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Owner **Chelsea Neal**
Policy Area **Registration**
Applicability **Faith Regional Health Services**
References **Americollect**

Collection Policy

Purpose:

To ensure appropriate billing and collection procedures are uniformly followed under our financial assistance policy and IRS section 501R.

Scope:

This policy applies to all patient accounts of Faith Regional Health Services

Purpose:

This policy applies to Faith Regional Health Services (FRHS) and its employed medical partners. This policy along with the Financial Assistance Program Policy (FAP) is intended to meet the requirements of applicable federal, state, and local laws, including but without limitation to section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations there under. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by Faith Regional Health Services; including but not limited to extraordinary collection actions. The guiding principles behind this policy are to treat all patients and responsible individual(s) equally with dignity and respect; to ensure appropriate billing and collection procedures are uniformly followed and to ensure that reasonable efforts are made to determine whether the responsible individual(s) is eligible for assistance under the FAP.

II. Definition:

Responsible Individual(s) means the patient and any other individual(s) having financial responsibility for a Self-Pay Account. There may be more than one Responsible Individual(s).

Financial Assistance Program (FAP): FRHS Financial Assistance Program for Uninsured & Under insured patient(s) policy, which includes eligibility criteria, the basis for calculating charges, the method for

applying the policy, and the measure to publicize the policy, and sets forth the financial assistance program.

Financial Assistance Policy-Eligible Individual(s): A Responsible Individual(s) eligible for financial assistance under the FAP without regard to whether the Responsible Individual(s) has applied for assistance.

Self-Pay Account means that portion of a patient account that is the responsibility of the patient or other Responsible Individual(s), net of the application of payments made by any available healthcare insurance or other third-party payer (including co-payments, co-insurance and deductible), and net of any reduction or write off made with respect to such patient account after application of an assistance program, as applicable.

Plain Language Summary: A written statement that notifies the responsible individual(s) that Faith Regional Health Services offers financial assistance under our FAP guidelines for inpatient and outpatient hospital services and contains the information required to be included in such statement per the 501(r) regulations.

Application Period: The period during which FRHS must accept and process an application for financial assistance under the FAP guidelines. The application period begins on the date the care is provided and ends on the 240th day after FRHS provides the first post discharge billing statement.

Extraordinary Collection Action (ECA): Any action against a Responsible Individual(s) responsible for a bill related to obtaining payment of a Self-Pay Account that requires legal or judicial process or reporting adverse information about the Responsible Individual(s) to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring a Self-Pay Account to another party for purposes of collection without the use of any ECAs.

Billing Deadline: The date after which FRHS or our contracted collection agency may initiate Extraordinary Collection Action (ECA) against the responsible individual(s) who fails to submit an application for financial assistance. The Billing Deadline must be specified in a written notice to the responsible individual(s) provided at least 30 days prior to said deadline; but no earlier than 120 days after the first post discharge statement.

Completion Deadline: The date after which FRHS or our contracted collection agency may initiate or resume an ECA against a Responsible Individual(s) who has submitted an incomplete FAP if that individual(s) has not provided the missing information and/or documentation necessary to complete the application or denied application. The Completion Deadline must be specified in a written notice and must be no earlier than the later of (1) Thirty (30) days after FRHS provides the written notice or (2) the last day of the application period.

PFS: Patient Financial Services, the operating unit of Faith Regional Health Services responsible for billing and collection of Self-Pay accounts.

III. Procedure:

- A. Subject to compliance with the provisions of this policy, FRHS may take any and all legal actions,

including Extraordinary Collection Actions, to obtain payment for medical services provided.

- B. FRHS will not engage in ECAs, either directly or by any debt collection agency or other party to which the hospital has referred the patient's debt, before reasonable efforts are made to determine whether a Responsible Individual(s) is eligible for assistance under the FAP.
- C. All patients will be made aware of our FAP assistance program at the time of admission or registration at the facility, which is noted on our consent for treatment form.
- D. At least three separate statements for collections of Self-Pay Accounts shall be mailed to the last known address of each Responsible Individual(s); provided, however, that no additional statements need be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP or has paid in-full. At least 120 days must lapse between the first and last of these required three mailings. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service and/or upon moving. If an account does not have a valid address, the determination for reasonable effort will have been made. All patient account statements for Self-Pay Accounts will include but are not limited to:
 - 1. An accurate summary of the hospital services covered by the statement;
 - 2. The charges for such services;
 - 3. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement);
 - 4. A conspicuous written notice that notifies and informs the Responsible Individual(s) about the availability of Financial Assistance under the hospital FAP including the telephone number of the department and direct website address where copies of documents may be obtained.
- E. At least one of the statements mailed or emailed will include written notice that informs the Responsible Individual(s) about the ECAs that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP guidelines or pay the amount due by the Billing Deadline. Such statement must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service and/or upon moving. If an account does not have a valid address, the determination for reasonable effort will have been made.
- F. Prior to initiation of any ECAs, an oral attempt will be made to contact Responsible Individual(s) by telephone at the last known telephone number, if any, at least once during the series of mailed statements if the account remains unpaid. During all conversation, the patient or Responsible Individual(s) will be informed about the financial assistance that may be available under the FAP.
- G. ECAs may be commenced as follows:
 - 1. PFS provides the Responsible Individual(s) with a written notice that describes the additional information or documentation required under the FAP in order to complete the application for financial assistance.
 - a. The Plain Language Summary is included in the financial assistance

application packet.

2. PFS provides the Responsible Individual(s) with a written notice at least 30 days prior to initiating any type of ECAs. The written notice describes the the ECAs that FRHS or our contracted collection agency may initiate against the Responsible Individual(s) if the FAP application is not completed or payment is not made.
 - a. The Completion Deadline for payment may not be set prior to 120 days after the first post discharge statement.
 3. If the Responsible Individual(s) who has submitted the incomplete application completes the application for financial assistance and PFS determines definitively that the Responsible Individual(s) is ineligible for any financial assistance under the FAP; FRHS will inform the Responsible Individual(s) in writing and include a written notice 30 days prior to initiating and/or resuming any ECAs by FRHS or our contracted collection agency.
 - a. The Billing Deadline may not be set prior to 120 days after the first post discharge statement.
 4. If the Responsible Individual(s) who has submitted the incomplete application fails to complete the application by the Completion Deadline set in the notice provided pursuant to Section III above, then ECAs may be initiated and/or resumed.
 - a. The Billing Deadline may not be set prior to 120 days after the first post discharge statement.
 5. If an application, complete or incomplete, for financial assistance under the FAP is submitted by a Responsible Individual(s), at any time prior to the Application Deadline, FRHS will suspend ECAs while such financial assistance application is pending. This will include any current accounts and bad debt accounts going back 240 days from the date of the first statement on the account.
- H. After the commencement of the ECAs is permitted under Section III.G above, our contracted collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file judicial or legal action, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of PFS shall be required before initial lawsuits may be initiated. FRHS and our contracted collection agencies may also take any and all legal actions including but not limited to telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical services provided.

IV. Policy Availability:

Contact the FRHS Financial Counselor at 402-844-8320 for information regarding eligibility or programs that may be available to you. To request a copy of the FAP policy, FAP application form, or Collection Policy to be mailed to you, or if you need a copy of the FAP; available in English and Spanish, contact the Financial Counselor at 402-844-8320. Full disclosure of the FAP policy, FAP application form, or Collection Policy may be found at www.frhs.org. A paper copy of our FAP policy, FAP application form, or Collection Policy can be obtained at our facility located at 2700 W. Norfolk Ave, Norfolk, NE 68701 at the

Financial Counselor's office.

Approval Signatures

Step Description	Approver	Date
	Headley Campbell: VP Finance	07/2021

Older Version Approval Signatures

Johnathan Wilker: VP Finance-Chief Financial Officer	11/2018
Johnathan Wilker: VP Finance-Chief Financial Officer	09/2017
Johnathan Wilker: Vice President	12/2016
Johnathan Wilker: Vice President	02/2016

