



BAPTIST

**Corporate Patient Financial Services
Billing and Collection Guidelines**

Policy:

It is the policy of Baptist Memorial Health Care (BMHCC) and Baptist Medical Group (BMG) affiliated hospitals and clinics to pursue collection of patient balances from patients who have the ability to pay for services. BMHCC will make reasonable efforts to identify patients who may be eligible for financial assistance under federal, state, local, Baptist Financial Assistance Policy (FAP) and any other available programs. Collection procedures will be applied consistently and fairly for all patients regardless of insurance status. All collection procedures will comply with applicable laws and within the mission of BMHCC.

Collection agencies and law firms may be enlisted after all reasonable collection and payment options have been exhausted. Agencies may help resolve accounts where patients are uncooperative in making payments, have not made appropriate payments or have been unwilling to provide reasonable financial and other data to support their request for charity care. Collection agency and law firm staff will uphold the confidentiality and individual dignity of each patient. All agencies and law firms will comply with all applicable laws including HIPAA requirements for handling protected health information.

Objective:

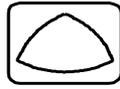
- To outline the BMHCC process for pursuing unpaid balances for services provided. This includes actions that may be taken by BMHCC or contracted external collection agencies and law firms.
- To define the reasonable efforts that will be made prior to taking any extraordinary collection actions (ECA).

Scope:

This policy applies to BMHCC and all legally affiliated hospitals and clinics in compliance with the provision of IRS Code 501(r), as well as any other applicable guidelines.

Extraordinary Collections Actions:

ECAs are collection activities that Baptist will not undertake before making reasonable efforts to determine if the patient is eligible for financial assistance. As described in 501(r), ECA are certain actions taken against an individual related to obtaining payment for a hospital bill. No ECA will be taken sooner than 120 days from the date of the first post-discharge bill and at least thirty days after the patient was sent a written notice outlining pending ECA.



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The following are ECA alternatives that Baptist might engage against an individual related to collecting payments owed:

- Reporting adverse information about the individual related to collecting payments owed
- Actions that require a legal or judicial process, including but not limited to:
 - Placing a lien on an individual's property
 - Attaching or seizing an individual's bank account
 - Commencing a civil action against an individual
 - Garnishing an individual's wage

Notification Period:

ECA for hospital services will not commence for a period of 120 days after the date of the first post-discharge billing statement for applicable medically necessary or emergency medical care.

BMHCC Affiliated Hospital Reasonable Efforts to Identify Patients Eligible for Financial Assistance:

BMHCC will notify individuals that financial assistance is available to eligible individuals at least 30 days prior to pursuing ECA to obtain payment for the care provide by the hospital by doing the following:

1. Uninsured patients applying for the Baptist FAP must complete the Financial Assistance Application. To make reasonable efforts to determine whether a patient is eligible for financial assistance, free copies of the application and a plain language statement explaining the Baptist FAP is readily available from several sources.
 - a. A copy is given to the patient during the admissions and/or discharge process for each visit for medical treatment.
 - b. A copy is sent with the first post-discharge billing statement.
 - c. Copies will be posted and available upon request at all Admissions, Emergency and Business Office department areas at all Baptist facilities.
 - d. They are also available for download and printing online on the Baptist website under "Financial Assistance" or by contacting the facility where services were received and requesting a copy by mail or email at FAP@BMHCC.org. In addition, Baptist will provide all of the FAP-related documents electronically to any individual who indicates that is their preference.
2. Make reasonable efforts to orally notify individuals about the Baptist FAP.
3. Provide the individual a Plan Language Summary of the Financial Assistance Policy with this written notice; and
4. Provide written notice to the individual that financial assistance is available to eligible individuals, indicating that BMHCC intends to initiate or have a third party initiate to obtain payment for the care, and provides a deadline after which ECA may be pursued and which is no later than 30 days after the date of this written notice.



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Financial Assistance Application Period

The financial assistance application period begins on the date medical care is provided and ends 240 days after the first post-discharge billing statement or 30 days after the hospital or authorized third party provides written notice of ECA the hospital plans to initiate, whichever is later. BMHCC affiliated hospitals widely publicize the availability of financial assistance and make reasonable efforts to identify individuals who may be eligible. The eligibility criteria and application process is set forth in the applicable Financial Assistance Policy.

Identification of Reasonable Efforts Taken

Prior to engaging in ECA, BMHCC's Business Office staff will identify whether reasonable efforts were made to determine whether an individual is eligible for the Baptist FAP. BMHCC System Director Patient Financial Services will provide oversight for identification of reasonable efforts made.

Financial Expectations

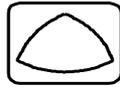
Consistent with this Policy and the Baptist FAP, BMHCC will clearly communicate with patients regarding financial expectations as early in the appointment and billing process as possible.

- Patients are responsible for understanding their insurance coverage and for providing needed documentation to aid in the insurance collection process.
- Patients may be required to pay a pre-service deposit or estimated co-pays and deductibles prior to services (except in the Emergency Department and other emergent situations) or amounts may be collected after services are provided.
- Patients are generally responsible for paying self-pay balances, including any amounts not paid by insurance or applicable third party payers.

Insurance Collections

BMHCC will maintain and comply with policies and procedures to ensure the timely and accurate submission of claims to all known primary health plans or insurance payers ("Payer") clearly identified by the patient. If BMHCC timely receives from the patient complete and accurate payer information, but does not timely submit a claim to the Payer and the Payer denies the claims based on that untimely filing, the patient will be responsible for only the amount they would be liable to pay had the Payer paid the claim. However, if BMHCC determines that the claim was filed timely and/or inaccurate or incomplete information was provided, then the patient will be held responsible. Liability insurance is not covered by these Insurance Collection provisions.

- BMHCC makes every reasonable attempt to collect from all known Payers, with whom BMHCC has a contract and non-contracted payers for services provided to assist patients in resolving their bill.
- Patients must sign an authorization allowing BMHCC to bill the patient's health plan, insurance company or any other third party payer, and must cooperate with BMHCC in a reasonable manner by providing requested information to facilitate proper billing to a patient's health plan or insurance company.



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- BMHCC shall not refer any bill to a third-party collection agency or attorney for collection activity while a claim for payment of the services is still pending with a contracted payer.
- BMHCC may refer a bill to a third-party collection agency or attorney following an initial denial or untimely denial of the claim by a payer.
- BMHCC will not refer any bill to a third-party collection agency or attorney for collection activity when a claim is denied by a third-party due to BMHCC's error and such error results in the patient becoming liable for the debt when they would not otherwise be liable. BMHCC reserves the right to substantiate that an error has been made and if BMHCC determines that it has not made an error, the patient may be held liable.

Self Pay Balance Resolution

BMHCC will employ reasonable procedures in a fair and consistent manner to collect patient self-pay balances, maintaining confidentiality and patient dignity. Patients eligible for the Baptist FAP can apply for financial assistance for a period of 240 days from the initial post-discharge statement.

- BMHCC will consider reasonable payment plans but balances must be paid within 18 months and adhere to our minimum monthly payment amount.
- If a patient has additional services and additional self-pay balances are owed, BMHCC will require increases to the patient current payment plan, based on the patient's ability to pay.

Collection Agency

- Third-party debt collection agencies may be enlisted only after all reasonable collection and payment options have been exhausted. Agencies may help resolve accounts for services where patients are uncooperative in making payments, have not made appropriate payments, or have been unwilling to provide reasonable financial and other data to support their request for assistance under the Baptist FAP.
- When reviewing the account for referral to a collection agency, the responsible person will confirm that:
 - There is a reasonable basis to believe that the patient owes the debt;
 - All known payers have been properly billed such that any remaining debt is the financial responsibility of the patient.
 - Where the patient has indicated an inability to pay the full amount of the debt in one payment, consideration of a reasonable payment plan is required provided that BMHCC may require the patient to provide reasonable verification of the inability to pay the full amount of the debt in one payment.
 - The patient has been given a reasonable opportunity to submit an application for Financial Assistance. Particular attentions should be given when a patient is uninsured or is currently on Medical Assistance, or other relief based on need.



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- If a patient submits a complete application for Financial Assistance after an account has been referred for collection activity, BMHCC will suspend ECAs until the patient's application has been processed and the patient has been notified of BMHCC's determination.

Legal Action

BMHCC may pursue legal action against patients who keep insurance payments or settlement proceeds related to the medical services, patients who refuse to pay a bill and do not appear to be eligible for financial assistance or have not cooperated in the process to make that determination. Legal follow-up and commencing a lawsuit is appropriate and permitted subject to the following:

- Authorization to take legal action against a patient for the collection of medical debt will be provided on a case by case basis.
- Legal action will not be filed against any particular patient to collect medical debt until BMHCC determines that:
 - There is reasonable basis to believe the patient owes the debt;
 - All known payers have been properly billed;
 - Where the patient has indicated an inability to pay the full amount of the debt in one payment, BMHCC has offered the patient a reasonable payment plan.

Enforcement

This policy will be enforced for all collection staff, collection agencies and attorneys. Any abusive, harassing or misleading language or conduct by BMHCC employees (responsible for collecting medical debt from patients), our debt collection agencies, attorneys and their respective agents and employees will be addressed through corrective action procedures.

Equal Opportunity

When making decisions throughout the collection process, BMHCC is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

Confidentiality

BMHCC staff will uphold the confidentiality and individual dignity of each patient. We will meet all Health Insurance Portability and Accountability Act (HIPPA) requirements for handling personal health information.