



The Richland Hospital, Inc.

Patient Accounting Policies and Procedures

PA-05 Placement for Collection

PURPOSE

The Richland Hospital, Inc. is committed to providing patients with the highest quality of care and working to ensure that patients are presented with payment options that are sensitive to their financial situations and provide ample opportunity to resolve balances in a timely manner. In the event that patients do not fulfill their financial obligations in a timely fashion, an external agency may be called upon to assist with and expedite collections.

POLICY

At the time of patient presentation, The Richland Hospital, Inc. will gather demographic and insurance information that supports the timely generation and release of insurance claim forms and /or self-pay statements for services rendered. Subject to compliance with the provisions of this policy, The Richland Hospital, Inc. may take any and all legal actions, including Extraordinary Collection Actions (ECA's), to obtain payment for medical services provided. The Richland Hospital, Inc. will not engage in ECA's, either directly or by any debt collections agency or other party to which the hospital has referred the patient's debt, before reasonable efforts are made to determine whether a Responsible Individual(s) is eligible for assistance under the Community Care Program, Financial Assistance Policy.

DEFINITIONS

- **The Richland Hospital, Inc.:** For purposes of this policy, The Richland Hospital, Inc. will refer to:
 - The Richland Hospital, Inc., 333 E. Second Street, Richland Center, WI 53581, (608) 647-6321
 - Spring Green Medical Center, 150 E. Jefferson St., Spring Green, WI 53588, (608) 588-7413
 - Muscoda Health Center, 1075 N. Wisconsin Ave., Muscoda, WI 53573, (608) 739-3113
- **Community Care Program:** Financial assistance policy which includes eligibility criteria, the basis for calculating charges, the method for applying for the policy and the measures to publicize the policy.
- **Plain Language Summary:** A summary of the Community Care Program policy which provides information on the policy and the process for applying for the program.
- **Payment Plan Agreement:** An agreement between The Richland Hospital, Inc. and patient for a payment plan meeting terms identified in The Richland Hospital, Inc.'s Payment Plan Policy to assist patients in meeting their financial obligation.
- **Extraordinary Collection Actions (ECAs):** Any action against an individual responsible for a bill related to obtaining payment for a self-pay balance that requires a legal or judicial process, such as commencing a civil action, garnishing wages, liens or reporting adverse information about the Responsible Individual to consumer credit reporting agencies/credit bureaus. ECA's do not include transferring of a self-pay balance to another party for purposes of collection without the use of ECAs.
- **Responsible Individual(s):** The patient and any other individual(s) having financial responsibility for a self-pay balance.
- **Self-Pay Balance:** The portion of a patient account that is the individual responsibility of the patient or other Responsible Individual.



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PROCEDURE

ACCOUNTS WITH SELF-PAY BALANCE

- Responsible Individual will receive a minimum of four (4) billing statements which include a conspicuous statement indicating financial assistance is available, the telephone number to call for assistance and The Richland Hospital, Inc.'s website address.
- One written notice will be sent to Responsible Individual informing them of the availability of financial assistance through the Community Care Program and Payment Agreements. This notice will inform Responsible Individual of the ECA's that may be taken if a payment in full, a Payment Plan Agreement or Community Care Program application request is not received. Responsible Individual will be given a minimum of 30 days from the date of the notice or 120 days from the first post discharge billing statement, whichever is later, to respond. A Plain Language Summary of The Richland Hospital Inc.'s Community Care Program Policy will be included with the written notice indicated above.
- Patient accounting personnel will make not less than one attempt to verbally inform Responsible Individual, either in person or by telephone, of the availability of financial assistance during the course of this cycle, but not less than 30 days prior to placement with an outside collection agency.
- If payment in full, a Payment Plan Agreement or Community Care Program application is not received, the final Notice of Collection is sent as a part of the message section of statement number four for Hospital services and a unique letter for Muscoda Health Center or Spring Green Medical Center (collectively, "Clinic"). Responsible Individual has 30 days to respond to the notice.
- If payment in full, a Payment Plan Agreement or a Community Care Program application is not received within 30 days from the Notice of Collection or 120 days from the first postdischarge statement, whichever is later, the account may be referred to an outside collection agency and ECA's may commence. Hospital and external collection agencies may also take any and all legal actions including but not limited to telephone calls, emails, texts, mailing notices and skip tracing to obtain payment for medical services provided.

COMMUNITY CARE PROGRAM APPLICANTS

- At the point a Responsible Individual requests a Community Care Program application, the above procedure will cease and the following procedure will take effect.
 - Upon request, a Community Care Program application will be sent/given to the Responsible Individual along with a cover letter detailing documentation required to process the application.
 - Application must be returned within 30 days from the date the Responsible Individual is given or mailed the application.
 - If incomplete or insufficient documentation is received, Responsible Individual will be notified in writing of the missing or incomplete documentation. Responsible Individual will have 30 days from the date of the notification to provide the missing information or documentation.
 - Failure to submit a completed application or subsequently requested documentation within 30 days may result in the application being denied, the account being referred to an external collection agency and ECA's may commence.



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- If a Community Care Program application is received after an account has been referred to an external collection agency, but prior to 240 days from the date of the first post-discharge billing statement, the external collection agency will be instructed to discontinue collection activity until the Community Care Program application has been processed. If the application is approved for a full or partial discount, the external collection agency will be notified and instructed to remove or reverse any ECAs that may have been taken and the account will be referred back to The Richland Hospital, Inc.
- Responsible Individuals approved for a partial discount will be notified in writing of their approval for a partial discount and an updated statement reflecting the new discounted amount due will be included.
- Responsible Individuals determined to be ineligible for a Community Care Program discount will be notified in writing of their ineligibility.
- The notification to Responsible Individuals determined to be ineligible for a Community Care Program discount or eligible for a partial discount will include a Payment Plan agreement. Responsible Individual will be provided 30 days to complete and return the Payment Plan agreement. Failure to return a completed Payment Plan agreement within 30 days could result in the account being referred to an external collection agency and ECAs may commence. Hospital and external collection agencies may also take any and all legal actions including but not limited to telephone calls, emails, texts, mailing notices and skip tracing to obtain payment for medical services provided.

ACCOUNTS WITH A PAYMENT PLAN AGREEMENT

- Accounts are maintained as active based upon the Responsible Individual's established payment plan agreement, including Responsible Individuals that have received a partial discount through the Community Care Program.
 - If a payment is not made as promised, the Hospital will send a written notice and attempt to make one telephone call to the Responsible Individual.
 - This notice will inform Responsible Individual of the missed payment, payment amount needed to keep account current and offer the Responsible Individual the opportunity to provide new or updated financial information to consider or reconsider their payment plan or eligibility under the Community Care Program.
 - The amount due from the Responsible Individual will be automatically incremented and reflected on Responsible Individual's statement to assure that the minimum balance due reflects the missed payment.
 - If the account is not made current within the next billing cycle, a final Notice of Collection as a part of the comment section of statement is issued and the Responsible Individual has not less than ten (10) days to bring the account up to current status.
 - If payment is not received within ten (10) days and the above procedure under "Patient With a Self-Pay Balance" has not been completed previously, the account will begin the procedure as defined under "Patient With a Self-Pay Balance".
 - If payment is not received within ten (10) days, and the above procedure under "Patients With A Self Pay Balance" has previously been completed, but no sooner than 30 days from the written notice regarding a missed payment plan payment was issued, the account may be placed with the external collection agency



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and ECAs may commence. Hospital and external collection agencies may also take any and all legal actions including but not limited to telephone calls, emails, texts, mailing notices and skip tracing to obtain payment for medical services provided.

ADDITIONAL INFORMATION NEEDED FROM INSURED PATIENT

- When incomplete or inaccurate insurance information is received from the patient or Responsible Individual, patient accounting will attempt to contact the Responsible Individual by phone and/or letter to obtain the needed or corrected information.
- When patient accounting receives a notice from an insurance company that additional information is required from the Responsible Individual, patient accounting will attempt to contact the Responsible Individual by phone and/or letter informing the Responsible Individual they need to contact their insurance company to provide the requested information.
- Thirty days from the date of contact to the Responsible Individual, patient accounting will contact the insurance company to determine if they have received a response from the Responsible Individual.
- If a Responsible Individual is deemed as non-responsive when contacted for additional detail or Responsible Individual has failed to contact his insurance company within 30 days following Responsible Individual contact by Patient Accounting Department, the account will be transferred to a Self-Pay status for billing.
- The account will then follow the Accounts with a Self-Pay Balance procedure above.

UNDELIVERABLE BILLING STATEMENTS - U.S. POST OFFICE MAIL RETURNS

- The Richland Hospital will use the following means to obtain a current address for an account
 - Responsible Individual is responsible for providing a current address to The Richland Hospital, Inc. upon registration and at the time of any subsequent change in address.
 - The Hospital maintains a contract with an external service provider to provide current address updates.
 - The Hospital maintains a contract with an internet based service provider to search for a current address.
 - One telephone call is attempted to the telephone number listed on patient account.
 - Billing personnel from The Richland Hospital, Inc., and the Clinics will work collectively to determine if either facility has a more recent address.
- Statements and correspondence returned by the U.S. Post Office as undeliverable will be considered to be provided as of the date it was mailed.

IMPLEMENTATION AND REVIEW

The Patient Accounting Supervisor has the responsibility for determining that the facility has made reasonable efforts to determine whether an individual is FAP eligible and may therefore engage in ECAs. The Patient Accounting Supervisor for The Richland Hospital, Inc. has authority to review and approve accounts recommended for collection activity. A report of accounts placed with the external collection agency will be submitted to the Patient Accounting Supervisor for The Richland Hospital, Inc. for documentation of approval. The authority to review, approve accounts recommended for collection activity, and documentation



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of the approval for The Spring Green Medical Center and Muscoda Health Center will be the responsibility of the Billing Supervisor of the Richland Medical Center.

OBTAINING ADDITIONAL INFORMATION

Information regarding and copies of the Community Care Program Policy or application, Payment Plan Policy or agreement form, or the Placement for Collections Policy, including Spanish versions, can be obtained by

- Requesting in person at The Richland Hospital, Inc., Spring Green Medical Center and Muscoda Health Center
- Contacting The Richland Hospital, Inc. Patient Accounting Department at (608) 647-6321.
- Accessing The Richland Hospital, Inc. website at www.richlandhospital.com
- Submitting a written request to The Richland Hospital, Inc., 333 E. Second Street, Richland Center, WI 53581

References:

- PA-01 Community Care Program, Financial Assistance
- PA-03 Payment Plans, Financial Assistance

Presented to the following Committees and Department Managers Prior to Approval

1.	Date:
2.	Date:
3.	Date:
4.	Date:
5.	Date:
6.	Date: