



Dept.:	Finance
Number:	PFS.003
Effective:	12/07/2023
Replaces:	May 2016

Title:
Billing and Collections

Approvers: Christine Olander 12/07/2023	
Reviewed By: Not Assigned	Writer: Heidi Hamby (Director of Patient Financial Services)
Frequency: Triennial	Audience: Patient Financial Services Staff

PURPOSE

1. This Policy applies to all Riverview Health locations.
2. The guiding principles behind this Policy are to treat all patients equally with dignity and respect and to ensure appropriate billing and collection procedures are uniformly followed.
3. It is the goal of this Policy to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction and efficiency. Through the use of billing statements, written correspondence and phone calls, Riverview Health will make diligent efforts to inform patients and other applicable individuals of their financial responsibilities and available financial assistance options, as well as follow up with such patients or individuals regarding outstanding accounts.
4. This Policy requires Riverview Health and any third party collecting on behalf of Riverview Health to make reasonable efforts to determine a patients' eligibility for financial assistance under Riverview Health Financial Assistance Program Policy before engaging in extraordinary collection actions to obtain payment.
5. This Policy is also intended to reiterate that any third parties collecting on behalf of Riverview Health must comply with all other applicable laws including, but not limited to, the FDCPA.
6. This Policy, together with the Financial Assistance Program Policy, is intended to meet the requirements of applicable federal, state and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder ("IRC 501(r)").

DEFINITIONS

1. **Application Period** - The period during which applications will be accepted and processed for financial assistance (“Applications”). The application period begins the date the care is provided and ends 240 days after the date of the first post-discharge patient statement.
2. **Assistance Policy** – the Riverview Health Financial Assistance Program Policy, which sets forth the financial assistance program and includes eligibility criteria, the basis for calculating charges, the method for applying the policy and the measures to publicize the policy.
3. **Billing Deadline** - The date after which Riverview Health or third-party collection agency may initiate an ECA against a Guarantor who has failed to submit an Application. The Billing Deadline must be specified in a written notice to the Guarantor provided at least 30 days prior to such deadline, but no earlier than 120 days after the first post-discharge statement.
4. **Completion Deadline** - The date after which Riverview Health or third-party collection agency may initiate or resume an ECA against a Guarantor who has submitted an incomplete Application if that Guarantor has not provided the missing information and/or documentation necessary to process the Application. The Completion Deadline must be specified in a written notice and must be no earlier than the latter of (1) 30 days after Riverview Health provides the Guarantor with this notice; or (2) the last day of the Application Period.
5. **ECA** – Extraordinary Collection Actions taken by Riverview Health or its agents against a Guarantor related to obtaining payment for care under the Assistance Policy and as further described in Section 4 of this Policy.
6. **FDCPA** – the Fair Debt Collection Practices Act, located at 15 U.S.C. § 1692a, et seq.
7. **Guarantor** - The patient or any other individual having financial responsibility for an account.
8. **PLS** - A written Plain Language Summary statement that summarizes the Program and advises that Riverview Health offers financial assistance for inpatient and outpatient hospital services.
9. **Program** – the Riverview Health Financial Assistance Program.
10. **Self-Pay Account** – The patient account balance after applicable payments and/or discounts have been applied.

PROCEDURE

1. Billing Practices

a. Insurance Billing

- i. For all insured patients, Riverview Health will bill applicable third-party payers (as based on information provided by or verified by the Guarantor) in a timely manner.
- ii. If a claim is denied or is not processed by a payer due to an error on our behalf, Riverview Health will not bill the Guarantor.
- iii. If a claim is denied or is not processed by a payer due to factors outside of Riverview Health’s control, staff will follow up with the payer and Guarantor, as appropriate, to facilitate resolution of the claim. If a resolution does not occur after prudent follow-up efforts, Riverview Health may bill the Guarantor

or take other actions consistent with current regulations and industry standards.

- b. Guarantor Billing
 - i. All uninsured patients will be billed directly and timely, and the Guarantor will receive a statement as part of the Riverview Health standard billing process.
 - ii. For insured patients, after claims have been processed by third-party payers, Riverview Health will bill Guarantor in a timely fashion for the respective liability amounts as determined by the patient's insurance benefits.
 - iii. All Guarantors may request an itemized statement for the patient accounts at any time.
 - iv. If a Guarantor disputes the account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days and will place the account on administrative hold for up to 30 days before releasing the account. Upon release, the account will resume standard billing processes.
 - v. Riverview Health may approve payment plan arrangements for Guarantors who indicate they may have difficulty paying the balance in a single installment.
 - 1. Riverview Health is not required to accept Guarantor-initiated payment arrangements.
 - 2. Riverview Health may refer accounts to a collection agency as outlined below if the Guarantor is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

2. Collection Practices

- a. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Policy, Riverview Health may engage in collection activities – including ECAs – to collect outstanding Guarantor balances.
- b. General collection activities, which are not considered ECAs, include without limitation:
 - i. Sending collection statements
 - ii. Follow-up calls on open balances
 - iii. Sending follow-up letters
 - iv. Placing accounts with a third-party collection agency
 - v. Placing liens on settlements
 - vi. Filing a claim in a bankruptcy proceeding
 - vii. Collecting deposits for future care
- c. Collection activities shall include:
 - i. All patients will be offered a copy of the PLS during registration and/or discharge.
 - ii. At least three separate statements for collection of open Self-Pay Accounts shall be mailed or emailed to the last known address of the Guarantor provided.

- iii. At least 60 days shall have elapsed between the first and last of the required three collection statement mailings.
- d. All collection statements will include without limitation:
 - i. An accurate summary of each Riverview Health service covered by the collection statement.
 - ii. The charges for such services.
 - iii. The amount required to be paid by the Guarantor.
 - iv. A conspicuous written notice that notifies and informs the Guarantor about the availability of financial assistance under the Program including the telephone number of the department and direct website address where copies of the following documents may be obtained:
 - 1. Assistance Policy
 - 2. Application
 - 3. PLS
 - 4. This Policy
- e. Prior to initiation of any ECAs, an oral attempt will be made to contact the Guarantor by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed collection statements, if the account remains unpaid. During all conversations, the Guarantor will be informed about the financial assistance that may be available under the Program and about how the individual may obtain assistance with the Application process.
- f. At least 30 days prior to initiation of any ECAs, a written notice will be mailed to the Guarantor's address on file, that:
 - i. Indicates financial assistance is available for eligible individuals.
 - ii. Identifies the ECAs that Riverview Health intends to initiate to obtain payment.
 - iii. States a deadline after which ECAs may be initiated that is no earlier than 30 days after the date the written notice is provided (Billing Deadline).
 - iv. Includes a copy of the PLS.

3. Reasonable Efforts

- a. Riverview Health or its third-party collection agencies will not engage in ECAs before Reasonable Efforts are made to determine whether the Guarantor is eligible for financial assistance under the Assistance Policy.
- b. Reasonable effort includes without limitation ("Reasonable Efforts"):
 - i. **Presumptive Eligibility:** Assessing Guarantors to determine whether they are presumptively eligible for financial assistance, as further described in the Assistance Policy. If the Guarantor is presumptively eligible for less than the most generous assistance available under the Assistance Policy, Riverview Health will:
 - 1. Notify the Guarantor regarding the basis for the presumptive eligibility determination and the way to apply for more generous assistance available under the Program;

2. Give the Guarantor a reasonable period of time to apply for more generous assistance before initiating ECAs to obtain the discounted amount owed for the care; and
 3. If the Guarantor submits a complete Application seeking more generous assistance during the Application Period, determine whether the Guarantor is eligible for a more generous discount and otherwise meets the requirements described in the Assistance Policy with respect to a completed Application.
- ii. **Notification and Processing of Applications:**
1. Notifies Guarantors about Program, as described in Section 2(f) of this Policy, before initiating ECAs and refrains from initiating ECAs until the Billing Deadline.
 2. In the case of a Guarantor who submits an incomplete Application during the Application Period, notifies the Guarantor about how to complete the Application and gives the Guarantor a reasonable opportunity to do so, as described in the Assistance Policy.
 3. In the case of an Guarantor who submits a complete Application during the Application Period, determines whether the Guarantor is eligible for financial assistance, as described in the Assistance Policy.
- c. It is the Guarantor's obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for Reasonable Effort will have been made and the Guarantor account may be immediately qualified for ECAs.
- d. Riverview Health's Patient Financial Services department will have responsibility and final authority for determining that it has made Reasonable Efforts to determine whether an individual is eligible for assistance hereunder and/or whether Riverview Health may engage in ECAs against the individual.
- 4. Extraordinary Collection Actions (ECAs)**
- a. In accordance with this Policy, the Assistance Policy and IRC 501(r), Riverview Health and its third-party collection agencies may initiate ECAs against a Guarantor including, without limitation:
 - i. Selling a Guarantor's outstanding financial responsibility to a third-party.
 - ii. Reporting adverse information about the Guarantor to consumer credit reporting agencies or credit bureaus.
 - iii. Deferring, denying or requiring a payment before providing non-emergent, medically necessary care because of the Guarantor's nonpayment of one or more bills for previously provide care.
 - iv. Actions requiring a legal or judicial process, including but not limited to:
 1. Placing a lien on property
 2. Foreclosing on real property
 3. Attaching or seizing bank accounts or other personal property
 4. Commencing a civil action
 5. Causing the Guarantor to be subject to a writ of body attachment which would cause arrest

6. Garnishing wages
 - b. Riverview Health will not initiate ECAs prior to the Billing Deadline.
 - c. When it is necessary to engage in such action, Riverview Health and its third-party collection agencies will engage in fair, respectful and transparent ECAs.
 - d. Riverview Health and its third-party collection agencies will suspend any ECAs initiated on a Guarantor while an Application is being processed or until the Application is complete and all required documents are received, or the Guarantor fails to cure all deficiencies in its Application by the Completion Deadline, as further described in the Assistance Policy.
- 5. Determination Regarding Application.**
 - a. If an Application is approved, Riverview Health will:
 - i. Notify the Guarantor, in writing, of the approval.
 - ii. Issue a revised collection statement with information on how to obtain Amounts Generally Billed (AGB) methodology for grants of partial financial assistance (less than 100%), as described in the Assistance Policy.
 1. The collection statement cycle will be reset to statement one.
 2. Any residual balance due is indicated by the date on revised collection statement
 - iii. Refund payments made in excess of Guarantor responsibility on eligible, open accounts and
 1. Overpayments are reviewed at the encounter level.
 2. Only encounter overpayments >\$5.00 will be processed.
 - iv. Make reasonable efforts to reverse ECAs as necessary
 - b. If an Application is denied, Riverview Health will:
 - i. Notify the guarantor, in writing, of the denial.
 - ii. Resume previously initiated collection activities, including ECAs, when applicable.
 1. The account will resume collection activities from the point at which the activities were suspended and continue along the standard collection timeline.
- 6. POLICY AVAILABILITY**
 - a. Contact Patient Accounts at 317.776.7141 for information regarding eligibility or the programs that may be available to you or to request a copy of the Assistance Policy.
 - b. Full disclosure of the Assistance Policy, Application, PLS, and this Policy may be found at www.riverview.org/financial-assistance.
 - c. A copy of our Assistance Policy, Application, PLS, and this Policy may be obtained, free of charge, at the following locations:
 - i. Riverview Health Noblesville hospital Patient Accounting office, on the second floor of the hospital, Admitting department or the Emergency department.
 - ii. Riverview Health Westfield Hospital Admitting department or the Emergency department.

- 7. ADDITIONAL COMPLIANCE REQUIREMENT** – In the event Riverview Health refers an individual’s debt to a debt collection agency or other party or utilizes a third party to collect debt on behalf of Riverview Health, such agency or party must comply with the provisions herein in addition to applicable federal and state law including, but not limited to, the FDCPA.