



Department: Business Office	Revised: 12/1/17	Effective: 1/1/18	Policy Number: BO-01
Policy: Billing and Collections Policy			
Director of Revenue Integrity:			
Vice President of Financial Services:			
Chief Financial Officer:			
Chief Compliance Officer:			
Chair, Board of Directors:			

I. Purpose:

- A. This Billing and Collections Policy (the “**Policy**”) applies to each hospital that is owned, leased or operated by Owensboro Health, Inc. (“**OH**”), Owensboro Health Medical Group provider services, and Home Health Services. This Policy is intended to identify the actions that may be taken with respect to collection of charges for services provided to OH patients. This Policy also describes the process and time frames used in taking these collection actions, including the requisite “reasonable efforts” that must be taken to determine whether an individual is eligible for Financial Assistance before initiating “Extraordinary Collection Actions” (**ECAs**), as defined below, under the Financial Assistance Policy (the “**FAP**”). This Policy is intended to comply with the requirements imposed by Section 501(r) of the Internal Revenue Code of 1986, as amended (the “**Code**”), and the regulations thereunder.
- B. This Policy will be effective upon adoption by the Board of Directors (the “**Board**”), acting in its capacity as the governing body for each OH Hospital. The Board will review this Policy annually on behalf of each of the OH Hospitals

II. Definitions:

- A. Amounts Generally Billed (AGB) has the same meaning as in the Financial Assistance Policy (FAP).
- B. Application Period means the period during which OH must accept and process an application for Financial Assistance. The Application Period begins on the date the care is provided and ends on the 240th day after OH provides the first self-pay statement or the end of the Notification Period, whichever occurs later.
- C. Billing Deadline means the date after which OH may initiate an Extraordinary Collection Action against a Responsible Individual who has failed to submit an application for Financial Assistance, has been determined to be ineligible for Financial Assistance, or has been determined to be eligible for Financial Assistance but has a remaining balance after the application of any available discounts. The Billing Deadline will be specified in a written notice to the Responsible Individual provided at least 30 days prior to such deadline, but no earlier than the last day of the Notification Period.
- D. Completion Deadline means the date after which OH may initiate or resume an ECA against a Responsible Individual who has submitted an incomplete financial assistance application if that



individual has not provided the missing information and/or documentation necessary to complete the application. The Completion Deadline will be specified in a written notice to the Responsible Individual no earlier than the later of (1) 30 days after OH provides the individual with this notice; or (2) the last day of the Application Period.

E. Extraordinary Collection Action (ECA) means any action against an individual related to obtaining payment of a Self-Pay Account that requires a legal or judicial process (including wage garnishment), involves reporting adverse information about the Responsible Individual to consumer credit reporting agencies or credit bureaus, sale of the Responsible Individual's debt to a third party, and/or deferring care. OH may, at any time, attach liens to insurance (auto, liability, life and health) in connection with its collection process to the extent a third party liability insurance exists or file claims in any bankruptcy proceeding, because these legal actions are not considered to be ECAs.

F. Financial Assistance means the free or discounted services provided to Responsible Individuals who have been determined to be eligible for such discounts under the FAP.

G. Financial Assistance Policy (FAP) means Owensboro Health's Financial Assistance Policy, Policy Number: BO-02, which includes eligibility criteria, the basis for calculating charges, the method for applying the policy, the measures to publicize the policy, and sets forth the Financial Assistance program available to patients who meet certain income guidelines.

H. Hospital means each state-licensed hospital facility owned or leased by OH, including Owensboro Health Regional Hospital and Owensboro Health Muhlenberg Community Hospital, and each hospital operated by OH at which the OH Board of Directors has governing authority over the operations of such hospital.

I. Notification Period means the period during which OH must notify an individual about its FAP to have made "reasonable efforts" as defined under to determine whether the individual is eligible for Financial Assistance. The Notification Period begins on the first date care is provided to the individual and ends on the 120th day after OH provides the individual with the first post-discharge billing statement for the care received. There must be sixty (60) days in between the first and last notification during the Notification Period. ECAs will not be initiated during this period.

J. Patient Account means one statement for Self-Pay Accounts from OH Hospitals, physicians, and home health services.

K. Plain Language Summary means a Hospital-specific plain language summary that notifies an individual that OH offers assistance under the Financial Assistance Program. The Plain Language Summary is attached in **Exhibit C** of the FAP.

L. PFS means Patient Financial Services, the operating unit of OH responsible for billing and collecting Self-Pay accounts for Hospital and/or clinic services.

M. Restriction Period means the timeframe during which ECAs may not be initiated. The Restriction Period ends on the 120th day after the date of the first billing statement.

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

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

III. Policy:

A. Consistent with the terms of this Policy, OH may take legal action, including ECAs, to obtain payment for medical services provided.

B. OH will not engage in ECAs, either directly or indirectly, before “reasonable efforts” as defined in Section 501(r) of the Code and the corresponding regulations are made to determine if a Responsible Individual is eligible for Financial Assistance. OH will not conduct ECAs during the Restriction Period. Decisions to initiate ECAs must be approved by the Director of Revenue Integrity or the Vice President of Financial Services.

C. All patients will be the given copies of the Plain Language Summary and an application for Financial Assistance before being discharged from the Hospital.

D. **Notification Period Notices.** During the Notification Period, at least three separate Patient Account statements (typically day 30, 60, and 90) for collection of Self-Pay Accounts will be mailed to the last known address of each Responsible Individual before the end of the Notification Period. OH will not be required to mail additional Patient Account statements after a Responsible Individual submits a complete application for Financial Assistance.

Notice Content. All Patient Account statements will include:

1. An accurate summary of the services provided by the hospital, physicians and home health services covered on the statement;
2. The charges for such services;
3. The amount required to be paid by the Responsible Individual (or, if such amount is not known, good faith estimates of such amount as of the date of the initial statement); and
4. A conspicuous written notice that informs the Responsible Individual about the availability of Financial Assistance, including both a telephone number of the office or department that can provide information about the FAP and FAP application process and the website where copies of the FAP, FAP application form, and plain language summary may be obtained.

Before engaging in, or resuming, any of the ECAs described in this Policy, each OH Hospital will issue a written notice to the last known address of each Responsible Individual that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such action(s) will be initiated (or resumed), and (iii) includes a copy of the Plain Language Summary (the “**ECA Initiation Notice**”). The Hospital will also make a reasonable effort to orally notify the Responsible Individual about the FAP and how he or she can get help with the application process. The Hospital may initiate collection activities no sooner than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.



Note: Itemized Statements for hospital charges will be provided to the Responsible Individual upon request to PFS.

E. **Payment Plans.** OH offers interest free payment plans to Responsible Individuals for the amounts that they are personally responsible for paying, after applying any insurance reimbursements or discounts under this Policy. To be eligible to participate in OH's payment plans, the Responsible Individual's remaining balance must be a minimum of \$25 a month and/or paid off in 36 months interest free. Example: self-pay remaining balance on account OR group of accounts totals \$1,000. The monthly minimum payment would of \$27.78 would to meet the criteria of being more than \$25 a month and paid off within the 36 months. Under limited circumstances, payment plans can be extended to longer terms with approval of Business Office Manager or above.

F. **Prompt Pay Discount.** OH offers a prompt pay discount of 10% to a Responsible Individual's first billed statement if the account is paid in full within 30 calendar days of the statement mail date and if point of service responsibility is paid at registration. OH provides a grace period from two to five days based on circumstances. Payment must be posted to the Responsible Individual's account or postmarked to OH within thirty-two days. In the absence of a postmark, thirty-five days will be used assuming a five-day delay for mail. No other percentage will be considered and no other discount will be offered by the Policy outside of the self-pay discount. The only exception to this section of the Policy would be if the Responsible Individual were to qualify for other assistance. (Prompt Pay Discount does NOT apply to clinic co-pays, immunizations, sports physicals, cosmetic procedures, or services at any walk-in-clinic, including but not limited to MultiCare Urgent Care, Urgent Care-Ford, and Urgent Care-Parrish.)

G. **Self-Pay Discount.** To receive the discount, the Responsible Individual must not have insurance coverage (excluding indemnity and limited benefit insurance policies) and may have to be screened for existing programs such as Medicaid or Financial Assistance as required by PFS. An automatic 10% self-pay discount will be deducted from the account's total charges when OH produces the bill. If the Responsible Individual does not qualify for these programs, an additional 25% discount from total charges will be given. Responsible Individuals may be eligible for OH's 10% Prompt Pay Discount if their accounts are not in self-pay liability or it is within 30 days of the initial statement. For any remaining balance, the Responsible Individual will be allowed to establish a payment plan. Once approved for the discount:

1. The Business Office Supervisor will note the approval date in the account's notes.
2. Future accounts can be given the self-pay discount up to six months from the date of the original Financial Assistance Application.

H. **Presumptive Eligibility.** If the patient or Responsible Individual has a FAP eligibility determination made within the six (6) months prior to the current account/date of service at issue and such determination provides for a 100% discount, PFS may presumptively rely on its earlier determination to again offer a 100% discount. If the prior FAP eligibility determination provided a discount of less than 100%, PFS will send a notice to the patient or Responsible Individual notifying him or her of the presumptive discount being offered, the basis of such determination and a reasonable deadline (i.e., at least thirty (30) days or the last day of the Application Period, whichever is later) by which the Responsible Individual must complete a FAP application if he or she would like to request a more generous discount. Patients receiving Financial Assistance and who require medically necessary

care (but not emergency care services) will be screen for Medicaid eligibility or health insurance exchange coverage and, if found eligible, the patient must fully cooperate with enrollment requirements before the procedure being scheduled and/or services being rendered. Patient Financial Advocates are available to assist with the Medicaid and health insurance exchange registration process. Eligible patients who fail or refuse to enroll in available Medicaid or affordable health insurance exchange coverage will be ineligible for Financial Assistance. For these purpose only, insurance is affordable if the patient's annual premiums are less than 9.5% of his or her family's gross income.

- I. **Reasonable Efforts**. ECAs may be initiated only in the following circumstances:
1. **Failure to Apply**. If all Responsible Individuals fail to apply for Financial Assistance under the FAP by the Billing Deadline and the Responsible Individual(s) has received the 30-day written notice described in Section III.D above, then OH may initiate ECAs.
 2. **Less Than 100% Discount**. If all Responsible Individuals apply for Financial Assistance, and PFS determines definitively that the Responsible Individuals are ineligible for a 100% discount, then OH may initiate ECAs to collect the remaining balance once the Responsible Individual(s) has received the 30-day written notice described in Section III.D above.
 3. **Incomplete Applications**. If a Responsible Individual submits an incomplete application for Financial Assistance during the Application Period, OH will:
 - a. Suspend any collection activities being undertaken against the individual; and
 - b. Provide the individual with a list of the missing information or documentation and give the individual 30 days to provide the missing information. The notice concerning missing information will include contact information for PFS staff who will help the individual to complete his or her application.
 - c. If the Responsible Individual does not provide the missing information within this 30-day period, the Hospital may commence (or resume) ECAs assuming it has provided the ECA Initiation Notice described above.
 - d. If the Responsible Individual completes the application for Financial Assistance before the Completion Deadline, PFS will make an eligibility determination as set forth in Section 4 below.
 4. **Complete Applications**. If a Responsible Individual submits a complete application for Financial Assistance during the Application Period, PFS will review the application and make and document its eligibility determination in a timely manner.
 - a. **Ineligible for Financial Assistance**. If PFS determines that the Responsible Individual is ineligible for any Financial Assistance, then OH may initiate ECAs after providing notice to the Responsible Individual of the FAP determination and the basis for such determination.

- b. Eligible for Financial Assistance. If PFS determines that the Responsible Individual is eligible for Financial Assistance, then OH will do the following:
 - a. Send written notification to the Responsible Individual of the assistance determination, and
 - b. If the discount is less than 100%, OH will make every effort to:
 - i. Provide the Responsible Individual with a billing statement showing the amount owed, how the amount was determined, and describe how the individual can learn more about how the Hospital calculates AGB;
 - ii. Issue refunds to the Responsible Individual if he or she previously paid an amount to OH exceeding what he or she is personally responsible to pay; and
 - iii. Take all reasonable measures to reverse any ECAs taken against the Responsible Individual to the extent possible.

J. Any Responsible Individual, or representative thereof, who contacts PFS for information concerning any possible Financial Assistance, will be provided with the information requested.

K. **Extraordinary Collection Actions.** After the commencement of ECAs is permitted under Section III.I above, the Hospital has the right to pursue ECAs directly or working with a third-party collection agency. The Hospital will pursue collection actions against individuals determined to be ineligible for assistance, individuals determined eligible to receive discounted but not free care, or individuals who failed to cooperate with the Hospital and are not making payments in accordance with established payment plans.

1. If Medicaid or other governmental funding is unavailable, and payment plan arrangements are not made with the Responsible Individual, then OH may consider their accounts to be uncollectible bad debt and refer them to an outside collection agency for processing and collection efforts.
2. Once the Responsible Individual's account has been referred to a collection agency, the agency is authorized to contact with the individual to establish a payment plan.
3. Agencies will also be authorized to report the negative status of the debt to applicable credit bureaus.
4. The Hospital or external collection agencies will be authorized to file litigation. For example, OH, or its external agency, reserves the right to garnish a Responsible Person's wages. OH may, at any time, attach liens to insurance (auto, liability, life and health) in connection with its collection process to the extent a third party liability insurance exists or file claims in any bankruptcy proceeding, because these legal actions are not considered to be ECAs. No other personal judgments or liens will be filed.

L. **Widely Available.** This Policy will be available on OH's website at www.owensborohealth.org. In addition, free copies of this Policy can be obtained by any member of the public upon request to the Business Office or by calling 270-685-7500. Copies are also available in each hospital's PFS Admitting Office.



M. **Binding Third Parties.** If OH refers Responsible Individuals' debts to another party during the Application Period, the written agreement with such party must obligate such party to:

1. Refrain from engaging in ECAs until the Billing Deadline;
2. Suspend any ECAs if the individual submits a FAP application during the Application Period
3. If the Responsible Individual is determined to be eligible for Financial Assistance, ensure that the individual does not pay and is not obligated to pay more than required, and to reverse any ECA previously taken.

N. **Statute of Limitations.** OH will attempt to collect and accept payments on any patient account after returned as uncollectible for up to 5 years.

O. **Settlements.** Any settlement coming from attorneys, outside agencies, or Responsible Individuals, will be directed to Manager of Business Office or higher for approval.

P. **Probate.** If Responsible Individual has outstanding balances, those accounts will be sent to the bad debt agency and coded "Check for Estate". If agency finds an estate then a proof of claim will be filed. In the instance that no estate is found then it will be returned to OH as uncollectible.