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MANAGER-
SYSTEM
FINANCIAL
CLEARANCE

Area Revenue Cycle -
General

Applicability Aspirus System
Wide

References Template:
Policy

Credit And Collection Policy (System)

PURPOSE:

To establish guidelines for the collection of outstanding patient account self-pay balances in compliance with 501(r) requirements and abiding by the Minnesota Attorney General Agreement.

STAKEHOLDER(S):

Aspirus System Wide

DEFINITION(S):

Extraordinary Collection Actions (ECAs): The following actions are considered Extraordinary Collection Actions: (a) reporting a Guarantor to a credit reporting agency, (b) selling a Guarantor's debt to another party, (c) placing a lien on a Guarantor's property, (d) attaching or seizing a Guarantor's bank account or any other personal property, (e) commencing a civil action against a Guarantor, (f) causing a Guarantor's arrest, (g) causing a Guarantor to be subject to a writ of body attachment, (h) garnishing a Guarantor's wages, and (i) deferring or denying, or requiring a payment before providing medically necessary care because of a Guarantor's nonpayment of one or more bills for previously provided care covered under the FAP. ECAs against a Guarantor include ECAs against any other individual who has accepted or is required to accept responsibility for the Guarantor's Account, with the exception of surviving spouse.

Guarantor: The person or group of people that assume responsibility of payment for all or part of a debt owed to Aspirus.

Minnesota Attorney General Agreement: A contract executed between facilities and the Minnesota Attorney

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 for same day or next day appointments in Wisconsin and Michigan, except for care related to pandemic services. 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 Counselor Team.
- b. Patients with outstanding on account balances can be requested by the Financial Counselor in advance to make payment in full or set up a payment plan on autopay on their prior unpaid balance(s) at Wisconsin and Michigan locations, 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 for patients with insurance:
 - i. Co-payments, deductible, and coinsurance
 - ii. Payments on account
 - iii. Prepayments for **scheduled services at Aspirus Plastic Surgery & Aesthetics when a pre-service price estimate was completed:**
 1. Price **estimates** will be provided to the patient via MyAspirus or paper mailing for the scheduled services. A 50% prepayment of the estimated charges will be expected 2 days prior to clinic services and 5 days prior to hospital services. If payment is not received within the allowable timeframe, appointment may be cancelled.
 2. Patients who apply for the Aspirus Financial Assistance and have returned all applicable documents will not be required to make the 50% payment of estimated charges while their application is being processed. Patients may delay their services until the application process is completed if desired.
 3. This prepayment will be forfeited if the patient does not cancel the appointment within 48 business hours of the appointment or does not present (no show) for the scheduled appointment. If the patient

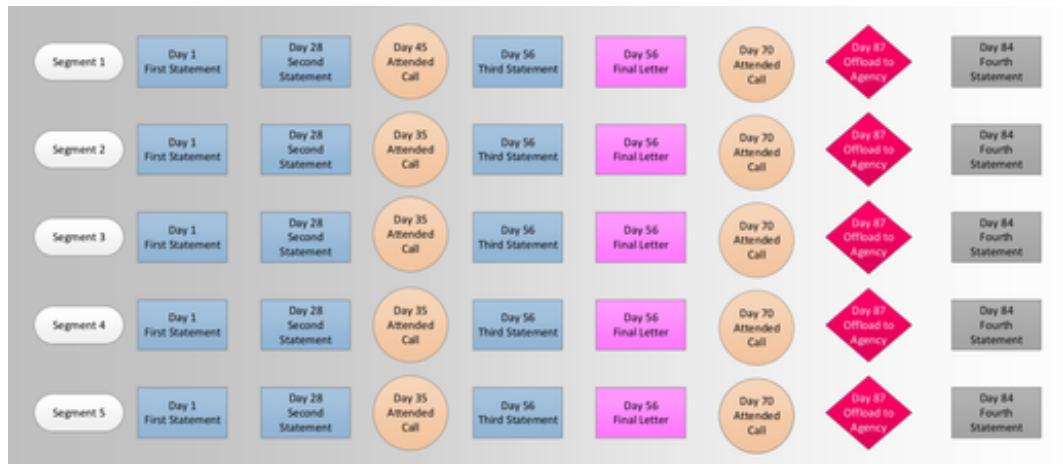
presents for their appointment their prepayment will be credited towards the scheduled services.

- b. For those patients required to pay their estimated charges the patient should call the Aspirus Financial Counselor at 844-568-0672. If previous payment and/or arrangements have not been made within the timeframe indicated above, the patient's appointment may be cancelled.
- 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.
- d. Co-payment, deductible and coinsurance will not be requested at the time of service for pandemic related care.

III. COLLECTION – FINANCIAL COUNSELOR RESPONSIBILITIES

- a. Aspirus will not impose extraordinary collection actions (ECAs) as defined above. 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.
- 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 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 an 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, and in accordance with the Aspirus Financial Assistance Policy.
 - 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 the 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.
 - iii. Patients with Out of Network insurance or patients who choose to be self-pay, do not qualify for the Aspirus Financial Assistance program or the uninsured discount. (See Aspirus Financial Assistance Policy)
 - e. **Payment options are 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 are available. All reasonable attempts will be made with the patient to resolve the balance 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 48 months however exceptions be made on a case-by-case basis with management approval.
 - 3. The extended payment plan is non-interest bearing.
 - 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 the 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. 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 the account will be referred to an 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 1st 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 120 days have passed since the **last patient payment**. Each collection activity on an account will be entered in the note screen on the account.

IV. ADDITIONAL COLLECTION RESPONSIBILITIES

a. Patient Death

- i. When open probates are identified, claims will be filed for all outstanding balances at the time of claim filing.
- 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 a non-marital property state with self-pay balances and surviving spouse will generally be written off to AFA due to Probate Laws.
- iv. Note will be made if probate is filed, and accounts will be moved to external A/R.
- v. Prior to filing a probate claim a phone call will be made to the estate representative, if a number is available, to let them know of our intent to file a 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 at 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 self-pay payment. 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 are not permitted to use ECAs as defined above with the exception of reporting to a credit bureau and/or garnishing wages after 240 days has passed from the date of the first Aspirus statement for services listed. Services provided at Minnesota locations will be excluded from credit bureau reporting per Minnesota Attorney General Agreement. Collection agency approval to proceed with legal activity will be made based on the account guarantors Federal Poverty Limit (FPL) score as determined by Aspirus Revenue Cycle. The minimum outstanding guarantor balance for legal collection activity is \$500.00.
- g. The Board of Directors establishes the credit and collections guidelines, reviewing and approving them on an annual basis.
- h. A free copy of the policy can be requested at any time by contacting the Financial Counselors and is made available on the Aspirus website.

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, financial care representatives 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, financial counselors, and collection agency staff 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 the 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	Tyler Hack: VP- SYSTEM REVENUE CYCLE	05/2025
Approver	Sherri Schreiner: DIRECTOR- SYSTEM FINANCIAL CLEARANCE	04/2025
Approver	Kaye Connor: DIRECTOR- SYSTEM REVENUE CYCLE RISK	04/2025
Policy Owner	Amy Joosten: MANAGER- SYSTEM FINANCIAL CLEARANCE	03/2025

Applicability

Aspirus Divine Savior Hospital, Aspirus Eagle River Hospital, Aspirus Iron River Hospital, Aspirus Ironwood Hospital, Aspirus Keweenaw Hospital, Aspirus Lake View Hospital, Aspirus Langlade Hospital, Aspirus Medford Hospital, Aspirus Medical Group Inc., Aspirus Merrill Hospital, Aspirus Post Acute Care, Aspirus Rhinelander Hospital, Aspirus St. Luke's Hospital, Aspirus Stanley Hospital, Aspirus Stevens Point Hospital, Aspirus Tomahawk Hospital, Aspirus Wausau Hospital, Aspirus Wisconsin Rapids Hospital, Aspirus, Inc., Howard Young Medical Center