

DEPARTMENT: Patient Financial Services
POLICY NAME: Credit & Collections
POLICY NUMBER: 0444
OWNER: Patient Financial Services
EFFECTIVE DATE: 03/23

SCOPE

This policy applies to all patient accounts identified as self-pay or with a remaining patient responsibility after insurance and/or financial assistance.

This policy applies to any Meritus Medical Center, Inc., subsidiary, or affiliate employee (collectively “Meritus”) who performs collection activities. These standards are intended as a guideline to assist in the management of medical services, they are not intended to replace professional judgment in administrative matters.

PURPOSE

The purpose of this policy is to establish a policy and procedure for initiating collection actions and the write-off of accounts receivable as well as the subsequent placement of the receivables with outside agencies or attorneys for collection. This policy documents a consistent practice for collecting amounts due from patients, regardless of insurance coverage, and the procedures necessary to record write-offs taken.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code and has been adopted by Meritus’ Board of Directors.

POLICY

1. Meritus expects patients to pay for services at the time service is provided or within thirty (30) days of the patient receiving the first billing statement for services not covered by insurance or financial assistance.
2. Meritus must take effective action to maintain timely accounts receivable turnover and ensure that the value of accounts receivable is accurately stated. To do this, patient accounts will be aged and written off as bad debts or charity and may be outsourced to collection agencies for further follow-up.
3. Emergency services will be provided to all patients regardless of ability to pay. Scheduled services will be provided after appropriate financial arrangements are confirmed by Meritus. Deposits may be required prior to scheduling services. Failure to pay required deposits may result in the rescheduling of non-emergent services.
4. Financial assistance may be available for patients based on financial need, as defined in the Meritus’ Financial Assistance policy.

MERITUS HEALTH

- a. It is the patient's responsibility to provide accurate information regarding address, employment, and health insurance in order to determine eligibility for financial assistance or other reduced-cost care.
 5. Meritus complies with all state and federal law and performs its credit and collection functions in a dignified and respectful manner.
 6. Meritus does not discriminate on the basis of race, sex, age, color, national origin, creed, marital status, sexual orientation, gender identity, disability, or ability to pay.
 7. Meritus will not sell bad debt receivables without first notifying the patient and exhausting routine collection efforts. Meritus will not charge a prejudgment interest rate for self-pay patients or accounts with balances after insurance.
 8. Meritus may use external collection agencies for extended business office, legal, and/or collection activities to assist with collecting on patient accounts. These agencies do not sell the debts and act as an extended business office on behalf of Meritus.
 9. Meritus makes available payment plans for patient balances on regulated hospital service in accordance with guidelines issued by the Maryland Health Services Cost Review Commission. Payment amounts are limited to a maximum of 5% of the patients adjusted gross income.
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PROCEDURE

A. Cash Collections

1. Payment for identified co-payments and deductibles will be requested prior to or at the time of service. In the case of emergency services, no payment shall be requested until after a patient has received a medical screening exam and any necessary stabilizing treatment.
 - a. Meritus accepts cash, checks, and credit cards to settle outstanding accounts.
 - b. Medically necessary care will not be deferred or denied due to an outstanding balance for previously provided care.
2. Subject to Meritus approval, a prepayment plan may be made for patients who have difficulty paying in full prior to, or at the time of, service.
 - a. Where appropriate, payment arrangements should be set-up to resolve estimated balances within a reasonable timeframe.
 - b. Payment arrangements that remain current will not be forwarded to bad debt collections.
3. For patient checks returned from the bank (NSF), the check may be deposited again or the amount of the check will be added back onto the account as an unpaid balance. Meritus may charge a reasonable fee for all returned checks that will become part of the patient's financial responsibility.
4. There may be scenarios that occur during the collection process outlined above that may result in placing a hold on collection efforts (called an "administrative hold") until additional information is provided. All accounts on administrative hold will be

compiled into reports by threshold levels for review by management on at least a monthly basis, with certain levels being reviewed on a weekly basis.

5. An account balance is delinquent when a payment in full has not been received within forty-five (45) days after receipt of first bill.

B. Payment Plans

1. **Payment plans are income-based:** before entering a payment plan with a patient, Meritus will evaluate if the patient is eligible for financial assistance.
2. **Monthly payment amounts:** limited to 5% of the individual patient's adjusted gross monthly income. The income amount will be divided by the number of tax filers and dependents to determine the individual patient's income for purposes of determining the 5% limit.
 - a. Generally acceptable forms of documentation that verify income, such as tax returns, pay stubs, and W2s will be used.
 - b. Meritus will consider information provided by a patient about household expenses in determining the amount of the monthly payment due under a payment plan.
3. **Multiple payment plans:** Meritus will ensure that the total monthly payment amount for all payment plans provided to a patient by, when added collectively, may not exceed the income.
4. **Duration of payment plan:** the duration of a payment plan, in months, is determined by the total amount owed divided by the total amount of the payment due each month, subject to the limitation that no monthly payment may exceed 5% of the patient's income.
5. **Prepayment allowed:** Patients may, on a voluntary basis, pre-pay, in whole or in part, any amounts owed under a payment plan
6. **Process for modifying a payment plan:** if a patient requests a modification to the terms of the payment plan, Meritus will respond in a timely manner and will not refer the outstanding balance owed to a collection agency until 30 days after providing a written response to the patient's request for a modification of the payment plan.
7. **Change in income:** if a patient notifies Meritus that their income has changed, Meritus shall offer to modify the payment plan to meet the 5% of income requirement. Also, Meritus shall consider information provided by a patient about changes in household expenses in considering a patient request to modify a payment plan.
8. **Mutual agreement:** Meritus will not modify a payment plan without mutual agreement between Meritus and the patient before the changes are made.
9. **Notice of terms before execution:** Meritus will provide written notice of the terms of a payment plan to a patient before the patient agrees to enter the payment plan including: amount owed, amount of each periodic payment, expected due dates, expected date which the account will be paid in full, and the treatment of any missed payments. A new notice of terms will be issued upon any modification in terms.

10. **Treatment of missed payments:** first missed payment, Meritus will not deem a patient to be noncompliant with a payment plan if the patient makes at least 11 scheduled monthly payments within a 12-month period.
 - a. Meritus will permit the patient to repay the missed payment amount at any time, as determined by the patient, including through a set of partial payments.
 - b. Meritus may consider a patient to be in default on the payment plan if the missed payment is not repaid in full by the end of the 12-month period that begins on the date of the missed payment.

C. Accounts Receivable

1. Patient statements, letters, or data mailers will be sent to patients on a 30-day cycle. Patients/guarantors will receive four (4) or more statements within 120 days of the date on which the patient's financial responsibility has been determined.
2. Depending on the patient's balance, age of account, and other variables, phone calls may be placed with patients/guarantors to collect on outstanding balances.
3. If the patient/guarantor has not made payment in full within 120 days of first billing date, or if the terms of an approved payment plan are not being met, the account shall be eligible for placement with a collection agency.
4. If a statement is returned to Meritus from the U.S. Post Office with an incorrect address, the account will be researched to find a correct address. If a correct address is not found, the account shall be placed with a collection agency prior to 120 days of first billing date, to assist in further collection efforts.
5. Meritus' contact information, notice of availability of financial assistance, and notice of availability of payment plans, shall be included on all statements sent to the patient/guarantor.

D. Write-Off Review

1. If a patient account reaches a pre-determined aging with no account payment plan, or where the terms of an approved payment plan are not being met, the account will be assessed for possible small balance, bad debt, or financial assistance write-off as follows:
 - a. **Small balance write-offs:** An automated process will be used to identify accounts with a debit balance. The accounts are processed with adjustment transactions and do not pass to bad debt, but rather to established "small balance write-off" codes for balances outlined in the Responsibility section of this policy.
 - b. **Bad Debt write-offs:** A periodic report will be generated to "pre-list" self-pay and self-pay after insurance accounts that may meet bad debt criteria outlined in the Responsibility section. Balances > \$999 Those accounts will be subject to review by management based upon dollar balance prior to submitting into bad debt status. Balances < \$1,000 will automatically transfer to bad debt without further review.

- 1) Only specific employees in the patient financial services department will be given access to the bad debt functions in the patient accounting system.
- 2) Unless an administrative hold is placed on an account that has qualified for the bad debt pre-list, all accounts will automatically be moved into a bad debt status during the overnight batch processing within the patient accounting system.
- 3) Consistent with Maryland law regarding balance billing, accounts with a third-party insurance balance where the insurer has requested information from a patient who has not complied, may have that balance deemed to be self-pay. At that time, the patient may begin to receive statements in the same manner as a self-pay patient.
- 4) Where appropriate, write-offs shall be identified as financial assistance in accordance with Meritus' Financial Assistance Policy. Any write-offs so identified will not be referred to any outside collection agencies.
- 5) Patients may request, or may be requested by Meritus, to apply for Medical Assistance prior to being awarded financial assistance. This request may be made prior to service, at time of service, or during the billing and collection cycle. The account in question will not be forwarded to a collection agency during the Medical Assistance application process unless the patient is non-compliant with the Medical Assistance process.
- 6) Monthly write-off reports by threshold and category shall be reviewed by appropriate management-level personnel.

E. Debt Collections

1. Where appropriate, Meritus may use a bad debt collection agency to continue to try to collect on severely aged accounts. Patients with balances that have been referred to a collection agency must resolve unpaid balances, request a payment plan, dispute amounts owed, or request financial assistance. Collection agencies may assess finance charges and fees on the unpaid principal account balance.
2. For self-pay accounts that have not been assessed for financial assistance eligibility, prior to referring an account to a collection agency, Meritus shall provide written notice to the patient or responsible party at least thirty (30) days prior to the referral.
 - a. Such written notice shall:
 - 1) Inform the patient of availability of financial assistance;
 - 2) Identify the actions that Meritus intends to initiate to obtain payment, such as;
 - a) Reporting adverse information to a consumer credit reporting agency or credit bureau;
 - b) Garnishment of wages; or

- c) Initiating a civil action.
 - 3) State a deadline after which such collection actions may be initiated that is no earlier than 30 days after the date that the written notice is provided;
 - 4) Include a Plain Language Summary of Meritus' Financial Assistance Policy;
 - b. Meritus shall make a reasonable effort to orally notify the individual about Meritus' Financial Assistance Policy and the process for applying.
 - c. For patients whose financial assistance eligibility is undetermined, Meritus will not refer accounts to a collection agency prior to 120 days after the first post-discharge billing statement.
3. Balances that remain open due to insurance denials will not be placed with a collection agency. However, a collection agency may perform payer collections on insurance denials acting as an extension of the business office.
 4. Circumstances, such as pending eligibility for financial assistance or insurance coverage with Medicaid, may delay an account from being referred to a collection agency.
 5. Patients may file a grievance with Meritus regarding treatment or undesirable activities performed by contracted collection agencies by contacting the Patient Financial Services department.

E. Financial Assistance

1. As a tax-exempt, not-for-profit hospital, Meritus is committed to providing medically necessary care to those patients in need regardless of race, sex, age, color, national origin, creed, marital status, sexual orientation, gender identity, disability, or ability to pay.
2. The Financial Counseling Team will be responsible for reviewing Financial Assistance Applications, reviewing the appropriate documentation, and determining eligibility based on Meritus' policy guidelines.
3. Uninsured patients, or those unable to pay in full for services rendered, must contact Meritus' Financial Counseling Team. The counselor will assist the patient and/or family in determining if they qualify for financial assistance. Cooperation is a necessary and integral part of the determination process.

Bad debt pre-list criteria:

	Criteria	Other Criteria
Hospital	>\$10	>120 days from first post-discharge statement or 30 days after written notice of intent to initiate collection actions, whichever is later.
Physician	>\$5	>120 days from first post-discharge statement or 30 days after written notice of intent to initiate collection actions, whichever is later.

Bad debt approval process criteria:

	Approval Criteria	Approval Level
Hospital and Physician	<\$1,000	—Self Pay Supervisor
	\$1,001 - \$49,999	Director, CBO
	>\$50,000	Chief Financial Officer / Chief Executive Officer

Small Balance criteria:

	Criteria
Hospital and Physician	\$9.99 or below

REFERENCES

I.R.C. § 501(r) (2015).
 26 C.F.R. § 1.501(r)-6 (2015).
 Md. Code Regs. 10.37.10.26

RELATED POLICIES

Financial Assistance