriate manager.
- 5.1.3. Accounts placed with collection agency may be eligible for Financial Assistance only when the application for assistance is received within 240 days of first notification that the balance is due. If they are eligible for Financial Assistance the account(s) are adjusted appropriately based upon the Federal Guidelines.
 - Any balance remaining is due in full within 30 days of professional collection efforts resume
 - During the Financial Assistance application period (240 days), HFM suspends all extreme collection activities until determination of eligibility is made.
- 5.1.4. Financial information discussed and/or release to:
 - Guarantors and/or their spouses
 - Patient's power of attorney
 - Attorney with written authorization
 - Collection agencies under contract with HFM

- For Behavioral Health - a written authorization is required to release billing information to anyone other than the patient and/or guarantor as specified in State Laws 51.30 and HFS 92.03 (3).
- No information is released to third parties without patient's written or verbal authorization
- No information is released to parents of children over the age of 18 years old at the time of service without the patient's prior authorization.

5.2. Insurance

- 5.2.1. All insurances are filed prior to the collection of self pay. Insurance co-pays, deductible / co-insurance may be requested and collected, when possible, at time of service.
- 5.2.2. Medicare - HFM Network facilities accept Medicare assignment.
- 5.2.3. Self-Pay - patients with no insurance are billed as self-pay. These patients having clinic services are required to pay a \$75 co-pay at the time of service.

5.3. Patient Balance

- 5.3.1. Request payment in full.
- 5.3.2. Payment Plans:
 - If full payment is not possible, payment plans are set up with a Financial Advisor. All accounts are paid in full within 10 months of the balance becoming self pay. Due date is marked clearly on each patient statement.
 - A reduced payment arrangement is available to HFM employees upon request.
- 5.3.3. HFM Patient Financial Advisors or authorized eligibility service staff interview patients admitted without insurance.
- 5.3.4. Patient is informed of assistance which is available through various government entities.
- 5.3.5. MasterCard, Visa, Discover, and debit cards are available for payment. The cashier office at Western Avenue is the only location that will accept cash or check.
- 5.3.6. Financial Advisor proceeds with Non-payment of Insufficient Collection Procedures if the responsible party does not pay the balance in full within 10 months of balance dropping to self-pay.
 - HFM makes reasonable efforts to orally notify patients with a self-pay balance of all payment options and financial assistance that may be available to them.
 - All patients receive at least 3 statements and 1 final notice before any account is sent to a professional collection agency or extraordinary collection actions take place. This final notice is provided to the patient at least 30 days before the deadline specified in the statement. A Plain Language Summary accompanies the final notice. It is the Patient obligation to provide a correct mailing address or email at the time of service or upon moving. If an account does not have a valid address, the determination of "Reasonable Effort" have been made.
 - Contact information and website is listed on all collection letters, statements and the Plain Language Summary.
 - If a patient applies for Financial Assistance and is denied, the patient has up to 10 months to pay the bill in full. The patient is informed of all other payment options available to them by mail in the denial letter. The same collection process takes place as listed above.
 - If there is missing information on the Financial Assistance application, a letter is sent to the guarantor to complete the application.
- 5.3.7. Collection Agency may take any and all legal actions, including Extraordinary Collection Actions, to obtain payment for medical services. These legal actions include but are not limited to credit bureau reporting, legal or judicial actions, telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical service provided.

5.4. Other Types of Filing

- 5.4.1. Bankruptcy -- if no assets, the account is written off, if there are assets a Proof of Claim form is completed.
- 5.4.2. Hospital Liens -- a hospital lien is filed with the Clerk of Courts within 30 days of discharge when a patient is admitted as a result of an accident and does not have health insurance.

5.4.3. Probates -- a claim against an estate is filed when appropriate.

5.5. Litigation -- when a letter of protection is received from an attorney, the account is reviewed for possible temporary suspension of personal payment collections.

6. DOCUMENTATION

6.1. Notations are made in the patient's Electronic Medical Record (EMR) for any communications sent to them regarding collections.

7. CHARGES

7.1. N/A

8. REFERENCES

8.1. Ethical and Religious Directives for Catholic Health Care Services (ERD'S) 6th Ed. 2018, Directive 3

9. RELATED LINKS

9.1. 950-343 Community Care Program.

10. APPENDIX
N/A