



Current Status: Active

PolicyStat ID: 5156498



**Origination:** 06/2008  
**Effective:** 07/2018  
**Last Approved:** 07/2018  
**Last Revised:** 07/2018  
**Next Review:** 07/2021  
**Author:** Sherry Evenson: SYSTEM DIRECTOR OF PATIENT ACCESS  
**Policy Area:** Rev Cycle - Other  
**References:** System Wide  
**Applicability:** Aspirus System Wide

## Credit and Collection Policy (System Wide)

### PURPOSE:

To establish guidelines for the collection of outstanding patient account self-pay balances.

### AREAS AFFECTED/STAKEHOLDER(S):

Aspirus System Wide

### POLICY:

#### I. CREDIT – INDIVIDUAL CLINIC/HOSPITAL DEPARTMENT RESPONSIBILITIES

The patient registration documents table should be reviewed at time of check-in for each patient to confirm an Aspirus Financial Assistance application has been provided or declined in the past 12 months. If an application has not been provided/declined in the past 12 months one should be offered and documented.

- a. Acceptable payment arrangements for patients without insurance (Self-Pay)
  - i. For Aspirus Financial Assistance program recipients refer to Financial Counselor for possible extensions of Financial Aid for the visit.
  - ii. Ask for \$100.00 payment at the time of pre-registration and/or check-in. Indicate that the patient was made aware of this policy by putting a dollar (\$) sign in the appointment notes.
  - iii. If the patient has any questions regarding this policy, refer the patient to the Financial Counseling Team.
- b. Patients with outstanding on account balances can be requested to make payment on their prior unpaid balance(s), which may include deductible, coinsurance or non-covered services prior to further elective/non-emergent services being given. They can also be requested to complete an Aspirus Financial Assistance application if unable to make payment prior to further non-emergent services being given.

#### II. COLLECTION – INDIVIDUAL CLINIC/HOSPITAL RESPONSIBILITIES

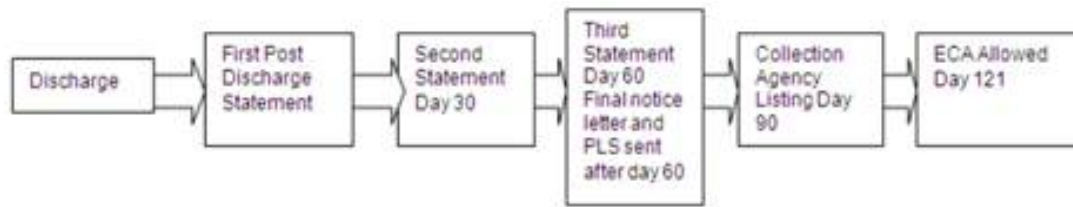
- a. The following collections can occur at each site:
  - i. Co-payments, deductible, and coinsurance
  - ii. Payments on account
  - iii. Prepayments for non-covered or elective services:

1. Prepayments of \$75.00 may be requested for any cosmetic consultation.
  2. This prepayment will be forfeited if the patient does not cancel the appointment prior to the day of the appointment or does not present (no show) for the scheduled appointment. If the patient presents for their appointment this \$75.00 prepayment will be credited towards the consultation fee.
- b. For those patients wanting to pay their bill, the Patient Access Representative at each clinic/hospital department is to verify the total account balance. If previous payment arrangements have not been made the Patient Access Representative can establish a payment plan, based on guidelines of this policy. The Financial Counselors are available to assist in this process.
  - c. Copayments paid at the time of check-in can be refunded on the same day to the patient by check-in staff if the patient is not seen. All other refunds should be processed by the refund team.

### III. COLLECTION – FINANCIAL COUNSELOR RESPONSIBILITIES

- a. Aspirus will not impose extraordinary collection actions (ECA) such as wage garnishments; or liens on primary residences, or other legal actions. Aspirus will not send unpaid bills to outside collection agencies and will not initiate collection efforts for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under the Aspirus Financial Assistance Program (OnBase policy ID# 7370).
- b. Reasonable efforts shall include:
  - i. Validating that the patient owes the unpaid bills and sources of third-party payment have been identified and billed by the hospital/clinic.
  - ii. Documentation that Aspirus has or has attempted to orally offer the patient the opportunity to apply for the Aspirus Financial Assistance Program during registration and that the patient has not complied with application requirements. Attempt made by calling at least 30 days prior to listing with outside collection agency, and to offer free assistance in completing the application.
  - iii. Documentation that the patient does not qualify for financial assistance on a presumptive basis after review of the Medicaid (MA) Portal.
  - iv. Documentation that the patient has been offered a payment plan through statements sent and calls placed and/or the patient has not honored the terms of a mutually agreed upon payment plan.
  - v. Provide the plain language summary and final notice letter after a minimum of three (3) statements have been sent. The letter will provide notice of deadline after which ECAs may be initiated.
- c. An account is eligible for follow-up collection efforts by a Financial Counselor when:
  - i. No payments have been received and/or a payment plan has not been established on the self-pay balance owed.
  - ii. Two statements have been sent.
  - iii. Self-pay balances under \$5.00 are written off to small balance.
- d. Accounts must first be screened for Medical Assistance eligibility before offering Aspirus Financial Assistance or payments plan options.
  - i. Aspirus Financial Assistance may be offered to the patient during multiple touch points including but not limited to scheduling, pre-registration and check-in. Before discussing payment plan

- options, the offer of Financial Assistance must be/have been made and documented in the patient's account.
- ii. If the patient has declined the offer or has been found ineligible, proceed to payment plan options.
- e. Below are the three payment options available to patients in order to assist with satisfying their amounts owed. Payment in full is desired, however depending on the size of the balance extended payment plans or interest bearing medical loan will be offered. All reasonable attempts will be made with the patient prior to placing the amount owed with an outside collection agency.
- i. Payment in Full
    1. If the request for payment in full is refused proceed with establishing an extended payment plan.
  - ii. Extended Payment Plan
    1. Every effort will be made to establish a payment plan that will meet the needs of the patient and Aspirus.
    2. Payment plan terms offered will be reasonable in length for the dollar amount owed and affordability for the patient and generally will not exceed 60 months however exceptions will be made on a case by case basis.
    3. The extended payment plan is non-interest bearing.
  - iii. Interest Bearing Medical Loan
    1. Aspirus has partnered with local community financial institutions to provide a Medical Loan program to patients.
    2. Loans are secured by Aspirus and require no collateral from patients.
    3. Aspirus account balances are paid in full upon loan closing.
    4. Default in loan payments will result in Aspirus paying off the patient loan and adding the outstanding balance back to the patient's account.
    5. Monthly loan payments are determined by the original loan balance with \$50 as the minimum monthly payment.
    6. All loans are subject to current Medical Loan Program interest rate as agreed to by Aspirus.
- f. New Balance Roll Up
- i. Automation in Epic exists to add a new self-pay balance to an existing payment plan if the new self-pay balance is 10% or less of the current payment plan balance.
  - ii. Based on current outstanding balance and monthly payment amount Financial Counselors have discretion to roll up new balances without discussing with patients.
  - iii. At patient request if monthly payment meets payment guidelines.
- g. Below is a timeline of statements and potential collection agency listing. A minimum of three (3) statements will be sent prior to listing with a collection agency for hospital billed services and two (2) statements for all other services. All references to aging or due dates are from the date when the patient is sent the first statement for self-pay balances.



- h. The final notice letter gives the guarantor thirty (30) days to make payment in full or account will be referred to outside collection agency. A minimum of thirty (30) calendar days must pass before an account can be forwarded to an outside collection agency. A minimum of 90 days shall pass after mailing of the 1<sup>st</sup> statement before an account will be referred to an outside collection agency unless the patient does not qualify for Aspirus Financial Assistance or presumptive ability to pay is determined to be positive. All balances for patients with Medicare will not be listed with a collection agency until after 120 days have passed from the first statement date. Each collection activity on an account will be entered in the note screen on the account.

#### IV. ADDITIONAL COLLECTION RESPONSIBILITIES

##### a. Patient Death

- i. List of Wisconsin Probates by county is reviewed monthly for filing estate claims.
- ii. Self-pay balances are written-off if no estate or under \$50.00, the Aspirus minimum amount for filing probate claim. This only applies to those single or widowed residing in Wisconsin.
- iii. Patients residing in Michigan with self-pay balances will generally be written off to AFA due to Michigan Probate Laws.
- iv. Note will be made if probate is filed. Account remains active with balance until probate is settled. Statements should be turned off once probate is filed.
- v. Prior to filing a probate claim a phone call will be made to the estate representative, if number is available, to let them know of our intent to file claim.
- vi. If probate is not filed within 6-months from the date of death for a resident of a non-marital property state or the last surviving spouse of a marital property state, a property check should be completed. If no property is found an internal AFA should be completed to adjust balance. If property is found the account should be reviewed by management to determine if probate should be forced.

##### b. Patient/Guarantor Bankruptcy

- i. Bankruptcy notice may be received by multiple locations. Any sent to the local business units should be forwarded to the Corporate Revenue Cycle office in Wausau.
- ii. A notice of date filed is placed in account notes.
- iii. Revenue Cycle staff will write off self-pay amounts prior to the bankruptcy filing date. Collection agencies are notified of bankruptcy.
- iv. Proof of claim forms will be completed for all active balances by Revenue Cycle staff as appropriate.

#### V. OTHER POLICY AND PROCEDURE CONSIDERATIONS:

- a. Patients stating inability to pay should be offered an Aspirus Financial Assistance Program Application.

- b. There will be no discounts for early or prompt cash payment due to state statute limitations as well as insurance contract agreements.
- c. No Medicare accounts will be listed with a collection agency before 120 days after the first statement generates to the patient. That will preserve our rights to claim uncollected deductibles and coinsurance as Medicare bad debts for Part A claims not paid under a fee schedule.
- d. Accounts being listed directly with an Attorney for collection will be held for no less than 240 days from the first statement before listing.
- e. The above policy specifies the desired payment arrangements. From time to time, exceptions will need to be made based on the patient's circumstances. It is our intention and goal to be firm and consistent, yet respectful of the patient's financial condition. In order to consider an exception to this policy, we will need a completed financial disclosure from the patient as noted for balances above \$1,000.
- f. Outside collection agencies will not be permitted to use extraordinary collection practices such as body attachments and foreclosure on primary residences. Reporting to credit bureau's or legal action cannot be initiated prior to 121 days from first Aspirus statement for services listed.

**VI. PATIENT RESPONSIBILITY**

- a. It is the patient's obligation to provide a correct mailing address at the time of service and upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" under IRS 501(r) will have been made.

**VII. STAFF TRAINING**

- a. Proper onboarding of all new pre-registration, registration, and financial counselors will include training on the AFA program as well as how to have these conversations. Training will also include how to conduct conversations with patients regarding outstanding balances. This training will include scripting as well as specific timing of conversations to assure compliance with the Emergency Medical Treatment and Labor Act (EMTALA).
- b. Annual training will be provided to pre-registration, registration, and financial counselors as procedures affecting AFA and/or collection change. Training may be completed by computer based training or classroom. Documentation of staff participation will be maintained by management of staff.

**REFERENCES:**

- Financial Assistance Policy
- IRS 501(r)

**Attachments:**

[Timeline of Statements and Potential Collection Agency Listing](#)

**Approval Signatures**

Step Description	Approver	Date
Approver	Lori Peck: VP OF REVENUE CYCLE	07/2018
Approver	Sherry Evenson: SYSTEM DIRECTOR OF PATIENT ACCESS	07/2018

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
Policy Owner	Sherry Evenson: SYSTEM DIRECTOR OF PATIENT ACCESS	07/2018

## **Applicability**

Aspirus Clinics, Inc., Aspirus Iron River, Aspirus Ironwood Hospital & Clinics, Inc., Aspirus Keweenaw, Aspirus Langlade, Aspirus Medford, Aspirus Ontonagon, Aspirus Post Acute Care, Aspirus Riverview, Aspirus Stevens Point, Aspirus Wausau, Aspirus, Inc.