

Columbia Memorial Health

Policy & Procedure

Subject: Billing and Collections Policy and Procedures (Plain Language)

Date: January 2018

Administered by: Division of Patient Accounts

Policy:

After our patients have received services, it is the policy of Columbia Memorial Health to bill patients and applicable payers accurately and in a timely manner. During this billing and collection process, staff will provide quality customer service and timely follow-up and all outstanding accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act.

Purpose:

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collection functions in a manner that promotes compliance, patient satisfaction and efficiency. Columbia Memorial Health will adhere to this through; billing statements, written correspondence and phone calls. Columbia Memorial Health will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts. Additionally, this policy requires Columbia Memorial Health to make reasonable efforts to determine a patient's eligibility for financial assistance under Columbia Memorial Health's financial assistance policy before engaging in extraordinary collection actions and to obtain payment.

Procedures:

Billing Practices:

1. For all insured patients, Columbia Memorial Health will bill applicable third-party payer in a timely manner.
2. If a claim is denied or not processed by a payer due to an error on our behalf, Columbia Memorial Health will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.

3. If a claim is denied by a payer due to factors outside of our organizations control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, Columbia Memorial health may bill the patient or take other action consistent with current regulations and industry standards.

Patient Billing:

All uninsured patients and insured patients will be billed directly and timely. All patients will receive a series of multiple statement as part of the organizations normal billing processes, prior to any extraordinary collection activity.

Financial Counseling:

All patients will have the opportunity to contact Columbia Memorial Health regarding financial assistance for their accounts, payment plan option and other application programs.

Financial assistance application can be retrieved from the following areas:

- Columbia Memorial Health website
 - <https://www.columbiamemorialhealth.org/wp-content/uploads/2015/03/2015-BLANK-APPLICATION.pdf>
- By calling 518-828-8051 and requesting an application
- By inquiring with patient registration

Patients who are approved for financial assistance cannot be charged higher than average gross billed (AGB).

Columbia Memorial Health offers assistance to patients with applying for health insurance through the New York State Exchange. Our Certified Application Counselors are able to assist patients with applying for Medicaid, Essential or a Qualified Health Plan. To contact one of our financial counselors, please call 518.828.8051.

Collection Practices

In compliance with relevant state and federal laws, and in accordance with the provision outlined in this Billing and Collections Policy, Columbia Memorial Health may engage in collection activities-including extraordinary collection actions- to collect outstanding patient balances.

1. General collection activities may include patient statements and follow-up calls on owed balances.
2. Patient balances may be referred to a third party for collection at the discretion of Columbia Memorial Health. Columbia Memorial Health will maintain ownership of any

debt referred to debt collection agencies and patient accounts will be referred for collections only with the following caveats:

- a. There is a reasonable basis to believe the patient owes the debt.
- b. All third-party payers have been properly billed and the remaining debt is the financial responsibility of the patient. Columbia Memorial Health shall not bill a patient for any amount that an insurance company is obligated to pay.
- c. Columbia Memorial Health will not refer accounts for collections while a claim on the account is still pending payer payment. However, Columbia Memorial Health may classify certain claims as “denied” if such claims are stuck in “pending” mode for an unreasonable length of time despite efforts to facilitate resolution.
- d. Columbia Memorial Health will not refer accounts for collections where the claim was denied due to an error. However, Columbia Memorial Health may still refer the patient liability portion of such claims for collection if unpaid.
- e. Columbia Memorial Health will not refer accounts for collection where the patient has initially applied for financial assistance and the patient has not yet been notified of the determination.

Reasonable Efforts and Extraordinary Collection Actions (ECAs)

Before engaging in ECAs to obtain payment for care, Columbia Memorial Health must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:

1. ECAs will only begin after 120 days have passed since the patient first initial bill.
2. Attempt to outreach to the patient to advise them of financial assistance policy.
3. Screening through a presumptive financial aid-scoring tool to determine eligibility.