

Policy Number: F47
Policy Title: F47 Policy - Billing and Collections
Chapter Location: Finance

Owner: Vice President, Revenue Cycle	Date Created: 09/2017
Approver(s): EVP – Finance and Infrastructure	Date Last Approved: 03/2024
	Date of Next Review: 03/2025

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Statement: After our patients have received services, it is the policy of Gillette Children's Specialty Healthcare (Gillette) 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.

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, phone calls, and other messaging platforms, Gillette 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 Gillette to make reasonable efforts to determine a patient's eligibility for financial assistance under Gillette 's financial assistance policy before engaging in extraordinary collection actions to obtain payment.

Scope: Revenue Cycle Management

Oversight: Executive Team

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.
- Gillette Assistance Program (GAP):** A separate policy that describes Gillette Children's Specialty Healthcare'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 Gillette Children's Specialty Healthcare'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 GAP and application processes.

Policy Number: F47

Policy Title: F47 Policy - Billing and Collections

Chapter Location: Finance

Policy: Gillette Children's Specialty Healthcare generally expects patients, or their third-party payers, to pay in full for services provided. Gillette will bill third party payers in accordance with the requirements of applicable law, contracts with third party payers, or applicable billing guidelines. Patients are also responsible for charges not paid by a third-party payer within a reasonable time frame or for any balances that exist after payment by a third-party payer. The patient's failure to pay or make satisfactory financial arrangements will render the account delinquent. Gillette reserves the right to take collection actions as permitted by law concerning balances due from either the patient or third-party payers.

Procedure:

I. Billing Practices

A. Insurance Billing

1. For all insured patients, Gillette 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, Gillette 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, Gillette may bill the patient or take actions consistent with current regulations and industry standard.

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, Gillette 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. Gillette may approve payment plan arrangements for patient who indicate they may have difficulty paying their balance in single installment.
 - a. Revenue Cycle Management Practice Managers and Vice President have the authority to make exceptions to this policy on a case-by-case basis for special circumstances.
 - b. Gillette 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

Policy Number: F47**Policy Title: F47 Policy - Billing and Collections****Chapter Location: Finance**

A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, Gillette may engage in collection activities – including extraordinary collection actions (ECAs) - to collect outstanding patient balances.

1. General collection activities may include follow-up calls on statements or written correspondence.

2. Patient balances may be referred to a third party for collection at the discretion of Gillette. Gillette 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. Gillette shall not bill a patient for any amount that an insurance company is obligated to pay.

c. Gillette will not refer accounts for collection while a claim on the account is still pending payer payment. However, Gillette may classify certain claims as “denied” if such claims are stuck in “pending” mode for an unreasonable length of time despite efforts to facilitate resolution.

d. Gillette will not refer accounts for collection where the claim was denied due to a Gillette error. However, Gillette may still refer the patient liability portion of such claims for collection if unpaid.

e. Gillette will not refer accounts for collection where the patient has initially applied for financial assistance or other Gillette sponsored program and Gillette 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).

B. Reasonable Efforts and Extraordinary Collection Actions (ECAs)

1. Before engaging in ECAs to obtain payment for care, Gillette 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.

b. However, at least 30 days before initiating ECAs to obtain payment, Gillette 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 GAP along with the notice described above

Policy Number: F47
Policy Title: F47 Policy - Billing and Collections
Chapter Location: Finance

- iii. Attempt to notify the individual orally about GAP and how he or she may get assistance with the application process.
2. If a patient has an outstanding balance for previously provided care, Gillette 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. Gillette provides the patient with a GAP application and a plain language summary of the GAP program. Gillette Financial Advocate's run a presumptive eligibility screening to see if patients can auto-qualify for GAP.
 - b. Gillette 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 first post-discharge billing statement for prior care – whichever is later.
 - c. Gillette 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. Gillette processes on an expedited basis any GAP applications for previous care received within the stated deadline.
3. Gillette's CFO and CEO are ultimately responsible for determining whether Gillette and its business partners have made reasonable efforts to determine whether an individual is eligible for financial assistance. The CFO and CEO 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 Gillette regarding financial assistance for their accounts, payment plan options, and other applicable programs. All billed patients will be screened for Presumptive Financial Assistance.
1. Gillette's financial assistance policy is available free of charge.
Request a copy:
 - a. In person at any Gillette Children's Specialty Healthcare location
 - b. By calling the Gillette Financial Advocates at (651)325-2235 or 800-719-4040 or mailing a request to:
Gillette Children's Specialty Healthcare
Revenue Cycle Management – 010609
10 River Park Plaza
St. Paul, MN 55407
 - c. Online at www.Gillettechildrens.com

Policy Number: F47

Policy Title: F47 Policy - Billing and Collections

Chapter Location: Finance

2. Individuals with questions regarding Gillette's financial assistance policy may contact the Gillette Financial Advocates at 651-325-2235 or (800)719-4040.

III. Customer Service

A. During the billing and collections process, Gillette will provide quality customer service by implementing the following guidelines:

1. Gillette will enforce a zero-tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
2. Gillette will maintain a streamlined process for patient questions and/or disputes, which includes a toll-free number patients may call and a prominent business office address to which they may write. This information will remain listed on all patients bills and collection statements sent.
3. After receiving communication from a patient (by phone or in writing), Gillette staff will return phone calls to patients as promptly as possible (but no more than 2 business days after the call was received) and will respond to written correspondence within 7 days.
4. Gillette will maintain a log of patient complaints (oral or written) that will be available for audit.

Related Documents: Gillette Assistance Plan (F33)
Financial Assistance Application
Patient Complaints and Grievance Policy (A01)

References: None

THIS POLICY SUPERSEDES ANY PREVIOUS GILLETTE POLICIES OR PRACTICES.