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Policy: Patient Accounting Services Billing and Collections Policy
Approved By: Executive Sponsor
Last Revised: 6/15/2022

Patient Accounting Services, Patient Billing and Collections Policy

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Policy Type

- | | |
|---|---|
| <input type="checkbox"/> Entity Governance Policy | <input type="checkbox"/> System Governance Policy |
| <input type="checkbox"/> Entity Policy | <input checked="" type="checkbox"/> System Policy |
| <input type="checkbox"/> Entity Departmental Policy | <input type="checkbox"/> System Departmental Policy |
| | <input type="checkbox"/> Home Office Policy |

Policy Scope

- | | |
|--|---|
| <input type="checkbox"/> Summa Health (Corporate) | <input checked="" type="checkbox"/> Summa Health System (Hospitals) |
| <input type="checkbox"/> Summa Health Network | <input type="checkbox"/> New Health Collaborative |
| <input checked="" type="checkbox"/> Summa Health Medical Group | |
| <input type="checkbox"/> Summacare | <input checked="" type="checkbox"/> Department: <u>Patient Account Services</u> |



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1.0 Purpose:

Summa Health System (SHS) is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. Payment on accounts will be pursued consistently, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor. To that end, Summa Health System will not engage in any extraordinary collection actions (or “ECAs” as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under its Financial Assistance Policy (FAP) .

Every patient will be given reasonable time and communication to be aware of and understand their financial responsibility. The patient will be held financially responsible for services actually provided and adequately documented. Summa Health System representatives and/or its designee will widely publicize its FAP. Understanding each patient’s insurance coverage is the responsibility of the policyholder. Any residual patient liability secondary to insurance coverage is defined by the patient's insurance coverage and benefit design.

Summa Health System relies on the explanation of benefits and other information from the patient and the insurance carrier for eligibility, adjudication of the claim, and patient out of pocket responsibility determinations.

2.0 Scope:

The Patient Billing and Collections Policy applies to the Summa Health System.

3.0 Definitions:

Summa Health System (SHS) – is a non-profit integrated healthcare delivery system in Northeast Ohio, United States. Summa Health System Corporate Service Center is located at: 1077 Gorge Blvd, Akron, Ohio 44310.

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Extraordinary Collection Actions (ECAs) – Include 1) selling an individual’s debt to another party 2) reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus 3) deferring or denying, or requiring payment before providing medically necessary care because of nonpayment of previous bills 4) actions that require a legal or judicial process such as starting a civil action against an individual and placing a lien on an individual’s property (although exceptions include filing a proof of claim in bankruptcy and hospital liens on personal injury judgments/settlements.)

Financial Assistance Policy (FAP) - is a program that is fully funded by Summa Health System. It covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria.

4.0 Policy

A patient statement is sent to the patient/guarantor in billing cycles. In cases when the patient has no insurance coverage, a self-pay patient, the statement is sent after services are provided. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been provided, claim is submitted, and claim has been settled by the insurance carrier.

Summa Health System representatives and/or their designees may attempt to contact the patient/guarantor (including but not limited to contact via telephone/cell phone, mail, text or email) during the statement billing cycle in order to collect payment. Collection efforts are documented on the patient's account.

Statement Cycle:

The statement cycle will be measured from the first statement sent to the patient (date sent) and continue at approximately 30 day intervals until 4 statements over an approximately 120 day time period have been sent. Outbound calls may also be made during this period.

- Examples of when 4 statements might not be sent include mail returned as undeliverable or patient is deceased.

Extraordinary Collection Actions (ECAs):

It is the policy of Summa Health System not to engage in ECAs (as noted in ‘Definitions’) against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under its FAP.

Summa Health System may pursue all available means in the collection of past due accounts

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including outsourcing accounts to a collection agency and those actions requiring legal process. However, legal action will NOT include bank garnishment, repossession of assets and foreclosures. Summa Health System must be notified of and approve any legal action being taken in the collection of delinquent accounts by any vendors working on behalf of Summa Health System.

Efforts to Determine Financial Assistance Eligibility:

- Summa Health System will allow patients to submit complete FA applications during a minimum 240-day Application Period.
- Summa Health System will not engage in ECAs against the patient or guarantor without making reasonable efforts to determine the patient's eligibility under the FAP. Specifically:
 - o Summa Health System will notify individuals about the FAP as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement.
- If Summa Health System intends to pursue ECAs, the following will occur before initiating one or more ECAs:
- Summa Health System will notify the patient in writing that financial assistance is available for eligible individuals, identifies the ECAs the facility (or other authorized party) intends to initiate to obtain payment and states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided. The above notice will include a plain language summary of the FAP.
- If Summa Health System combines an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the combined balance.

Processing FA Applications:

If an individual submits an *incomplete* FA application during the application period, Summa Health System will:

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- Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP that must be submitted to complete the application and that includes the Summa Health System contact information.

If an individual submits a *complete* FA application during the application period, Summa Health System will:

- Make an eligibility determination as to whether the individual is FA-eligible and notify the individual in writing of the eligibility determination (including the assistance for which the individual is eligible) and the basis for this determination.

If the individual is determined to be FA-eligible Summa Health System will:

- Provide the individual with notification of the patient balance and how that amount was determined.
- Refund patient payments made after the determination of eligibility under the Summa Health financial Assistance Policy. Including Presumptive charity determinations. Unless excess amount is less than \$5 (or other amount published in the Internal Revenue Bulletin).

5.0 References

Summa Health System offers various options for uninsured and underinsured patients who do not qualify for FA under its FAP. For further information, please see the following Summa Health System policies, or contact Summa Health System.

- Summa Health System Adherence to Internal Revenue Code § 501(r) Policy
- Summa Health System Financial Assistance Policy

Miscellaneous Provisions:

Anti-Abuse Rule – Summa Health System will not base its determination that an individual is not FA-eligible on information that Summa Health System has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.



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Cooperation - Patients/guarantors shall cooperate in supplying third party information including motor vehicle, other accident information, requests for coordination of benefits, per-existing information or other information necessary to process claim including cooperating in the application for Medicaid benefits. Summa Health financial assistance may be denied if patient/guarantor does not cooperate.

No Waiver of FA Application – Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the FAP or receive the notifications described herein, will not itself constitute a determination that the individual is not FA-eligible.

Final Authority for Determining FA Eligibility – Summa Health System’s Patient Financial Services Department has the final authority to determine FA eligibility.

Providing Documents Electronically - Summa Health System may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

Patient Customer Service

For questions on your bill contact Summa Patient Customer Service at 234.312.5700 or 800.543.7750 (in Ohio). Representatives are available Monday through Thursday from 8:00 am to 5:00 pm.

Financial Advocates

Financial advocates are available to answer your questions about insurance coverage, Medicare and other financial inquiries.

For more information about financial counseling, please call:

- Summa Health System – Akron Campus (330) 375-6685
- Summa Health System – Barberton Campus (330) 615-3236



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