

Policy Title: Burnett Medical Center Billing & Collections Policy

Departments Affected: Business Office, Registration

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Purpose

Burnett Medical Center's Billing and Collections Policy will explain the billing and collections process and any actions that may be taken in the event of non-payment for healthcare services provided by Burnett Medical Center. Burnett Medical Center will make every effort to provide accurate and appropriate billing and collection procedures and will ensure reasonable efforts are made to determine if a patient is eligible for assistance under our Community Care Program. Burnett Medical Center expects payment in full of all patient accounts at the time services are rendered, or upon patients receipt of the billing summary. Burnett Medical Center expressly acknowledges that it will not extend credit to its patients for the payment of any account.

Policy

It is the policy of Burnett Medical Center to bill our patients and their insurance carrier for services rendered in a timely and accurate manner. Burnett Medical Center staff will make reasonable efforts to notify our patients on how they may qualify for Burnett Medical Center's Community Care Program.

Definitions

ECAs – Extraordinary Collection Actions: Include the following collection activities:

- Selling a patient's debt to another party in most circumstances.
- Reporting adverse credit information regarding a patient to a credit agency.
- Deferring or denying current medically necessary care due to an unpaid prior account or requiring payment of an unpaid account prior to rendering current medically necessary care.
- Actions that require a legal or judicial process; including property liens, wage garnishments, bank account garnishments or holds, commencing a civil action and other specified legal actions.

Procedure**1) Patient Billing**

Burnett Medical Center's goal is to bill medical expenses to insurance companies and/or patients for payment in an accurate and timely manner. The billing of accurate and timely claims/bills will be dependent on accurate information provided by our patients and/or insurance companies. Burnett Medical Center Billing Staff will provide the necessary follow-up for services that were rendered to ensure our patients have accurate billing information and can make payment or apply for Burnett Medical Center's Community Care Program. The Billing Office will utilize the following process for billing:

- A) Burnett Medical Center Billing Office will bill all third-party payers for all insured patients, based on information provided by our patients, in a timely manner with the following exceptions:

1) Insurances Outside the United States – Burnett Medical Center will provide a copy of the Itemized Bill to the patient to submit to their insurance for payment. Burnett Medical Center will expect payment from the patient within 90 days of receiving the Itemized Bill.

2) Liability Injuries (such as Motor Vehicle Accidents, Workers Compensation, etc.) will be placed in Private Pay at the time services are rendered and it will be the responsibility of the patient to obtain the necessary billing information for Burnett Medical Center to submit medical claims for payment. The patient and/or their attorney are responsible for securing payment from the Liability Carrier. If the patient is paid directly from the Liability Carrier, it will be the responsibility of the patient to make payment to Burnett Medical Center in a timely manner.

3) If a claim is denied or not processed by the payer due to factors outside Burnett Medical Center's control, Burnett Medical Center's Billing Staff will follow up with the payer for potential resolution and payment of the claim. If payment is not received from the payers after reasonable effort has been made, Burnett Medical Center may bill the patient or take other actions consistent with Burnett Medical Center's Best Practices.

4) All billed patients will have the opportunity to contact Burnett Medical Center regarding financial assistance or discuss payment arrangements for their medical bills at any time during the billing process.

2) Patient Collections and Agency Collections:

A) At least three separate statements for collection of private pay accounts will be mailed to the last known address of our patients; provided, however, no additional statements need to be sent after a patient submits a complete application for the Community Care Program or has paid in full. At least 60 days shall have elapsed between the first and last of the required three statement mailings. The patient will be responsible for supplying an accurate mailing address at the time services are rendered or in the event of a move for the patient. If the patient does not supply an accurate mailing address at the time services are rendered or in the event of a move, Burnett Medical Center will have met the determination for reasonable effort and the account(s) will be sent to collections for further handling.

B) If a patient disputes their account and requests documentation regarding the bill, Burnett Medical Center will provide the requested documentation in writing within fourteen (14) days. If a fourteen (14) day response is not possible, an acknowledgment letter will be sent within fourteen (14) days and the account will remain on hold for thirty (30) days before continuing further collection past the date the response was sent in accordance with Burnett Medical Center's Customer Concern Policy.

C) Patient care concerns will be forwarded to Burnett Medical Center's Risk Manager for resolutions and response to the patient. Account(s) will be held as appropriate.

D) Through the use of billing statements, letters and phone calls, Burnett Medical Center will take diligent follow up actions to contact patients to resolve outstanding accounts, including maintaining alertness to potential patient eligibility for financial assistance with our Community Care program. If accounts are not resolved during this process, the outstanding balances will be referred to a third-party agency or attorney for collection.

3) Discounts Offered for Uninsured Patients

Burnett Medical Center offers all uninsured patients a 13% discount for medically necessary services. If those who are uninsured pay their remaining balance in the first 30 days of receiving the initial post-discharge statement, an additional 10% discount will be given.

4) Collections and Extraordinary Collection Actions:

A) Subject to compliance with the provisions of this policy, Burnett Medical Center may place accounts with collections and take any and all legal actions, including ECAs, to obtain payment for medical services provided.

B) Extraordinary Collection Actions may be commenced as follows:

1) A minimum of 120 days will be provided from the patient's first post-discharge bill before ECAs will be taken and Burnett Medical Center shall also provide a maximum of 240 days from that statement date for the patient to apply for financial assistance with our Community Care program.

2) If a patient has applied for financial assistance with our Community Care program prior to the start of collections, Burnett Medical Center shall make a determination of the patient's eligibility before ECAs are commenced. If the patient already has a previous charity care determination within the last

six months, this prior determination will be used unless the patient's circumstances have materially changed to warrant new consideration.

4) After placement with collections, the collection attorneys shall be authorized to conduct ECAs such as filing judicial actions, carrying out wage and bank garnishments, and using other lawful means of collection. Prior approval of Revenue Cycle Manager shall be required before initial lawsuits may be initiated. Such activities shall occur under the requirements of Burnett Medical Center's General Collection Standards Agreement.

5) If a patient submits a Community Care Application in good faith while ECAs are in progress, Burnett Medical Center will use best efforts to suspend ECAs while the application is processed, and final determination made.

5) Customer Service:

During the billing and collection process, Burnett Medical Center and its agents will provide quality customer service by implementing the following guidelines:

- Burnett Medical Center and its agents will enforce a zero-tolerance standard for abusive, harassing, offensive, deceptive or misleading language or conduct by its employees.
- Burnett Medical Center and its agents will maintain a streamlined process for patient questions and/or disputes which includes a toll-free phone number that patients may call and a prominent business office address to which they may write. This information will remain listed on all patient bills and collection statements sent by Burnett Medical Center.
- After receiving a communication from a patient, Burnett Medical Center Staff will return phone calls to patients as promptly as possible, but no more than two business days after the communication was received and will respond to written correspondence within 14 days. If the correspondence is determined to be a dispute, Burnett Medical Center Staff will follow the complaint grievance process.
- Burnett Medical Center and its agents will maintain a complaint log of patient complaints.

6) Patients Restricted from Clinic Services:

When a patient fails to make payments, file for Community Care, and does not work with our Financial Counselor on options to get their account current, they risk being restricted from the Clinic. The following steps will be taken:

- After statements and letters of non-payment are sent with no response from a patient, the Revenue Cycle Manager and Financial Counselor will review the account. If determined to be non-compliant, the patient will receive a "Risk of Restricted Services" letter that will include a copy of the Plain Language Summary and Community Care application. The patient has 30 days from that letter to either contact our Financial Counselor or return the completed Community Care application to Burnett Medical Center.
- In the event the patient does not respond, their case will be reviewed by a Burnett Medical Center Clinic Provider to ensure the patient's condition is stable. If their condition is stable, they will be recommended for discharge from the clinic. If approved by the medical staff, the patient will then be sent a letter by the Clinic Administrator to notify them they are restricted from making clinic appointments or being seen in our walk-in clinic. See Clinic Patient Discharge Policy for more details.

7) Policy Availability:

- Electronic copies of the Burnett Medical Centers Billing and Collection Policy, Burnett Medical Center Financial Assistance Policy and our Community Care Program Application form can be found on our website: www.burnettmedicalcenter.com.
- Paper copy can be obtained by request to have it mailed, or by stopping at Registration at Burnett Medical Center.

Policy Owner:
Revenue Cycle Manager, Patient Financial Services

Approved By:
Burnett Medical Center Chief Executive Officer

Burnett Medical Center Chief Financial Officer

Concurred by

Date Approved

Concurred by

Date Approved