

GRANT REGIONAL HEALTH CENTER, INC.

SUBJECT: GENERAL CREDIT AND COLLECTION AGENCY POLICY

RESPONSIBILITY OF: BUSINESS OFFICE

EFFECTIVE DATE: 05/01/96 REVISED DATE: 11/17/2015; 07/29/2017

POLICY:

Grant Regional Health Center (GRHC) will make every effort to collect delinquent accounts through in-house measures, after first ensuring reasonable efforts have been made to determine if individuals are Community Responsibility Policy (FAP)-eligible (See Community Responsibility Policy (FAP) for process). Each encounter or visit will be processed individually. Certain accounts, however, will need to be forwarded to a collection agency when these in-house measures fail to bring in payment. This policy is to insure Grant Regional Health Center (GRHC) is offered every opportunity to receive payment for services rendered.

PROCEDURE:

In accordance with the General Credit and Collection Guidelines, the Business Office staff is tasked to follow the Billing Process through the Electronic Health Record (E.H.R) System. When all payments have been received on the patient's account and the account moves into a self-pay status the business office will check Medicaid eligibility in the Forward Health Portal for the calendar year in which service was provided for each patient. If the portal shows Medicaid participation within the calendar year the patient will qualify through presumptive eligibility for financial assistance. If the portal shows no active Medicaid participation then we continue the collection process. The Business Office staff or third party designee will contact the patient in the following manner:

1. An initial letter will be generated informing the patient that his/her insurance has paid their allotted portion of the bill, a balance still remains and this balance may be the responsibility of the patient. A payment option brochure will be included with this letter along with information regarding GRHC Community Responsibility Policy (FAP). In addition, the patient is asked to contact the Business Office staff or third party designee to make payment arrangements or to receive a Community Responsibility Application which is also available on our website.
2. Upon request by the patient for a Community Responsibility Policy (FAP) Application, the Business Office staff or third party designee will suspend any extraordinary collection activity by placing the account on hold to obtain payment for care, which include reporting made to credit reporting agencies or credit bureaus, garnishment of wages, civil action on bank accounts or personal property or placing a lien on personal property, measures will be taken to vacate any judgment against the individual, lift any levy or lien on the individual's property and remove from the individual's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.
3. When initial application is received, the Business Office staff or third party designee will provide patient with written notice that application has been received and clearly describes the additional information and documents required under the Community Responsibility Policy (FAP) that must be submitted to complete the evaluation of the application. (See Community Responsibility Policy (FAP)). Notice will include specific contact information for Business Office staff member or third party designee who patient can contact directly by phone or by mail.
4. The Business Office staff or third party designee will attempt additional follow up with the patient by phone or mail to offer assistance in gathering of required information and documents to complete the Community Responsibility Policy (FAP) Application.
5. Upon receipt of the completed Community Responsibility Policy (FAP) Application and support information and documents, GRHC will proceed in the following manner:
 - a. GRHC will make a determination as to whether the individual is FAP-eligible according to the Community Responsibility Policy (FAP) (See Community Responsibility Policy (FAP) for process)
 - b. GRHC will notify the individual in writing of the eligibility determination and the basis for the determination
 - c. If the individual is determined to be Community Responsibility Policy (FAP)-eligible according to the Community Responsibility Policy (FAP) (See Community Responsibility Policy (FAP) for process) for financial assistance for amount other than free care, GRHC will provide the individual with a billing statement that indicates the amount the individual owes for the care as a Community Responsibility Policy (FAP)-eligible individual and how that amount was determined and that states, or describes how the individual can get information regarding, the AGB for the care. (See Community Responsibility Policy (FAP) for process)
 - d. If payment had been made by the patient on account to GRHC or to third party designee, refund to the individual will be made for any amount he or she has paid for care that exceeds the amount he or she is determined to be personally responsible for paying (unless less than \$5) (See Community Responsibility Policy (FAP))
 - e. GRHC will take all reasonably available measures to reverse any extraordinary collection actions that may be taken prior to account becoming Community Responsibility Policy (FAP) eligible.
6. If the patient does not qualify for financial assistance through the Community Responsibility Policy, the patient will be notified via letter of said denial.

7. Accounts not qualifying for financial assistance through the Community Responsibility Policy will then be processed according to GRHC collection processes.
8. Patients who falter from pre-arranged payments plans will be informed in writing 30 days prior to sending account to collection to identify the collection actions that may be taken as a result of their delinquency of payment, including reporting to consumer credit reporting agencies or credit bureaus, garnishment of wages, commencing a civil action on individual's bank account or personal property, placing a lien on personal property.
9. Patients who do not comply with the above collection efforts will receive the Community Responsibility Policy (FAP) Plain Language summary via mail 30 days prior to being sent to collection.
10. No patient account at Grant Regional Health Center will be forwarded to Collection without at least two attempts by this facility to contact the patient.

Note: Acceptable forms of attempted contact include but are not limited to: Phone Calls, Letters, Itemized Bills and Monthly Statements.

On a monthly basis, the Business Office staff or third party designee will review all "Self-Pay" accounts to determine which accounts may be suitable for submission to a Collection Agency. These accounts are then transferred to bad debt within the system and forwarded to the Collection Agency for further action. No extraordinary collection actions will be implemented before 240 days from the date of the first billing. Extraordinary collection actions are defined as reporting adverse information about individual to consumer credit reporting agencies or credit bureaus, garnishment of wages, commencing a civil action on individual's bank account or personal property, placing a lien on personal property,

- a. Once a patient account enters into the collection process of Grant Regional Health Center, before further services will be rendered to the patient/family the patient will be referred to the Business Office to make payment arrangements before such service will be scheduled exclusive of emergency room care and medically necessary care.
- b. If it is determined that patient is Community Responsibility Policy (FAP) eligible during the period of the extended collection process, and reporting has been made to credit reporting agencies or credit bureaus, garnishment of wages, civil action on bank accounts or personal property or placing a lien on personal property, measures will be taken to vacate any judgement against the individual, lift any levy or lien on the individual's property and remove from the individual's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.
- c. Patients will be notified via letter from the Business Office detailing their financial responsibility to Grant Regional Health Center before future services will be rendered by Grant Regional Health Center Hospital and or Clinic(s) exclusive of emergency room care and medically necessary care.
- d. If an account residing with a Collection Agency is determined to be eligible for financial assistance via application or proof of indigent status and the time period does not exceed 240 days from the date of the first initial statement to the patient notifying them of the debt, the account will be brought back from collection and entered into the financial assistance process.

The Business Office Manager or designee is responsible to maintain an open file of all accounts forwarded to the Collection Agency. If a payment is made on an account in Collection, Business Office Manager is responsible to inform the Collection Agency of said payment.

AUTHORIZED BY: /s/ Terri Abing
Board of Directors, Chair

Date reviewed/revised:

Date/Initials Date/Initials Date/Initials

Distributed to: Business Office