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<input checked="" type="checkbox"/>	EHMC-ICH	<input checked="" type="checkbox"/>	EHHC	<input checked="" type="checkbox"/>	Procedure
<input checked="" type="checkbox"/>	EHMC-QVH	<input checked="" type="checkbox"/>	FPH	<input type="checkbox"/>	Attachments

<b>Title: Collection of Self Pay Patient Accounts</b>		<b>Policy #: A010</b>
<b>Type: Corporate</b>		
Effective: 5/12/99	Reviewed: 7/27/05	Revised: 9/24/08, 4/27/11, 5/27/15
Approved:		Date:
Approved:		Date:

**Statement of Policy**

It shall be the policy of Emanate Health (EH) to provide our uninsured and underinsured patients the same allowances provided to its managed care contractors. That is, those patients shall have applied to their accounts appropriate allowances and per diem rates.

It shall be the policy of Emanate Health to follow up on and collect all self pay account balances, as well as, where third party benefits exist, all patient co-pays and deductibles, either at the time of service, or when they become due. This shall be accomplished in a fair, caring and compassionate manner.

**Declarations**

Not Applicable

**Procedure**

A. Procedure for the collection of self-pay accounts and patient co-pays and deductibles:

1. The EH patient accounting system is designed to assist the patient business services department, through a series of billing statements and collection notices in the collection of self pay balances as well as co-pays and deductibles from our patients, without regard of their primary source of payment, i.e. Medicare, managed care, commercial coverage, etc.
2. These notices are generated per pre-established parameters developed by department management to ensure that notices are generated in a timely manner to patients in accordance with the financial class assigned.
3. Balances remaining unpaid at the end of the statement cycle are subject to further collection notices by the contracted collection letter services.



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B. The following adjustments shall be applied to self pay patient accounts prior to billing for both Inpatient and Outpatient :

1. The prevailing managed care per diem rate\* shall be applied for all inpatient stays. Any implants and or prosthetic devices and high cost drugs are excluded from the per diem rates and are payable at invoice plus a 5% processing fee.
2. All non surgical outpatient services shall be reduced by sixty five percent (65%) of charges at the time of service.\* This discount will be changed in future years to approximate the amount expected to be received from Managed Care plans.
3. All outpatient surgical procedure shall be charged at benchmark managed care case rates\*. Implants and/or prosthetic devices are excluded from the case rate and are payable at invoice plus a 5% processing fee
4. All inpatient and outpatient deductibles and co-insurance amounts are due and payable in full and are not subject to a discount.
5. For patients who are unable to meet their deductible and/or co-pay obligation, or the full amount of the bill if no third party coverage exists: EH shall offer the option of an installment contract for payment over an extended period.
6. Patients who are unable to meet any or part of their financial obligation may apply for EH's Community Assistance Program (CAP). The balance shall then be adjusted in part or in full based on financial need.

C. The following coverage options should always be explored in assessing patients' ability to pay:

1. Linkage to available state aid such as:
  - a. Medi-Cal
  - b. California Children Services
  - c. Covered California
  - d. Other
2. Patients under age twenty one years, who are self pay, shall be referred to the onsite Medi-Cal eligibility worker or to either of our contracted vendors for completion of a Medi-Cal application and/or the on site GEM (Get Eligibility Moving) program.
3. All obstetrical patients who are self pay and unable to meet their financial obligation shall be referred to the onsite Medi-Cal eligibility worker or to either of our contracted vendors



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for completion of a Medi-Cal application and/or the on site GEM (Get Eligibility Moving) program.

**D. Account Documentation**

1. The business services staff is responsible for the thorough documentation of all transactions and follow up activity with all payers including the patient and/or his/her guarantor during the process of follow up and collection of every account. Full documentation must be present on all accounts prior to assignment to bad debt, i.e. external collection agency. This includes: research and documentation as it relates to wrong addresses/return mail, third party payers, patients, attorneys, all collection efforts and follow up attempts.

\*The per diem rate, out patient services discount and out patient surgical procedure rate, are subject to change at the start of EH's Fiscal Year.

**References**

Not Applicable