

POLICY

BILLING, PAYMENT OPTIONS AND COLLECTIONS

4026

1) Policy

BCHC is committed to providing quality, affordable health care to those it serves. To make this possible, the clinic depends on the financial support of its patients and a responsible approach to the extension of fee waivers and the collection of payments due. HRSA 330 grant program guidance requires BCHC make every reasonable effort to collect payment for services while balancing the statutory requirement of maximizing revenue with ensuring no patient is denied service for inability to pay. It is the policy of BCHC to accurately bill patients and third-party payers as soon as possible following delivery of health care services. The policy shall allow for charges only for services which are medically necessary. BCHC will establish and maintain a system for systematically and assertively managing billing and collection of fees in a manner that demonstrates a consideration of the patients' financial situation. **Patient Responsibility**

- a) In order to ensure the organization's continued viability and its ability to continue providing quality services, patients shall be expected to take responsibility for their health care by demonstrating a willingness to pay for services.
- b) Patients are required to acknowledge their financial responsibility to BCHC by signing the *Financial Information* section of the *Patient Intake Form*
- c) BCHC cannot assess a patient's eligibility for discounted services if the patient has not completed the *Sliding Fee Scale Worksheet* or their inability to pay with-out the submission of a *Financial Hardship Application*.
- d) The expectation that payment be made by all patients will be communicated through printed materials, such as brochures, signage and on the website. In addition, expectations will be reinforced at the time of scheduling and time of service by patient services staff.

2) Eligible Payment Options

- a) BCHC does not restrict access to its services and any individual can be seen for care for which the clinic is qualified to provide. Individuals with any form of third-party coverage, as well as uninsured patients are encouraged to access clinic services, as appropriate.
- b) **Private Insurance:**
 - i) Whenever possible, a patient's eligibility to have services paid by their health insurance provider will be determined prior to the patient receiving that care. The patient's responsibility (e.g. co-pay) of the service cost will be pre-determined and expected to be collected at the time of his/her appointment.
 - ii) BCHC will accept assignment of fees from all insurance companies with signed agreements and write off any portion of the fee that is greater than the allowable charge by the insurance company.

- iii) BCHC is a preferred provider for many private insurance plans, however, if it is determined the services will be out of network the patient will be informed of their potential increased financial liability if the services are denied or reimbursed at a lower rate by their insurer. Documentation of this communication should be added to the patient's account.
 - iv) Patients with private insurance may apply for the Sliding Fee Scale Program (SFS) and if eligible will pay the lesser of their co-pay/deductible and the applicable slide fee unless such discounts are legally or contractually restricted by the insurance carrier contract.
 - v) Patients with private insurance coverage that do not require an office co-pay (i.e. deductible met before reimbursement or with co-insurance) will be required to make a deposit on the date of service. Once final charges are determined, the patient will be billed the balance or issued a refund. Minimum deposits required on date of service will be based upon the nominal fee depending on the type of service as determined in BCHC's SFS.
 - vi) Administration will routinely assess the private insurance plans the Organization is contracted with to determine if additional insurance plans should be considered.
- c) **Medicaid and Children's Health Insurance Program ("CHIP")**
- i) BCHC is enrolled in and accepts patients with Medicaid products for medical, dental and behavioral health services.
- d) **Medicare**
- i) BCHC is enrolled in and accepts patients with Medicare Part B coverage as well as Medicare supplemental products.
 - ii) Medicare patients are encouraged to apply for the sliding fee scale to potentially reduce their co-pay and co-insurance costs.
- e) **Sliding Fee Scale Program (SFS)**
- i) BCHC provides discounted services to uninsured and underinsured patients whose income is less than or equal to 200% of Federal Poverty Guidelines. Eligibility is based on income, family size and no other factors.
 - ii) Reference *Policy 4002 Sliding Fee Scale* for more information.
- f) **Self-Pay Full Charges**
- i) Patients who are uninsured and are ineligible for the SFS or have not completed a payment agreement will be charged full fees for services provided.
 - ii) Such patients will be required to make a deposit on the date of service. Once final charges are determined, the patient will be billed the balance or issued a refund. Minimum deposits required on date of service will be based upon the nominal fee depending on the type of service as determined in BCHC's SFS.
 - iii) If patient refuses to comply with payment requirements, refer to section (8) "Defining Refusal to Pay."
- g) **Payment Plans**
- i) BCHC offers patients the option to set-up a payment plan in the following circumstances:
 - (a) To pay for current medical, behavioral health or dental services.

- (b) To pay-off an outstanding balance.
- ii) Payment plans require a minimum balance of \$50 and a maximum of twelve (12) monthly payments.
- iii) Patients wishing to enroll in a payment plan must complete the *Payment Plan Contract*.
- iv) Exceptions to this policy (i.e. extended time or cash pay only) will be reviewed and considered for approval by the Chief Financial Officer (CFO), or their designee.

3) Hardship Waivers

- a) In accordance with Chapter 16 of the Health Center Compliance Manual, every effort will be made at the time of service to collect the nominal payment and/or co-pay amounts and/or amount due after sliding fee schedule has been applied. BCHC allows a provision for waiving charges based upon specific circumstances and criteria:
 - i) Extreme financial hardship, as determined by the Board of Directors, may include but is not limited to: sudden change in housing status, recent job loss, current bankruptcy, recent change in marital status, medical crisis, disability or death.
 - ii) Hardship due to recent catastrophic events such as fire, tornado, flooding or other such occurrences.
- b) All patients, regardless of income or insurance status, are eligible to request a waiver of fees. Such patients will be required to complete a *Financial Hardship Application* form.
- c) All requests for waivers must be approved by the CFO or the CFO's designee. Hardship status will be temporarily assigned and evaluated for continuation at each subsequent visit. Exceptions to this can be made at the discretion of the CEO or the CEO's designee.

4) Collections

- a) All staff with direct patient contact will be trained in professional collection methods using predetermined messages with which they are knowledgeable, and which are patient and culturally appropriate.
- b) BCHC will directly file claims on behalf of patients with insurance plan and programs in which it participates and/or has determined the patient is eligible. Credit is extended and efforts to collect charges deferred until the claim has been processed and determination of the remaining balance due from the patient, if any, is made.
- c) Patients will receive a monthly statement indicating their balance due net of all payments received and/or discounts applied.
 - i) All statements include payment instructions with the option to mail in or pay the amount due in person.
 - ii) Patients with questions or wishing to dispute any charges may call the number provided on the statements for assistance.
 - iii) Support staff will document all conversations with patients regarding their statement.
- d) Patients will receive a grace period of 90 days or three (3) monthly statements prior to further collection efforts being utilized.
 - i) First Statement Notice – Current to 30 days (following patient self-pay fee determination).
 - ii) Second Statement Notice – 31-60 days.
 - iii) Third Statement Notice – 61-90 days.

- iv) Patients with balances past 90 days will be reminded of their balance due at the time of scheduling and/or appointment and informed they will be required to pay at time of next appointment and either set up a payment plan or pay the past due balance in full.
- v) Patients will receive courtesy calls regarding past due balances and to determine if the patient is eligible for assistance or a payment plan to settle the balance.
- vi) Move to internal Collection Management and send initial letter – 30 days after the third statement with no existing payment plan.
 - (1) Potentially be restricted to open access emergent visits only.
 - (2) Communications and restrictions will be documented in the patients account.
- vii) A second letter sent from internal collections cycle 30 days after initial letter. If no response within 15 days, proceed to next step.
 - (1) Turned over to an outside collection agency contracted by BCHC.
 - (2) Be restricted to open access emergent visits only.
 - (3) Potentially dismissed from care due to refusal to pay.
- viii) All collection communication with patients will be documented in their account.
- ix) Prepare a list of de-identified accounts to be placed with outside collection service (balances greater than \$50 or more). Present the list to the Finance Committee of the Board for review and approval.
- x) Once approved by Finance Committee, submit accounts to collection service
- xi) Any collection agency contracted by BCHC will be expected to practice “soft collections” and will not report patient accounts to credit bureaus. The CFO, or designee, will negotiate a reasonable rate for this service and monitor its effectiveness.

5) **Defining Refusal to Pay**

- a) While is it the policy of BCHC not to deny services based on a patient’s ability to pay, patients who refuse to pay may be denied services.
- b) “*Refusal to pay*” shall be defined as a patient’s denial to pay without proving the inability to pay.
- c) Patients refusing to pay at the time of service will be notified of BCHC’s policy regarding refusal to pay and be offered the following options:
 - i) Reschedule appointment.
 - ii) Complete a *Financial Hardship Application* and meet with a Representative to discuss insurance eligibility and payment options.
 - (1) Such patients will have charges deferred for this visit only and be seen by provider.
 - (2) If the patient does not attend the required meeting with the designated Representative the hardship application will be considered incomplete and the patient will be responsible for the full charges.
 - (3) If the hardship application is denied, the patient will be responsible for the full charges.

6) **Dismissing Patients for Refusal to Pay**

- a) Patients with a history of non-payment and who have refused to pay without proving inability to pay may be recommended for dismissal from care by the BCHC billing staff.
- b) The dismissal request will be sent to the CEO for consideration and approval.
- c) Patients dismissed due to refusal to pay will be sent written notification which will include instruction regarding how to regain eligibility to care.

d) Patients who subsequently pay for their balance due in full shall become eligible to receive care again, potentially with restrictions such as payment at time of service only.

A. Reconciliation of the Accounts Receivable Sub-ledger

1. Accounts receivables deposits are entered on the daily deposit ledger and reconciled with Electronic Medical Record and general ledger at the end of the month.
2. AR aging will be reviewed monthly for refund or collection determination.


 _____ DATE 8-13-18
 CHIEF EXECUTIVE OFFICER


 _____ DATE 8-13-18
 CHAIR, BOARD OF DIRECTORS

Date first adopted	01/2008
Date Revised/QI Board approval	12/2012, 10/2014, 01/2015, 01/25/2017, 04/25/2018, 08/13/18
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