

## LIFECARE MEDICAL CENTER – POLICY & PROCEDURE

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DEPARTMENT: Administration  
SUBJECT: Billing and Collections

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Approved by Board of Directors 9/26/16

### POLICY:

After our patients have received services, it is the policy of LifeCare Medical Center to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all outstanding accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act as well as the Minnesota Attorney General.

### PURPOSE:

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction, and efficiency. Through the use of billing statements, written correspondence, and phone calls, LifeCare Medical Center will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts. Additionally, this policy requires LifeCare Medical Center to make reasonable efforts to determine a patient's eligibility for financial assistance under LifeCare Medical Center's financial assistance policy before engaging in extraordinary collection actions to obtain payment.

### DEFINITIONS:

**Extraordinary Collection Actions (ECAs):** A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care *after* reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in Section II of this policy below and include actions such as reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions such as garnishing wages.

**Financial Assistance Policy (FAP):** A separate policy that describes LifeCare Medical Center's financial assistance program including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

**Reasonable Efforts:** A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under LifeCare Medical Center's financial assistance policy. In general, reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance as well as providing individuals with written and oral notifications about the FAP and application processes.

## PROCEDURES:

### I. Billing Practices

#### A. Insurance Billing

1. For all insured patients, LifeCare Medical Center will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, LifeCare Medical Center will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, LifeCare Medical Center may bill the patient or take other actions consistent with current regulations and industry standards.

#### B. Patient Billing

1. All uninsured patients will be billed directly and timely, and they will receive a statement as part of the organization's normal billing process.
2. For insured patients, after claims have been processed by third-party payers, LifeCare Medical Center will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.
3. All patients may request an itemized statement for their accounts at any time.
4. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days (if possible) and will hold the account for at least 30 days before referring the account for collection.
5. LifeCare Medical Center may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.
  - a) Financial Counselor and the Patient Account supervisor have the authority to make exceptions to this policy on a case-by-case basis for special circumstances.
  - b) LifeCare Medical Center is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

### II. Collection Practices

- A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections policy, LifeCare Medical Center may engage in collection activities – including extraordinary collection actions (ECAs) – to collect outstanding patient balances.
  1. General collection activities may include follow-up calls and letters on statements.
  2. Patient balances may be referred to a third party for collection at the discretion of LifeCare Medical Center. LifeCare Medical Center will maintain ownership of

any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:

- a) There is a reasonable basis to believe the patient owes the debt.
- b) All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient. LifeCare Medical Center shall not bill a patient for any amount that an insurance company is obligated to pay.
- c) LifeCare Medical Center will not refer accounts for collection while a claim on the account is still pending payer payment. However, LifeCare Medical Center may classify certain claims as “denied” if such claims are held in “pending” mode for an unreasonable length of time despite efforts to facilitate resolution.
- d) LifeCare Medical Center will not refer accounts for collection where the claim was denied due to a LifeCare Medical Center error. However, LifeCare Medical Center may still refer the patient liability portion of such claims for collection if unpaid.
- e) LifeCare Medical Center will not refer accounts for collection where the patient has initially applied for financial assistance and LifeCare Medical Center has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated during the application process).
- f) LifeCare Medical Center will not refer accounts for collection where the patient has indicated an inability to pay the full amount of the debt in one payment and the hospital has offered a reasonable payment plan. If patient makes payments on debt in accordance with the terms of the payment plan agreed to by the hospital, the debt will not be referred to collection.

## B. Reasonable Efforts and Extraordinary Collection Actions (ECAs)

1. Before engaging in ECAs to obtain payment for care, LifeCare Medical Center must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:
  - a) ECAs may begin only when 120 days have passed since the first post-discharge statement was provided (an exception is the account with no delivery information and those can go directly to collections).
  - b) However, at least 30 days before initiating ECAs to obtain payment, LifeCare Medical Center shall do the following:
    - i. Provide the individual with a written notice that indicates the availability of financial assistance, lists potential ECAs that may be taken to obtain payment for care, and gives a deadline after which ECAs may be initiated (no sooner than 120 days after the first post-discharge billing statement and 30 days after the written notice)
    - ii. Provide a plain-language summary of the FAP along with the notice described above
    - iii. Attempt to notify the individual orally about the FAP and how he or she may get assistance with the application process

2. After making reasonable efforts to determine financial assistance eligibility as outlined above, LifeCare Medical Center (or its authorized business partners) may take any of the following ECAs to obtain payment for care:
  - a) Report adverse information to credit reporting agencies and/or credit bureaus
  - b) Take action to foreclose property
  - c) Garnish wages
  - d) Place a lien on property
3. If a patient has an outstanding balance for previously provided care, LifeCare Medical Center may engage in the ECA of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken:
  - a) LifeCare Medical Center provides the patient with an FAP application and a plain language summary of the FAP
  - b) LifeCare Medical Center provides a written notice indicating the availability of financial assistance and specifying any deadline after which a completed application for assistance for the previous care episode will no longer be accepted. This deadline must be at least 30 days after the notice date or 240 days after the post-discharge billing statement for prior care – whichever is later.
  - c) LifeCare Medical Center makes a reasonable effort to orally notify the individual about the financial assistance policy and explain how to receive assistance with the application process.
  - d) LifeCare Medical Center processes on an expedited basis any FAP applications for previous care received with the stated deadline.
4. The Business Office Director is ultimately responsible for determining whether LifeCare Medical Center and its business partners have made reasonable efforts to determine whether an individual is eligible for financial assistance. They also have final authority for deciding whether the organization may proceed with any of the ECAs outlined in this policy.

### III. Financial Assistance

- A. All billed patients will have the opportunity to contact LifeCare Medical Center regarding financial assistance for their accounts, payment plan options, and other applicable programs.
  1. LifeCare Medical Center's financial assistance policy is available free of charge. Request a copy:
    - a) In person at Financial Counselor's Office at 715 Delmore Drive, Roseau, MN 56751
    - b) By calling the financial counseling department at 218-463-4716 or mailing a request to 715 Delmore Drive, Roseau, MN 56751
    - c) Online at [www.lifecaremedicalcenter.org](http://www.lifecaremedicalcenter.org)
  2. Individuals with questions regarding LifeCare Medical Center's financial assistance policy may contact the financial counseling office by phone at 218-463-4716 or in person at 715 Delmore Drive, Roseau, MN.

IV. Customer Service

- A. During the billing and collection process, LifeCare Medical Center will provide quality customer service by implementing the following guidelines:
1. LifeCare Medical Center will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
  2. LifeCare Medical Center will maintain a streamlined process for patient questions and/or disputes, which includes a toll-free phone number patients may call and a prominent business office address to which they may write. This information will remain listed on all patient bills and collections statements sent.
  3. After receiving a communication from a patient (by phone or in writing), LifeCare Medical Center staff will return phone calls to patients as promptly as possible (but no more than one business day after the call was received) and will respond to written correspondence within 10 days.
  4. LifeCare Medical Center will maintain a log of patient complaints (oral or written) that will be available for audit.

PP/admin/billing and collections  
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