

# Patient Financial Services Policy

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**Policy:** Billing & Collection Policy

**Purpose:** MaineHealth hospitals and physician practices are the frontline caregivers providing medically necessary care for all people regardless of their ability to pay. The hospitals and physician practices assist patients in obtaining financial assistance from Patient Financial Services, public programs or other resources whenever appropriate. MaineHealth recognizes that it must render medical care to patients in a cost effective manner and also follow proper business practices regarding patients who are delinquent in paying their accounts.

## General Information

MaineHealth will strive to maximize third party reimbursement at all times. However, when the third party coverage fails to cover the services rendered in full or no third party coverage is in effect, we must look to the patient or the patient's guarantor for payment.

All known patient balances are payable in full at the time services are rendered, unless the patient qualifies for financial assistance or requires emergency services. Patients who qualify for financial assistance or whose services are considered emergent are not required to make payments in full at the time services are rendered. If a patient is unable to pay the full balance, MaineHealth may make financial arrangements with the patient. MaineHealth offers a payment plan option providing for installment payments of the patient's bill.

### A. Delivery of Healthcare Services

MaineHealth providers evaluate the delivery of healthcare services for all patients who present for services regardless of their ability to pay. The urgency of treatment associated with each patient's presenting clinical symptoms will be determined by a medical professional in accordance with local standards of practice, national and state clinical standards of care, and the hospital medical staff policies and procedures. It is important to note that classification of patients' medical condition is for clinical management purposes only, and such classifications are intended for addressing the order in which physicians should see patients based on their presenting clinical symptoms. These classifications do not reflect medical evaluations of the patients' medical condition reflected in final diagnosis. MaineHealth hospitals also comply with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) by conducting a medical screening examination to determine whether an emergency medical condition exists when required by that law.

Clinical and financial considerations as well as the benefits offered by private insurance or government programs may affect the timing of, or access to, non-emergent or non-urgent healthcare services (elective services). Such services may be delayed or deferred based on the consultation with the hospital's clinical staff and, if necessary and if so available, the patient's

primary care provider. MaineHealth providers may decline to provide a patient with non-emergent, non-urgent services in those cases when the providers are unable to identify a payment source or eligibility under a financial assistance program. For patients covered by private insurance or government programs, patient choices related to the delivery of, and access to, care are often defined in the insurance plan's or the government programs' coverage guidelines. Medicare patients seen in the physician practice locations of MaineHealth are considered provider based practices. The services provided will be billed to Medicare as outpatient hospital services.

For those patients who are uninsured or underinsured, MaineHealth providers will work with patients to assist with finding a financial assistance program that may cover some or all of their unpaid hospital or physician bills. For those patients with private insurance, Maine Medical Center providers must work through the patient and the insurer to try to identify what services may be covered under the patient's insurance policy. As MaineHealth providers are often not able to get this information from the insurer in a timely manner, the patient has an obligation to know personally what services will be covered prior to seeking non-emergent and non-urgent services.

**1. Emergency and Urgent Care Services**

Any patient who comes to a MaineHealth will be evaluated as to the level of emergency or urgent care services without regard to the patient's identification, insurance coverage, or ability to pay.

**2. Emergency Level Services include:**

Medically necessary services provided after the onset of a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to body function or serious dysfunction of any body organ. A medical screening examination and any subsequent treatment for an existing emergency medical condition or any other such service rendered to the extent required pursuant to the federal EMTALA qualifies as an emergency level service.

**3. Urgent Care Services include:**

Medically necessary services provided after sudden onset of medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing the patient's health in jeopardy, impairment to bodily function, or dysfunction of any bodily organ or part. Urgent Care services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health, but prompt medical services are needed.

**4. EMTALA Level Requirements:**

In accordance with federal requirements, EMTALA is triggered for anyone who comes to the hospital property requesting examination or treatment of an emergency level service (emergency medical condition), or who enter the emergency department requesting examination or treatment for a medical condition. Most commonly, unscheduled persons present themselves at the emergency department. However, unscheduled persons requesting services for an emergency medical condition while presenting at another inpatient unit, clinic, or other ancillary area may also be subject to an emergency medical screening examination in accordance with EMTALA. Examination and treatment for emergency medical conditions or any such other service rendered to the extent required under EMTALA, will be provided to the patient and will qualify as emergency care. The determination that there is an emergency medical condition is made by the examining physician or other qualified medical personnel of the hospital as documented in the medical record. The determination that there is an urgent or primary medical condition is also made by the examining physician or other qualified medical personnel of the hospital as documented in the medical record.

**5. Non-Emergent, Non-Urgent Services:**

For patients who either (1) arrive at MaineHealth seeking non-emergent or non-urgent level care or (2) seek additional care following stabilization of an emergency medical condition, Maine Medical Center may provide elective services after consulting with Medical Center hospital clinical staff and reviewing the patient's coverage options. Elective services: Medically necessary services that do not meet the definition of emergency level services or urgent care services above. Typically, these services are either primary care services or medical procedures scheduled in advance by the patient or by the healthcare provider (hospital, physician office).

**6. Locations Where Patients May Present:**

All patients are able to seek emergency level services and urgent care services when they come to MaineHealth emergency departments or designated urgent care areas. However, patients with emergent and urgent conditions may also present in a variety of other locations, including but not limited to labor and delivery, ancillary departments, hospital clinics and other areas. MaineHealth also provides other elective services at hospitals, clinics and other outpatient locations.

**B. Third Party Coverage**

Patient Financial Services will bill all third party payers for the patient or responsible party when they have furnished the necessary information and benefits are assigned to the facility. Patient Financial Services will follow up on all outstanding claims with the payer prior to billing the patient or responsible party.

If the patient does not supply insurance information at the time of service, but calls at a later date to provide this information, the customer service team will determine if we are still within our timely filing window with the patients insurance. If we are still within the timely filing window

we will add the coverage provided and bill the claim. If we have passed the timely filing window with this payer MaineHealth will not bill the patients insurance. The patient will have to appeal this claim with their insurance company directly. MaineHealth will work with the patient to assist in the process as needed.

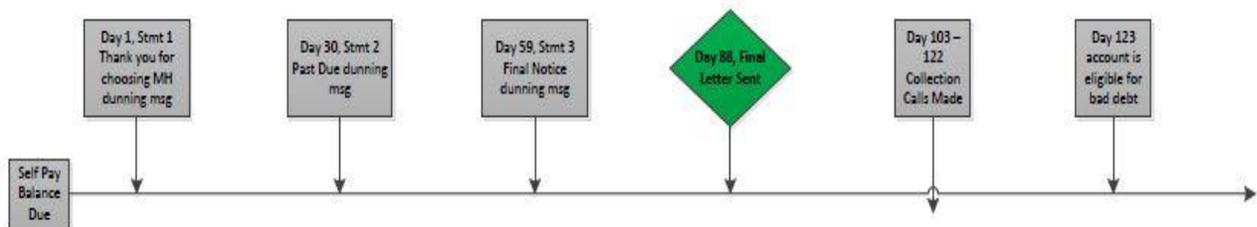
**C. Copay Collections**

All MaineHealth hospitals, clinics and physician practices will be actively collecting insurance copays for visits during pre-service calls or at check in for the visit or at check out.

**D. Collection Policy**

When a balance is owed by the patient, payment in full is always requested. The self-pay collection process extends through 120 plus days to ensure compliance with State and Federal regulations, \* (see statement cycle diagram below). The following is the collection process followed on all self-pay account balances.

1. Once an account balance becomes the patient’s responsibility Patient Financial Services will generate an initial statement to the patient or guarantor. All statements will advise the patient that financial assistance is available.
2. Statements will be mailed on a 29 day incremental cycle (3) or until the balance is resolved. Two follow up phone calls will be made on guarantor balances greater than \$700.00 in an attempt to collect that balance or assist the patient with financial assistance.
3. If the patient statement is returned as undeliverable, attempts will be made to find a better address, update our system and mail the statement to the appropriate address.
4. The third statement from our billing system will have a final notice message to the patient or guarantor. If we do not receive payment or a request for assistance the account will be referred to our next level of collections.
5. All efforts to collect balances, as well as any patient initiated inquiries, will be documented in the computer billing system and available for review.
6. If the patient or guarantor does not respond to these letters or calls with payment in full, establishing a payment plan or requesting financial assistance the account will be referred to our collection agency for follow up.



**E. Bad Debts**

MaineHealth contracts with an outside collection agency to assist in the collection of self-pay account balances, including patient responsible amounts not resolved after issuance of statements and final notices. The account will be transferred to the weekly bad debt file and the reserve for bad debts will be charged. Accounts are considered to be bad debts when it has been determined that all efforts to collect the account have been exhausted.

If a patient is found to be eligible for the financial assistance program, MaineHealth will take steps to reverse collection activities that have begun.

MaineHealth contract with the outside collection agency requires a minimum standard procedure to determine if an account will no longer be actively collected upon:

- An average of three written notices will be sent.
- All accounts are worked for up to 120 days or until final resolution. Phone calls are made every seven to ten days on all accounts placed for collection.
- The account will be reported to the 3 major credit bureaus. If the balance placed with the agency is under \$50.00 it will not be reported to the credit bureaus.

After all efforts are exhausted the account is then archived with the collection agency system. Prior to the end of MaineHealth fiscal year end, a list will be provided of all Medicare accounts that will be included on the bad debt list submitted with the Medicare Cost Report. The collection agency will then purge their system of these accounts.

Our collection policies are the same for all patients. Patients are screened for eligibility for financial assistance before the collection procedures begin. If at that point in the collection process, documentation is received that indicates the patient is potentially eligible for financial assistance but not yet applied for it, the account is referred back for a financial assistance review.

#### **F. Bankruptcy**

If a bankruptcy notice is received for a patient or guarantor MaineHealth will place a hold on all accounts that meet the timeframe established in the bankruptcy notice. Maine Medical Center will monitor correspondence from the bankruptcy court to determine if assets exist. If assets are identified the appropriate claim forms will be filed with the bankruptcy court.

#### **G. Probated Estates**

If a deceased guarantor is identified in our system the accounts will be marked with a deceased identifier. Patient statements will still generate from the system to the "Estate of" the guarantor. Maine Medical Center has partnered with a vendor for deceased patients and probated cases. A weekly file is submitted to the vendor who does a search for estate matches across the United States. If an estate is identified for the deceased guarantor the vendor will supply all the needed information for claim filing against the estate. MaineHealth will review and approve this identified probated estate claim and file against the estate.

## H. Settlements

MaineHealth will review settlement requests from guarantors and other third parties, outside of our current financial assistance policy, on a case by case basis. Determinations for settlements are approved or denied by Leadership at Facility. There may be settlement offers up to 50% to resolve aged AR approved by RCM VP.

## I. Financial Assistance

MaineHealth offers financial assistance (Free Care) to qualifying patients to assist with certain self-pay obligations for medically necessary services not covered by third party payers and for copayments, deductibles or coinsurance on covered services. A determination of eligibility will be made once the patient or responsible party have applied and been approved for the financial assistance program following the MaineHealth system-wide Free Care Program Policy.

Notices of the availability of financial assistance will be posted throughout MaineHealth facility and physician practices. It will also be included on our patient statements and CCI letters mentioned above in section B labeled Self Pay.

Some Sites within MaineHealth contracted with Chamberlain Edmonds, (CEA), to assist our self-pay patients in applying for state or federal programs that may help cover the cost of hospital or physician services. Maine Medical Center is currently contracted with CEA to visit all self-pay inpatients at the Medical Center to determine their eligibility for these programs. CEA will also assist in the application process for new born babies and qualifying them for MaineCare (Medicaid).

If you are approved for financial assistance under our policy and your approval does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care, than the amount generally billed, (AGB), to patients having insurance. Maine Medical Center has chosen to use the Look Back Method for calculating the amount generally billed, (AGB), for patients applying for financial assistance.

Information related to MaineHealth financial assistance policy can be found on hospitals' website or by contacting the Patient Financial Services department at (207) 887-5100 or toll free at (866) 804-2499.

### **Approval write off levels are established below for financial assistance:**

\$0.01	-	\$1,000	Financial Counselor Approval
\$1,001	-	\$5,000	CBO Financial Counselor Approval
\$5,001	-	\$10,000	Manager Credits & Collections
\$10,001	-	\$50,000	Director
\$50,001	-	\$100,000	Senior Director of CBO Operations
\$100,001	-	Above	VP of Revenue Cycle & all above

## J. Transparency

MaineHealth should notify prospective patients that the hospital will provide upon request an estimated price or price range for the contemplated services.

#### **Communicate the Availability of Financial Assistance**

- *Publicly Displaying Billing and Collection Policies* – Hospitals should display and/or make available their billing and collection policies, including discount and financial assistance policies. Suggested venues might include the patient registration area and the hospital's web site.
- *Communication with Patients* – Hospitals should provide information on the policies within the patient registration packet. They are also encouraged to have counselors communicate the policies. Hospitals should try to make this information available throughout the entire billing and collection cycle.
- Communications to the public regarding financial assistance should be written in consumer-friendly terminology and in a language that the patient can understand.
- Information will be included in hospital bills about the availability of financial assistance and how to obtain further information and apply for the program.
- Information on financial assistance policies should be posted in key public areas with instructions on how to apply or obtain further information.
- Patients should be educated about their responsibilities, the potential financial obligation they may incur, their obligations for completing eligibility documentation and the hospital's bill collection policy.

#### **K. Implementation**

##### **Educate and train staff to meet the expectations of the hospital:**

- MaineHealth should provide training to personnel who interact with patients about financial assistance availability, how to communicate that availability to patients and how to direct patients to appropriate financial assistance staff.
- Staff should be trained to treat applicants with courtesy, confidentiality and cultural sensitivity.
- Translation services should be available as needed.

Administer financial assistance policies fairly, respectfully and consistently:

- Policies should be reasonable, simple, and respectful and promote appropriate access to care and responsible utilization of services.
- Documentation requirements should be easy to follow, (e.g., require documents such as pay stubs, tax returns, profit & loss statements, etc.)
- Maine Medical Center should make correct, timely and consistent financial assistance determinations.

#### **L. Payment Plans**

Patients or responsible parties expressing difficulty in meeting their financial obligations (after all coverage options have been exhausted) will be offered a monthly payment plan. MaineHealth monthly payment plan requirement is \$25.00 per month or 1/24<sup>th</sup> of the outstanding balance, whichever is greater. If the patient or responsible party are unable to meet the monthly payment plan requirements stated above they will need to complete a financial questionnaire justifying a monthly payment lower than our required amounts. The financial questionnaire will be reviewed by the Single Billing Office (SBO) Senior Manager for an acceptable monthly payment plan for both the organization and the patient/responsible party.

**M. Payment Methods**

MaineHealth will seek payment from third party payers if the patient presents adequate information to determine coverage and proper filing of claims. Deductibles, copayments, coinsurance and other balances after insurance are the responsibility of the patient or responsible party.

- **Cash Payments:** Maine Medical Center will require payment in full upon billing from patients who do not have third party coverage and /or for the difference in third party coverage and the total charge. Copayments are due at the time of service. Personal checks and money orders are also accepted.
- **Credit Card Payments:** For the convenience of our patients, MaineHealth accepts American Express, Visa, MasterCard and Discover cards for payment of outstanding balances.

**N. Credit Balances**

Patient Financial Services will refund all credit balances due to third party carrier overpayments directly to the third party carrier. Patient Financial Services will refund all credit balances to the patient or responsible party due to his/her overpayment, providing all accounts the party is responsible for are paid in full. If there are open accounts due from the responsible party, the credit/overpayment will be applied to these accounts before a credit is refunded. An exception to this rule would be HSA payments from the patient that can only be applied to a specific timeframe by law. MaineHealth will not apply a credit balance to other open accounts if the balance is for a date of service outside of that timeframe.

Refunds are processed on a weekly basis through MaineHealth’s Accounting AP division.

REVIEW: Institutional Policy Committee:

Sponsoring Director: \_\_\_\_\_ Date: \_\_\_\_\_  
*Sr. Director CBO*

VP/AVP Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*VP of Revenue Cycle*