

**BILLING & COLLECTION**

Scope:

Bellin Health System (BHS)	X	Bellin Health Oconto Hospital (BHOH)	
Bellin Memorial Hospital (BMH)		Department Specific	
Bellin Psychiatric Center (BPC)			

Purpose:

This Bellin Health System policy, together with the “Financial Assistance Policy(FAP)” – **BusOf.011**, 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 there under. This policy establishes the process for billing and collection of patient balances, including but not limited to extraordinary collection actions.

The guiding principles behind this policy are to:

- treat all *guarantors* responsible for payment equally, with dignity and respect.
- ensure appropriate billing and collection procedures are uniformly followed.
- ensure *reasonable efforts* are made to determine whether the guarantor is eligible for assistance under the Financial Assistance Policy.

**Performed by: All Bellin Health Patient Financial Services Staff**

Definitions:

*Application Period:* The period during which Bellin Health 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 240<sup>th</sup> day after the guarantor receives the first billing statement.

*Billing Deadline:* The date after which Bellin Health or collection agency may initiate an *Extraordinary Collection Action (ECA)* against a guarantor(s) who has failed to submit an application for financial assistance under the FAP. 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 billing statement.

*Completion Deadline:* The date after which Bellin Health or collection agency may initiate or resume an ECA against a guarantor who has submitted an incomplete financial assistance application if that guarantor has not provided the missing information and/or documentation necessary to complete the application or denied application. The Completion Deadline must be specified in a written notice and must be no earlier than the later of (1) 30 days after Bellin Health provides the guarantor with this notice; or (2) the last day of the Application Period.

*Extraordinary Collection Action (ECA):* Includes but is not limited to any action against a guarantor related to obtaining payment for a patient balance such as:

- Initiating legal or judicial process.
- Reporting adverse information about the guarantor to consumer credit reporting agencies/credit bureaus.

*FAP-Eligible Individual(s):* A guarantor eligible for financial assistance under the FAP without regard to whether the guarantor has applied for assistance.

*Financial Assistance Policy (FAP):* Bellin Health's criteria for determining if a guarantor is eligible for the write off of all or a portion of a patient balance.

*Patient Financial Services (PFS):* The operating unit of Bellin Health responsible for billing and collecting Self-Pay Accounts.

*Guarantor:* Any individual(s) having financial responsibility for a patient balance.

*Patient Balance:* That portion of a patient account that is the guarantor's financial responsibility. Plain Language Summary means a written statement that notifies an Individual(s) that Bellin Health offers financial assistance under the FAP for Bellin Health system services and contains the information required to be included in such statement under the FAP.

***Payment Plan:* An agreement between a guarantor and Bellin Health for the purpose of paying off a patient balance. Payment plans:**

- **Are interest free**
- **Have to consist of at least \$100 per month payment**
- **Can last up to 24 months**
- **Payments determined by taking the total patient balance at the time of the agreement and dividing evenly over the agreed number of months**
- **Are automatically withdrawn from a patient provided credit/debit card or bank account on a day of the month selected by the patient**

*Reasonable Efforts:* A guarantor will have access to a plain language summary; will be mailed three statements at last known address in accordance with the billing cycle. The third statement will include final notice and a plain language summary. Oral communication will be attempted at last known phone number prior to the initiation of ECAs.

Policy:

1. Anytime a patient presents themselves at a Bellin Health location and Bellin Health can identify any patient balance, Bellin Health will attempt to collect the amount due.
2. Bellin Health's standard pre-payment towards patient's balance is the greater of \$100 or 25% of total patient balance. Additional payments may be required for non-covered services or visits to specialty care locations. Examples of these include but are not limited to:
  - a. Fertility
  - b. Hearing aids
  - c. Bellin Psychiatric Center
3. If a patient states they don't have the funds or want to be billed, Bellin Health will bill and the service will be provided.
4. Bellin Health will not deny, urgent, emergent, or medically necessary services if a patient cannot pay for services at the time of the service.
5. Patients without insurance will receive a self-pay discount off of charges. See Financial Assistance Policy for exact amount.
6. Bellin Health expects payment in full on all self-pay balances within 30 days of receiving first statement on each account.
7. **If the balance is not paid in full by day 60 of the balance becoming self-pay, a member of Bellin Health's customer service team will contact the patient to arrange payment.**
8. For those patients who cannot pay the balance within 30 days, Bellin Health provides a **payment plan option (see definition for terms and expectations).**
9. **Balances from Bellin Health Home Care Equipment and from Bellin Health Home Infusion Service will be separately managed from balances with Bellin Memorial Hospital (BMH), Bellin Psychiatric Center (BPC), and Bellin Health Oconto Hospital (BHOH) using the same terms per this policy.**
10. For patients who cannot meet the expectations of the policy, Bellin Health offers financial assistance. See FAP for options.
11. Subject to compliance with the provisions of this policy, Bellin Health may take any and all legal actions, including Extraordinary Collection Actions (ECA), to obtain payment for medical services provided. Accounts may have ECA if:
  - a. No payments made for 3 consecutive months.
  - b. Monthly payments of less than \$100 are made.
  - c. There is a missed monthly payment on an agreed upon payment plan.
  - d. Any individual balance is not resolved within 6 months of becoming self-pay, or a part of a payment plan.**
12. Bellin Health will not engage in ECAs, before determining whether a guarantor is eligible for assistance under the FAP.
13. All patients will be offered a Plain Language Summary explaining Bellin Health's financial assistance program as part of registration process.
14. Accounts with a self-pay balance shall be mailed a statement to the last known address of each guarantor. At least 60 days shall have elapsed between the first and last of the required three mailings. 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.
15. All Account statements will include the amount required to be paid by the guarantor and information regarding Financial Assistance availability.

## Billing & Collection

16. The final statement will include written notice that informs the guarantor about the ECAs that are intended to be taken if the guarantor does not apply for financial assistance or pay the amount due by the Billing Deadline. This statement is deemed to be the final notice. A final notice must be provided to the guarantor(s) at least 30 days before ECAs are taken. A Plain Language Summary will accompany this statement.

### Extraordinary Collection Actions (ECA):

1. Prior to initiation of any ECAs, an attempt will be made to call the guarantor at the last known telephone number. ECAs may be commenced as follows:
  - a. No payments made for 3 consecutive months.
  - b. Monthly payments of less than \$100 are made.
  - c. If guarantor fails to set up a payment plan with Bellin Health or misses a monthly payment on the agreed upon payment plan.
  - d. The guarantor fails to apply for financial assistance under the FAP within 120 days of the first billing statement.
  - e. If a guarantor submits an incomplete application outside of the 120-day application deadline. PFS will provide the guarantor with a written notice of the missing documentation needed to complete the application for financial assistance. This written notice will also include a copy of Plain Language Summary. The guarantor will have at least 30 days to complete the missing documentation.
2. If a guarantor is determined to be ineligible for financial assistance Bellin Health will inform the guarantor in writing of the denial and include a written notice of the ECA that Bellin Health or the collection agency may initiate against the guarantor. The billing deadline may not be set prior to 120 days after the first post-discharge statement.
3. If an application, complete or incomplete, for financial assistance under the FAP is submitted by a guarantor, at any time prior to the Application Deadline, Bellin Health will suspend ECAs while such financial assistance application is pending.
4. After the commencement of ECAs is permitted under Section III.G above, collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file judicial or legal action, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of PFS shall be required before initial lawsuits may be initiated. Bellin Health and external collection agencies may also take any and all legal actions including but not limited to telephone calls, mailing notices, and skip tracing to obtain payment for medical services provided.

### Policy Availability:

1. Contact our Business Office at 800-858-3787 for information regarding eligibility or the programs that may be available to you, to request a copy of the FAP, FAP application form, or Billing & Collection policy to be mailed to you, or if you need a copy of the FAP, FAP application form, or Billing & Collection policy translated to Spanish. Full disclosure of the FAP, FAP application form, or Billing & Collection policy may be found at [www.bellinhealth.org](http://www.bellinhealth.org). A paper copy of our FAP, FAP application form, or Billing & Collection policy can be obtained at our facility located at 2020 S. Webster Avenue, Green Bay, WI 54301, at the Patient Accounting Office, Admissions and Registration areas, Emergency Department, or the Brown County Library located at 222 S. Monroe Street, Green Bay, WI 54301.

## Billing & Collection

Bellin Health

Supersedes Billing & Collection 11/17

---

*Approvers:*

Chief Financial Officer – Jim Dietsche

Director, Revenue Cycle – Kayne Coleman

Team Leader, Patient Financial Services – Jacob Rouse

Billing & Collection

Related Documents:

Financial Assistance Policy

Related Postings (where else is this document posted):

N/A

Key Search Words:

Financial Assistance  
**Payment Plan**  
Payment Options  
Payment  
Billing and Collections  
Billing  
Collections  
Community Care  
Self-pay