

POLICY

SUBJECT: Billing and Collections	POLICY NUMBER: CBO- 39
INDEX TITLE: Administration	PAGE NUMBER:
ORIGINAL DATE:	REVIEW DATE:
	REVISION DATE:
APPROVED BY:	

This policy outlines the hospital's patient billing and collection procedures.

This policy applies to each PAM hospital, the Central Billing Office (CBO), and any collection agencies engaged by the CBO.

DEFINITIONS

Covered Services: Medically necessary care provided by the Hospital. Covered Services do not include services that are not medically necessary care, or care that is provided by physicians or other healthcare providers who bill "privately."

Financial Assistance means free care or discounted care to an eligible patient or a discounted payment plan for an eligible person's account balance under the terms of the Financial Assistance Policy.

Financial Assistance Policy: written policy describing PAM's program for providing free or discounted medically necessary care to eligible patients who qualify for Financial Assistance.

GENERAL INFORMATION

1. The Hospital generally expects patients and third-party payers to satisfy their Hospital liabilities in full to include, but not limited to, deductibles, co-pays and co-insurance.
2. Subject to compliance with the provisions of this policy and applicable law, the Hospital reserves the right to take any and all legal actions to obtain payment from the patient or third-party payers for unpaid account balances.
3. The patient's responsibilities include:
 - a. Providing the Hospital with complete and timely insurance, demographic and financial information;
 - b. Notifying the hospital of potential third-party sources of payment such as worker's compensation, automobile or other liability insurance, or litigation recoveries;
 - c. Obtaining and maintaining health insurance coverage, if affordable coverage is available to them, and paying any applicable co-pays, deductibles and co-insurance;
 - d. Understanding and complying with the requirements and limitations of their health insurance coverage, including not limited to network limitations, referral and pre-authorization requirements, and timely submission of claim forms;
 - e. Adhering to any agreed-to alternate payment plans; and

- f. For patients seeking Financial Assistance, submitting a complete and timely Financial Assistance Application and cooperating as requested in applications for Medicaid or other government programs.
4. The Hospital will maintain records to document billing and collection efforts and communications on each patient account. Such records will be subject to the Hospitals' applicable privacy and document retention policies.

Billing Patients and Third-Party Payers

1. The Hospital will make reasonable efforts to collect a patient's insurance and other information and to verify coverage for the services to be provided. This information may be obtained prior to the delivery of non-emergent health care services. The Hospital will defer any attempt to obtain this information during the delivery of emergency care if the process to obtain this information would delay or interfere with either the medical screening examination or services to stabilize an emergency medical condition.
2. The Hospital will bill third-party payers in accordance with the requirements of applicable law and the terms of applicable third party payer contracts. In general, patients are expected to timely pay any account balances that are not paid by a third-party payer. Patients who seek non-emergent healthcare services may be requested to pay in advance for services that will not be covered by third-party payers, including co-payments, deductibles and co-insurance amounts.
3. The Hospital may, on a case by case basis, approve payment plan arrangements for patients who indicate they may have difficulty paying their account balance in a single installment.

Collections and Eligibility for Financial Assistance

1. All patients will receive billing statements.
2. Patients found eligible for Financial Assistance will have balances reduced by an amount determined in accordance with the Financial Assistance Policy.
3. Once a patient has been discharged and the patient's balance due has been determined, Hospital's Central Business Office will initiate the patient state series mailed by the bank in an attempt to collect the outstanding balance. If no payment has been received for 120 days, the account may be sent to a third-party collection agency.

RELATED DOCUMENTS

Compliance Policy # COM 45 - Prohibition against Routine Waivers of Co-pays and Deductibles
Financial Assistance Policy – ADM #29
Financial Assistance Internal Process Guidelines