**Billing and Collection**

**Policy**

**Purpose**

This policy describes Copper Queen Community Hospital’s (hereafter to be referred to as “CQCH”)patient billing process and collection actions which may be taken in the event of nonpayment for medical care provided by CQCH. The guiding principles behind this policy are to treat all patients and responsible guarantors (hereafter to be referred to as“patient(s)” equally with dignity and respect, to ensure appropriate billing and collection procedures are uniformly followed, and to endure that reasonable efforts are made to determine whether the patient is eligible for assistance under Copper Queen Community Hospital’s Financial Assistance Policy (hereafter to be referred to as “FAP”).

**Policy Statement**

After our patients have received services, it is the policy of CQCH to bill patients and their applicable payers on a timely and accurate basis. During this billing and collection

process, CQCH staff will be committed to providing quality customer service and timely follow-up on all outstanding accounts.

**Definition**

• Plain Language Summary means a written statement that notifies an individual

that CQCH offers financial assistance under the FAP for

inpatient and outpatient hospital service and contains the information required

to be included in such statement under the FAP.

• Application Period means the period during which CQCH must accept and process an application for financial assistance under the FAP. The application Period begins on the date the care is provided and ends on the

120th day after CQCH provides the first billing statement.

• Billing Deadline means the date after which CQCH may initiate

an Extraordinary Collection Action (ECA) against a Responsible Individual who

has failed to apply for financial assistance under the FAP. The

Billing Deadline must be specified in a written notice to the Responsible

Individual provided at least 30 days prior to such deadline, but no earlier than

the last day of the Notification Period.

• Completion Deadline means the date after which CQCH may

initiate or resume an ECA against an individual who has submitted an

incomplete financial assistance application if that individual has not provided the missing information and/or documentation necessary to complete 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 CQCH provides the individual with

this notice; or (2) the last day of the Application Period.

• Extraordinary Collection Action (ECA) means any action against an individual

responsible for a bill related to obtaining payment of a Self-Pay Account to

another party for purposes of collection without the use of any ECAs. Selling a

patient’s debt to another party in most circumstances. Reporting adverse credit

information regarding a patient to a credit agency. Deferring or denying current

medically necessary care due to an unpaid prior account or requiring payment

of an unpaid prior account prior to rendering current medically necessary care.

Actions that require a legal or judicial process: including property liens, wage

garnishments, bank account garnishments or holds, commencing a civil action,

and other specified legal actions.

• FAP-Eligible Individual means a Responsible Individual eligible for financial

assistance under the FAP without regard to whether the individual has applied for

assistance.

• Financial Assistance Policy (FAP) means Copper Queen Community Hospital’s

Assistance Program for Uninsured Patients Policy, which includes eligibility

criteria, the basis for calculating charges, the method for applying the policy and

the measures to publicize the policy and sets for the financial assistance

program.

• Notification Period means the period during which Copper Queen Community Hospital must

notify an individual about its FAP to have made reasonable efforts to determine

whether the individual is FAP-Eligible. The Notification Period begins on the first

date care is provided to the individual and ends on the 120th day after the

individual was provided with the first billing statement for the care.

• Responsible Individual means the patient and any other individual having

financial responsibility for a Self-Pay Account. There may be more than one

Responsible Individual.

• Self-Pay Account means the portion of a patient account that is the individual

responsibility of the patient or other Responsible Individual, net of the

application of payments made by any available healthcare insurance or other

third-party payer (including co-payments, co-insurance, and deductibles), and

net of any reduction or write off made with respect to such patient account after

application of an Assistance Program, as applicable.

• Medically necessary care is the care that, in the opinion of the CQCH credentialed

treating physician/clinician and according to standard of care, is reasonably

needed:

o To prevent the onset or worsening of an illness, condition, or disability;

o To establish a diagnosis;

o To provide palliative, curative or restorative treatment for physical,

behavioral and/or mental health conditions; and/or

o To assist the individual to achieve or maintain functional capacity in

performing daily activities, taking into account both the functional

capacity of the individual and those functional capacities that are

appropriate for individuals of the same age.

o Medically necessary services include inpatient and outpatient services

as mandated under Title XIX of the Federal Social Security Act, and any

inpatient or outpatient hospital service that is covered by and

considered to be medically necessary under Title XVIII of the Federal

Social Security Act. In addition, care provided in the hospital facility by a

partnership or LLC in which the hospital owns a capital or profits interest

is eligible for financial aid. Services must be performed in accordance

with national standards of medical practice generally accepted at the

time the services are rendered. Each service must be sufficient in

amount, duration, and scope to reasonably achieve its purpose.

**Policy and Procedure**

CQCH will provide sufficient follow up service to ensure that patients receive accurate account and billing information and have the opportunity to make payment and/or apply for Financial Assistance. The billing process will be assisted by the following guidelines:

• For all insured patients, CQCH will bill insurances (as provided by or

verified by the patient) on a timely basis, with the following exception:

Out of country insurance and third party liability insurances such as MVD accidents, etc. CQCH may, at its sole discretion, on a case-by-case basis

choose to bill out of country insurance as a courtesy to the patient.

• If a claim is denied (or is not processed) by a payer due to factors outside of

CQCH’s control, CQCH staff will follow up with the payer and patient as

appropriate to facilitate the resolution of the claim. If resolution of the claim does

not occur after reasonable follow-up efforts, CQCH may bill the patient.

• All billed patients will have the opportunity to contact CQCH regarding financial

assistance or discuss a payment arrangement for their accounts at any time in

the billing process.

**Patient Collections and Agency**

**Collections**

• At least 3 separate statements for collection of self-pay accounts shall be mailed

or emailed to the last known address of each patient; provided, however, no

additional statements need to be sent after a patient submits a complete

application for financial assistance under the FAP or has paid-in-full. At least 60

days shall have elapsed between the first and last of the required 3 mailings. It

is the patient’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, staff will

determine if alternate methods for locating the patient are available. All single

patient account statements of self-pay accounts will include but not limited to:

a. An accurate balance as covered by the initial statement.

b. A written notice is provided on the patient statement about the availability of

financial assistance under the hospital FAP, including the telephone number to contact for more information and/or assistance.

• At least one of the notices sent during the Notification Period will

inform the Responsible Party that ECAs may be taken if the Responsible Individual does not apply for financial assistance or pay the amount due by the billing deadline.

Such a statement must be provided to the Responsible

Individual as least 30 days before the deadline specified in the statement.

• If a patient disputes his/her account and/or requests documentation regarding the

bill, CQCH will provide the requested documentation in writing within 10 days. If a

10-day response is not possible, an acknowledgement letter will be sent within

10 days and the account will remain on hold for 30 days before continuing

further collection past the date the response was sent in.

• Patient care concerns will be handled via the patient grievance process for

resolutions and response to the patient. Accounts(s) will be held as appropriate.

• With the use of billing statements, letters and phone calls, CQCH will take

diligent follow up actions to contact patients to resolve outstanding accounts,

including maintaining alertness to potential patient eligibility for Financial Assistance. Detailed itemization of CQCH charges will be provided upon request. It is

the responsible individual’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 of “Reasonable Effort” will have been made. If accounts are not

resolved during this process, the outstanding balances may be referred to third party

agency or attorney for collection.

**Legal Collections and**

**Extraordinary Collection Actions**

• Subject to compliance with the provisions of this policy, CQCH may place

accounts with legal collections and take any and all legal actions, including

ECAs, to obtain payment for medical services provided.

• Extraordinary Collection Actions may be commenced as follows:

a. A minimum of 120 days will be provided from the patient’s first post-service

bill before ECAs will be taken.

b. A payment made below the required payment terms provided on the initial statement, or below an approved payment plan does not constitute an exemption from ECAs.

c. If a patient has applied for Financial Assistance prior to the start

of legal collections, CQCH shall make a determination of the patient’s eligibility

before ECAs are commenced. If the patient already has a previous Financial Assistance determination within the last six months, this prior determination will be

used unless the patient’s circumstances have materially changed to warrant

new consideration.

d. Prior to placing accounts with legal collection, CQCH will do a financial assistance

screen to determine if any accounts should be withheld from

legal collections. For accounts placed with legal collections, CQCH shall first

provide a written notice to the patient that ECAs are intended. CQCH shall

also use reasonable efforts to verbally notify the patient that ECAs are intended

and to notify the patient about CQCH’s Financial Assistance Policy.

An example of reasonable efforts for this verbal notice includes calling

the patient and leaving a voicemail for a return call.

After the commencement of ECAs is permitted, external collection agencies

shall be authorized to report unpaid accounts to credit agencies, and placement

with legal collections, the collection attorneys shall be authorized to conduct.

ECAs such as filing judicial actions, carrying out wage and bank garnishments,

and using other lawful means of collection; provided, however, that prior

approval from CQCH shall be required before initial lawsuits may be initiated.

If a patient submits a Financial Assistance application in good faith while ECAs

are in progress, CQCH will use best efforts to hold ECAs while the application is

processed, and final determination is made.

**Customer Service**

During the billing and collection process, CQCH and its agents will provide quality

customer service by implementing the following guidelines:

• CQCH and its agents will enforce a zero-tolerance standard for abusive,

harassing, offensive, deceptive, or misleading language or conduct by its

employees.

• CQCH and its agents will maintain a streamlined process for patient questions

and/or disputes which includes a toll-free phone number patients may call and a

prominent business office address to which they may write. This information will

remain listed on all patient bills and collection statements sent by CQCH.

• After receiving a communication from a patient, CQCH and its agent’s staff will

return phone calls to patients as promptly as possible and will respond to written disputes per the internal grievance process.

**Policy Availability**

Electronic copies of the CQCH Billing and Collection Policy, CQCH Financial Assistance

Policy and our Financial Assistance application are available on our website.

You can also contact our Business Office to request copies of policies be mailed to you

or discuss the Financial Assistance application and eligibility process at 520-432-6458.

Paper copies of our policies and Financial Assistance application can be obtained

from our Patient Advocate’s Office or Business Office at 101 Cole Avenue Bisbee, AZ 85603.