APPLING HEALTHCARE SYSTEM 163 EAST TOLLISON STREET BAXLEY, GEORGIA 31513	POLICIES AND PROCEDURES
RE: Billing and Collection Policy and Procedure	EFFECTIVE DATE:09/01/2009
DEPARTMENT: Financial Services	REVIEWED DATE:
PREPARED BY: Linda Fausett	REVISION DATE: 06/14/2018

I. POLICY:

After our patients have received services, it is the policy of Appling Healthcare System to bill patients and applicable payers accurately and in a timely manner. During this billing and collections 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.

II. PURPOSE:

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction, and efficiency. This policy covers all Appling Healthcare System to include employed physicians. Through the use of billing statements, written correspondence, and phone calls, Appling Healthcare System 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 Appling Healthcare System to make reasonable efforts to determine a patient's eligibility for financial assistance under Appling Healthcare System's financial assistance policy before engaging in extraordinary collection actions to obtain payment.

DEFINITIONS:

Extraordinary Collection Actions (ECAs): A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in Section II of this policy below and include actions such as reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions such as garnishing wages.

Financial Assistance Policy (FAP): A separate policy that describes Appling Healthcare System's financial assistance program—including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under Appling Healthcare System's financial assistance policy. In general, reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance as well as providing individuals with written and oral notifications about the FAP and application processes.

Account: An account is created in the information system to capture charges and medical record data on a patient for services rendered by Appling Healthcare System.

Bad Debt: An account with a self-pay balance that has remained unpaid following reasonable collection efforts.

Contracted Collection Agency: A contracted vendor providing debt collection services on behalf of Appling Healthcare System.

Guarantor: The person or group that assumes payment responsibility for all or a portion of debt owed to Appling Healthcare System.

Placed Accounts: A guarantor's bad debt account that has been placed with a contracted collection agency.

Self-Pay Balance: The portion of a guarantor's bill that the guarantor is legally responsible for paying.

Third-Party Insurers/Payers: Any party providing payment on behalf of the patient or guarantor, to include but not limited to insurance companies, workers' compensation, governmental plans such as Medicare and Medicaid, state/federal agency plans, victim's assistance, or third-party liability resulting from automobile or other accidents.

III. BILLING PRACTICES

A. Insurance Billing

1. For all insured patients, Appling Healthcare System will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.

2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Appling Healthcare System 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 (or is not processed) by a payer due to factors outside of our organization's 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, Appling Healthcare System may bill the patient or take other actions consistent with current regulations and industry standards.

B. Patient Billing

1. All uninsured patients will be billed directly and timely, and they will receive a statement as part of the organization's normal billing process.

2. For insured patients, after claims have been processed by third-party payers, Appling Healthcare System will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.

3. All patients may request an itemized statement for their accounts at any time.

4. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days (if possible) and will hold the account for at least 30 days before referring the account for collection.

5. Appling Healthcare System may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.

    a. Patient Financial Services Management has the authority to make exceptions to this policy on a case-by-case basis for special circumstances.

    b. Appling Healthcare System is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

IV. COLLECTION PRACTICES

A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, Appling Healthcare System may engage in collection activities—including extraordinary collection actions (ECAs)—to collect outstanding patient balances.

1. General collection activities may include, statements, follow-up calls on statements, skip tracing and initiation of civil actions in accordance with the procedures contained in this policy.

2. Patient balances may be referred to a third party for collection at the discretion of Appling Healthcare System. 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. Appling Healthcare System shall not bill a patient for any amount that an insurance company is obligated to pay.

    c. Appling Healthcare System will not refer accounts for collection while a claim on the account is still pending payer payment. However Appling Healthcare System 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. Appling Healthcare System will not refer accounts for collection where the claim was denied due to a Appling Healthcare System error. However, Appling Healthcare System may still refer the patient liability portion of such claims for collection if unpaid.

    e. Appling Healthcare System will not refer accounts for collection where the patient has initially applied for financial assistance or other Appling Healthcare System sponsored program and Appling Healthcare System has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated during the application process).

B. Reasonable Efforts and Extraordinary Collection Actions (ECAs)

1. Before engaging in ECAs to obtain payment for care, Appling Healthcare System must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:

    a. ECAs may begin only when 120 days have passed since the first post-discharge statement was provided.

    b. However, at least 30 days before initiating ECAs to obtain payment, Appling Healthcare System shall do the following:

i. Provide the individual with a written notice that indicates the availability of financial assistance, lists potential ECAs that may be taken to obtain payment for care, and gives a deadline after which ECAs may be initiated (no sooner than 120 days after the first post-discharge billing statement and 30 days after the written notice)

ii. Provide a plain-language summary of the FAP along with the notice described above

iii. Attempt to notify the individual orally about the FAP and how he or she may get assistance with the application process

2. After making reasonable efforts to determine financial assistance eligibility as outlined above Appling Healthcare System (or its authorized business partners) may take the following ECA to obtain payment for care:

    a. Report adverse information to credit reporting agencies and/or credit bureaus

3. If a patient has an outstanding balance for previously provided care, Appling Healthcare System may engage in the ECA of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken:

    a. Appling Healthcare System provides the patient with an FAP application and a plain language summary of the FAP

    b. Appling Healthcare System provides a written notice indicating the availability of financial assistance and specifying any deadline after which a completed application for assistance for the previous care episode will no longer be accepted. This deadline must be at least 30 days after the notice date or 240 days after the first post-discharge billing statement for prior care—whichever is later.

    c. Appling Healthcare System makes a reasonable effort to orally notify the individual about the financial assistance policy and explain how to receive assistance with the application process.

    d. Appling Healthcare System processes on an expedited basis any FAP applications for previous care received within the stated deadline

4. Patient Financial Services is ultimately responsible for determining if an individual is eligible for financial assistance. This body also has final authority for deciding whether the organization may proceed with any of the ECAs outlined in this policy.

V. FINANCIAL ASSISTANCE

All billed patients will have the opportunity to contact Appling Healthcare System regarding financial assistance for their accounts, payment plan options, and other applicable programs.

1. Appling Healthcare System's financial assistance policy is available free of charge.

   Request a copy:

   a. In person at any registration location at Appling Healthcare System

   b. By calling the Billing Department/Financial Advocate 912-367-9481 extension 1278 or mailing a request to P. O. Box 2070, Baxley, Ga. 31515.

   c. Online at http://www.

2. Individuals with questions regarding Appling Healthcare System's financial assistance policy may contact the financial counseling office by phone at 912-367-9481 or in person at 163 Tollison Street, Baxley, Ga.

VI. CUSTOMER SERVICE

A. During the billing and collection process, Appling Healthcare System will provide quality customer service by implementing the following guidelines:

   1. Appling Healthcare System will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.

   2. Appling Healthcare System will maintain a streamlined process for patient questions and/or disputes, which includes a local phone number patients may call and a prominent business office address to which they may write. This information will remain listed on all patient bills and collections statements sent.

   3. After receiving a communication from a patient (by phone or in writing), Appling Healthcare System staff will return phone calls to patients as promptly as possible (but no more than one business day after the call was received) and will respond to written correspondence within 10 days.