


MPTF 	
Department: Patient Business Services	Effective: 10/17
Policy Name: Self-Pay Billing and Collection for CBH	Revised:
Policy Number: 107	Reviewed: 10/17, 5/24
Department Manager/Director: PBS Manager	Governing Body Approval: 05/22/24
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TITLE: Self-Pay Billing & Collection for Samuel Goldwyn, Jr. Center for Behavioral Health (CBH) Patients

PURPOSE:

To establish guidelines for billing and collection of self-pay account receivables, to ensure reasonable collection efforts are administered.

DEFINITIONS:

Self- Pay Balance: Any balance due where the financially responsible party is the patient or patient's guarantor. Typically, a self-pay balance occurs when patient accounts are converted to self-pay either upon payment or denial by the insurance company. A true self-pay patient is one who does not have health insurance.

Guarantor: The person who is financially responsible for the patient's bill. This may be the patient or another designated individual.


Patient Statement: A bill for services rendered.

Bad Debt: Any bill submitted for payment which is not paid in full, and unlikely to be paid for various reasons after all reasonable efforts to collect have been exhausted.

Financial Assistance: Also known as hospital "Charity Care". For this Policy financial assistance offers free medical care to eligible patients based on their household income level, assets, and other qualifying criteria.


POLICY:

Payment on accounts will be pursued consistently. Every patient/guarantor will be given reasonable time to respond to notices of outstanding financial obligations. It is the guarantor's responsibility to understand their specific benefit plan for their insurance coverage.

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PROCEDURE:

1. Prior to Guarantor receiving a patient statement, MPTF will apply patient insurances benefits and contractual allowances to the account.
2. Guarantor will receive a minimum of 4 billing statements after the date of discharge in monthly billing cycles. The statements will communicate account status and a brief notice regarding the availability of financial assistance and the phone number to call.
3. Patient Business Services (PBS) department is prohibited from performing any extraordinary collection activities. During the 120 days following the first billing cycle the only collection activities performed include generation of billing statements, follow-up phone calls, and outstanding balance notices. Communications will offer information regarding the Hospital Financial Assistance Policy (FAP).
4. Patient Business Services (PBS) Representative may attempt to contact the patient/guarantor (via telephone, mail, or outstanding balance notices) during the statement billing cycle to pursue collections. Collection efforts are documented on the patient's account.
5. If statements are returned due to an incorrect or bad address, attempts will be taken to obtain the correct address. If attempts fail, the account will be transferred to in house bad debt status.
6. PBS Manager may transfer an account to in house bad debt status at any time during the statement billing process based on patient's refusal to pay, patient defaults on a payment plan, or bad debt history.
7. At any time during reasonable collection efforts, if it is determined that the patient/guarantor cannot afford to pay for the outstanding balance, or make payments, a financial assistance application is offered and charity care is considered as outlined in the Hospital Financial Assistance Policy for Patients, Admitting/PBX Operator Policy #106.

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8. After the final statement (120+ days) of non-payment, when all reasonable efforts to collect have been exhausted, patient accounts will be reviewed for bad debt status by the Patient Business Services Manager, and Chief Financial Officer. No outside collection agency is used.