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Owner Suzanne Myers:
Sr. Executive
Assistant
Area Administration
Applicability All Sites

Collection of Self Pay Patient Accounts #A010

Statement of Policy

Emanate Health (EH) shall provide uninsured and underinsured patients the same allowances provided to its managed care contractors. Emanate Health shall follow up and collect all Self-Pay account balances including the collection of copayment and deductible amount where health insurance benefits exist at the time of service or when the outstanding payment amount become due.

Procedure

- A. Patient Financial Services (PFS) Department shall review and determine patient eligibility to financial assistance program following the EH Charity Care policy and/or patient or patient's representative's ability to respond on billing inquiries and/or offering of financial assistance with 180 days.
- B. Before assigning a bill to collection, PFS shall provide the patient with the all of the following:
 - 1. Date(s) of service of the bill
 - 2. Name of the entity the bill is assigned to
 - 3. A statement informing the patient how to obtain an itemized hospital bill
 - 4. Information about the patient's health insurance on hospital records
 - 5. Application to EH Financial Assistance Program
 - 6. Date(s) the patient was sent the notices about financial aid including an application and any decisions on the application
- C. PFS shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for non-payment before 180 days of initial billing.

- D. If a patient is attempting to qualify for eligibility under the EH Charity Care policy and is attempting in good faith to settle an outstanding bill by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, PFS shall not send the unpaid bill to any collection agencies.
- E. Extended payment plans.
1. The extended payment plans offered to assist patients eligible under the EH Charity Care policy shall be interest free.
 2. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during the 90-day period.
 3. Before declaring the extended payment plan no longer operative, PFS and/or the collection agency shall make reasonable attempt to contact the patient by telephone and, to give notice in writing, that the extended payment plan may become inoperative, and offer opportunity to renegotiate extended payment plan.
 - a. PFS and/or the collection agency shall not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for non-payment prior to the time the extended payment is declared no longer operative.
- F. Application of adjustments to "Self-Pay" accounts prior to billing inpatient and outpatient claims:
1. The prevailing managed care per-diem rate* shall be applied for all inpatient stays. Cost for implants and prosthetic devices including high cost drugs shall be excluded from the per-diem rates and are subject to payment at the invoice amount plus a 5% processing fee.
 2. All on-surgical outpatient services shall be reduce to the Medicare APC rate using the applicable APC rate at the time of service. *All outpatient surgical procedure shall be charged at benchmark managed care case rates*. Cost for implants and/or prothetic devices shall be excluded from the case rate, and are subject to payment at the invoice amount plus a 5% processing fee.
 3. All outstanding deductibles and co-insurance amounts for inpatient and outpatient services shall be collected.
- G. Patients who are unable to meet their deductible and/or co-insurance obligation shall be reviewed for payment arrangement and/or eligibility to financial assistance under the EH Charity Care policy.
- H. Health insurance eligibility and coverage review: EH shall assist uninsured and underinsured patients in determining health insurance eligibility and coverage by reviewing available health insurance options such as Medi-Cal, California Children Services, Covered California and other available state and federal health programs such as Medi-Cal, California Children Services, Covered California, and other stated and federal health programs.
1. Patients shall be referred to the onsite Med-Cal eligibility worker for review of Medi-Cal edllibility and completion of application
 2. Obstetrical or expecting mothers seeking care at the EH faciltities shall be referred to the onsite

Medi-Cal eligibility worker or the onsite GEM (Get Eligibility Moving) program.

Documentation

1. PFS shall maintain documentation of all transactions and collection activities Documentation must be complete and accurate.

* The per-diem rate including outpatient services discount and outpatient surgical procedure rate are subject to changes.

References

California Assembly Bill 1020

Not Applicable

Approval Signatures

Step Description

Approver

Date

Chair, Board of Directors

Clifford Christ: Chair, Board of Directors [SM]

08/2022

Chief Executive Officer (CEO)

Roger Sharma: President & CEO [SM]

08/2022

Chief Financial Officer

Leon Choiniere: Chief Financial Officer

08/2022

Suzanne Myers: Sr. Executive Assistant

08/2022