

Category: Fiscal
Supercedes:

Effective: 07/01/2016

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PURPOSE:

This policy applies to Divine Savior Healthcare and its employed medical partners (collectively “DSH”) and, together with its Community Care and Financial Assistance Policy, is intended to meet the requirements of applicable federal, state, and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by DSH, including, but not limited to, Extraordinary Collection Actions (ECA). The guiding principles behind this policy are to treat all patients and Responsible Parties equally, with dignity and respect, to ensure appropriate billing and collection procedures are uniformly followed, and to ensure that reasonable efforts are made to determine whether the Responsible Party(ies) for payment of all or a portion of a patient account is eligible for assistance under the Financial Assistance Policy (FAP).

DEFINITIONS:

1. Plain Language Summary: A written statement that notifies an Individual(s) that DSH offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP.
2. Application Period: The period during which DSH must accept and process an application for Financial Assistance under the FAP. The Application Period begins on the date the care is provided and ends on the 240th day after the DSH provides the first post-discharge billing statement.
3. Billing Deadline: The date after which DSH or collection agency may initiate an ECA against a Responsible Party(ies) who has failed to submit an application for Financial Assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Party(ies), provided at least 30 days prior to such deadline, but no earlier than 120 days after the first post-discharge statement.
4. Completion Deadline: The date after which DSH or collection agency may initiate or resume an ECA against the Responsible Party(ies) who has submitted an incomplete FAP, if that Party(ies) has not provided the missing information and/or documentation necessary to complete the application or such application has been denied. The Completion Deadline must be specified in a written notice and must be no earlier than the later of (1) 30 days after DSH provides the Responsible Party(ies) with this notice; or (2) the last day of the Application Period.

5. Extraordinary Collection Action (ECA): Any action against a Responsible Party(ies) for a bill related to obtaining payment of a Self-Pay Account that requires a legal or judicial process or reporting adverse information about the Responsible Individual(s) to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring of a Self-Pay Account to another party for purposes of collection without the use of any ECAs.
6. FAP-Eligible Individual(s): A Responsible Party(ies) eligible for Financial Assistance under the FAP, without regard to whether the Individual(s) has applied for assistance.
7. Financial Assistance Policy (FAP): DSH's Community Care and Financial Assistance Policy, which includes eligibility criteria, the basis for calculating charges, the method for applying the policy, and the measures to publicize the policy, and sets forth the financial assistance program.
8. PFS: Patient Financial Services, the operating unit of DSH responsible for billing and collecting Self-Pay Accounts.
9. Responsible Party(ies): The patient and any other person(s) having financial responsibility for a Self-Pay Account. There may be more than one Responsible Party.
10. Self-Pay Account: That portion of a patient account that is the individual responsibility of the patient or other Responsible Party(ies), net of the application of payments made by any available healthcare insurance or other third-party payor (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 an assistance program, as applicable.

POLICY:

1. Subject to compliance with the provisions of this policy, DSH may take any and all legal actions, including Extraordinary Collection Actions (ECAs), to obtain payment for medical services provided.
2. DSH will not engage in ECAs, either directly or by any debt collection agency or other party to which the hospital has referred the patient's debt, before reasonable efforts are made to determine whether a Responsible Party(ies) is eligible for assistance under the FAP.
3. All patients will be offered a Plain Language Summary and an application form for Financial Assistance in accordance with the Community Care and Financial Assistance Policy.
4. At least three separate statements for collection of Self-Pay Accounts shall be mailed to the last known address of each Responsible Party(ies); provided, however, that no additional statements need be sent after a Responsible Party(ies) submits a complete application for financial assistance under the FAP or has paid-in-full. At least 120 days shall have elapsed between the first and last of the required mailings. It is the Responsible Party(ies) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "reasonable effort" will have been made. All single patient account statements of Self-Pay Accounts will include, but not limited to:
 - a. An accurate summary of the hospital services covered by the statement;
 - b. The charges for such services;
 - c. The amount required to be paid by the Responsible Party(ies), or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement; and

- d. A conspicuous written notice that notifies and informs the Responsible Party(ies) about the availability of Financial Assistance under the hospital FAP, including the telephone number of the department and direct website address where copies of documents may be obtained.
5. At least one of the statements mailed will include written notice that informs the Responsible Party(ies) about the ECAs that are intended to be taken if the Responsible Party(ies) does not apply for financial assistance under the FAP or pay the amount due by the Billing Deadline. Such statement must be provided to the Responsible Party(ies) at least 30 days before the deadline specified in the statement. A Plain Language Summary will accompany this statement. It is the Responsible Party(ies) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "reasonable effort" will have been made.
6. Prior to initiation of any ECAs, an oral attempt will be made to contact the Responsible Party(ies) by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements, if the account remains unpaid. During all conversations, the patient or Responsible Party(ies) will be informed about the Financial Assistance that may be available under the FAP.
7. ECAs may be commenced as follows:
 - a. If any Responsible Party(ies) fail to apply for Financial Assistance under the FAP by 120 days after the first post-discharge statement, and the Responsible Party(ies) has received a statement with a Billing Deadline described in Section III.E above, then DSH or collection agency may initiate ECAs.
 - b. If any Responsible Party(ies) submits an incomplete application for Financial Assistance under the FAP prior to the Application Deadline, then ECAs may not be initiated until after each of the following steps has been completed:
 - i. PFS provides the Responsible Party(ies) with a written notice that describes the additional information or documentation required under the FAP in order to complete the application for Financial Assistance, which notice will include a copy of the Plain Language Summary.
 - ii. PFS provides the Responsible Party(ies) with at least 30 days' prior written notice of the ECAs that DSH or collection agency may initiate against the Responsible Party(ies) if the FAP application is not completed or payment is not made; provided, however, that the Completion Deadline for payment may not be set prior to 120 days after the first post-discharge statement.
 - iii. If the Responsible Party(ies) who has submitted the incomplete application completes the application for Financial Assistance, and PFS determines definitively that the Responsible Party(ies) is ineligible for any Financial Assistance under the FAP, DSH will inform the Responsible Party(ies) in writing of the denial and include a 30 days' prior written notice of the ECAs that DSH or a collection agency may initiate against the Responsible Party(ies); provided, however, that the Billing Deadline may not be set prior to 120 days after the first post-discharge statement.
 - iv. If the Responsible Party(ies) who has submitted the incomplete application fails to complete the application by the Completion Deadline set in the notice provided pursuant to Section G.2.b above, then ECAs may be initiated.
 - v. If an application, complete or incomplete, for Financial Assistance under the FAP is submitted by a Responsible Party(ies), at any time prior to the Application Deadline, DSH will suspend ECAs while such Financial Assistance application is pending.

8. After the commencement of ECAs is permitted under Section G above, collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file judicial or legal action, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of PFS shall be required before initial lawsuits may be initiated. DSH and external collection agencies may also take any and all other legal actions including, but not limited to, telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical services provided.

POLICY AVAILABILITY:

Contact our Business Office at 608-745-5604 for information regarding eligibility or the programs that may be available to you, to request a copy of the FAP, FAP application form, or Collection Policy to be mailed to you, or if you need a copy of the FAP, FAP application form, or Collection Policy translated to Spanish. Full disclosure of the FAP, FAP application form, or Collection Policy may be found at www.dshealthcare.com. A paper copy of our FAP, FAP application form, or Collection Policy can be obtained at our facility located at 2817 New Pinery Road, Portage, WI 53901 at the PFS office, admissions and registration areas, or emergency department.

RELATED DOCUMENTS: NONE

ATTACHMENT(S): NONE

REFERENCES:

1. Community Care and Financial Assistance policy