

CCHS - ccLink Hospital Billing	Self-Pay Billing and Statement Policy
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BACKGROUND

Self-Pay Accounts are defined as:

- Patients *without* any healthcare coverage, including commercial, county, state or federal insurance coverage
- Patients *with* insurance coverage and the balance remaining on the account is their responsibility (i.e. co-insurance, co-payment, deductible, non-covered services, etc.).

Discounts for self-pay patients may qualify for a charity write-off (100%) or a % discount according to CCHS charity and discount policy as documented below.

BILLING PATIENTS FOR SELF-PAY BALANCES

Self-Pay patients can be sent a Detail Bill and Monthly Statements as described below. The back of both the Detail Bill and Statement form includes a message regarding financial assistance (see copy attached). :

Detail Bill – Accounts with a Self-Pay *financial class* (no insurance coverage) are sent a detail bill soon after discharge. If the balance is over \$5,000 the bill includes the following message in English or Spanish based on the patient’s preferred spoken language

The recent services you received at Contra Costa Regional Medical Center resulted in a high balance on your account. Our records indicate you have no medical insurance to bill, therefore, you are responsible for paying the balance in full.

Please contact our Financial Counselor Department immediately at (800)771-4270 so we can determine if you qualify for one of several county, state or federal programs that are available to many of our patients to help offset their medical expenses. These programs have application deadlines so it is urgent that you contact us immediately. We will refer your account to Rash Curtis & Associates if we do not hear from you and they will assist you with payment arrangements.

Our billing department, Financial Counselors and Rash Curtis & Associates work closely together so please let our team help you settle your account.

Guarantor Monthly Statements - statements are mailed to the patient’s Guarantor on a monthly basis when the patient has at least one account (visit) with a self-pay balance. **All** self-pay balances for the patient are included on the monthly statement and a message is printed for *each* account to notify the guarantor where in the billing cycle the account is so they understand the urgency/aging of the delinquent account balance. Each time an account is included on the Guarantor Statement, the self-pay follow-up level on the account is incremented by 1, therefore, changing the billing cycle age and the associated dunning message. At a minimum, each account is included on the guarantor statement at least 4 times. The system manages this based on the Self-Pay Follow-Up Level.

STATEMENT DUNNING MESSAGES

The dunning messages vary based on the type of insurance and the Self-Pay Follow-Up Level assigned to the account. Self Pay Follow-Up levels are incremented after the statement is created. Example, after the 1st statement is generated, it is incremented to 1 (and so on). We have both English and Spanish versions. Below are the messages:

M/Cal Pending 1-3: *“This balance is your responsibility. Our records show you have applied for insurance and it has not yet been approved”*

M/Cal Pending 4 +: *“We have not received notification that your Medi-Cal application was approved. To avoid further collection action, please pay this balance or contact us immediately to make other arrangements”.*

Crime Victim: *“This account is associated with your victim of crime pending case. Please continue to cooperate with the District of Attorney’s Office”*

Legal: *“This account is in litigation. You are responsible for the balance below until a settlement is reached. Contact us immediately at 925.313.6530 should your attorney or insurance coverage change”*

Self Pay:

1st Statement: *“The balance on this account is your responsibility. Please pay in full within 30 days.”*

2nd Statement: *“The balance on this account is your responsibility. Please pay in full within 30 days.”*

3rd Statement: *“The balance on this account is past due. To avoid further collection action, please submit payment immediately.”*

Final Stmtnt: *“This is your Final Notice. This account will be turned over to a Collection Agency if the balance is not paid in full within 10 days of the date of this statement.”*

CHARITY AND FPL DISCOUNTS

Financial Counselors work with self-pay patients to determine whether they are eligible for one of our charity/discount programs based on demographic and financial parameters (% of FPL). The Discount Plans available in ccLink are:

<u>Discount Plan</u>	<u>Discount</u>
231001 Discount 35%	35%
231002 Charity (100%)	100%
248001 UNDOC FPL 0-100	100% after 25.00 co-pay
248002 UNDOC FPL 101-133	65%
248003 UNDOC FPL 134-150	50%
248004 UNDOC FPL 151-200	45%
248005 UNDOC FPL ABOVE 200	Plan used to indicate patient screened and does not qualify for any discount
249001 SELF PAY FPL 0-100	100% after 25.00 co-pay
249002 SELF PAY FPL 101-133	65%
249003 SELF PAY FPL 134-150	50%
249004 SELF PAY FPL 151-200	45%
249005 SELF PAY FPL ABOVE 200	Plan used to indicate patient screened and does not qualify for any discount

PAYMENT PLANS

When a guarantor requests to make payments to resolve their balance, CCHS will accept payments as long as the full balance is paid by the end of the account's self-pay billing cycle (self-pay follow-up level 4). The payment amount is calculated as 3 equal payment amounts. If the patient fails to make the payments as promised, the account is sent to Rash Curtis & Associates (RCA) as a bad debt account.

For patients that require more time to pay, the account is sent to RCA for long term payment management. If CCHS staff determines the patient already has open bad debt accounts with RCA, they send the account to RCA as a 'bad debt' account rather than 'timed payment management'. Rash Curtis runs credit background checks to determine the patient's ability to pay and establishes the payment schedule accordingly. RCA does not add the guarantor to the credit report when the account is on a timed payment plan and the guarantor continues to comply with their payment schedule.

PHONE UNIT FOLLOW-UP

Self-Pay accounts that have a balance > \$2000 are sent to a Work Queue 10 days after the account is billed so that our phone unit can follow-up with the patient after receipt of their Detail Bill/Statement. The Phone Unit staff will attempt to reach the patient to discuss coverage and discount options available to them to help them resolve their balance.

** CCHS and RCA do *not* add interest to the balance on any accounts.

Self-Pay Accounts - are defined as:

- Patients without any commercial, county, state or federal insurance coverage
- Patients with insurance coverage where the balance remaining on the account is their responsibility (i.e. co-insurance, co-payment, deductible, non-covered services, etc.).

Discounts – self pay patients may qualify for a charity write-off (100%) or a discount according to CCHS charity and discount policy.

Billing Cycle – statements are mailed to the patient’s Guarantor on a monthly basis when the patient has at least one account (visit) with a self-pay balance. All self-pay balances for the patient are included on the monthly statement and a message is printed for each account to notify the guarantor where in the billing cycle each account is. Each time an account is included on the Guarantor Statement, the self-pay follow-up level on the account is incremented by 1, therefore, changing the dunning message. The guarantor is sent 4 requests for payment for each account and the system manages the billing cycle based on the Self-Pay Follow-Up Level.

*1st Statement: “The balance on this account is your responsibility. Please pay in full within 30 days.”
(the Self Pay Follow-Up level is incremented to 1 after 1st statement)*

*2nd Statement: “The balance on this account is your responsibility. Please pay in full within 30 days.”
(the Self Pay Follow-Up level is incremented to 2 after 2nd statement)*

*3rd Statement: “The balance on this account is past due. To avoid further collection action, please submit payment immediately.”
(the Self Pay Follow-Up level is incremented to 3 after 3rd statement.)*

*Final Statement: “This is your Final Notice. This account will be turned over to a Collection Agency if the balance is not paid in full within 10 days of the date of this statement.”
(the Self Pay Follow-Up level is incremented to 4 after 4th statement.)*

Accounts at Self Pay level 4 qualify for bad debt 20 days after their Final Statement.

Payment Plans – when a guarantor requests to make payments to resolve their balance, CCHS will accept payments as long as the full balance is paid by the end of the account’s self-pay billing cycle (self-pay follow-up level 4). The payment amount is calculated as 3 equal payment amounts. If the patient fails to make the payments as promised, the account is sent to Rash Curtis & Associates (RCA) as a bad debt account.

For patients that require more time to pay, the account is sent to RCA for long term payment management. If CCHS staff determines the patient already has open bad debt accounts with RCA, they send the account to RCA as a ‘bad debt’ account rather than ‘timed payment management’. Rash Curtis runs credit background checks to determine the patient’s ability to pay and establishes the payment schedule accordingly. RCA does not add the guarantor to the credit report when the account is on a timed payment plan and the guarantor continues to comply with their payment schedule.

CCHS and RCA do *not* add interest to the balance on any accounts.