

Saint Francis Medical Center Policy and Procedures

Section: Revenue Cycle	Originating Department: Patient Financial Services	Effective Date: 12/01/1983
Title: Credit and Collections Policy		Executive Approval: Maryann Reese
Date of Med. Exec. Committee Approval (If Applicable): N/A	Originator: Justin Winkler	
Required by (Agency): Internal Revenue Service		

POLICY: To define guidelines regarding credit and collection of account balance.

ASSIGNMENT OF BENEFITS:

1. Assignment of insurance benefits will be accepted for services provided. To include but not limited to: medical, auto, employer, and government issued insurance polices.

ACCOUNTS NOT COVERED BY FINANCIAL ASSISTANCE PROGRAM:

1. Patient responsibility balances on accounts will be due within 30 days from receipt of the first post discharge billing statement. Patients may be required to secure personal financial clearance prior the SFHS providing non-emergent or elective services.

REASONABLE EFFORTS AND COLLECTION ACTIVITIES:

1. In no event shall SFMC conduct, or permit collection agencies to conduct on their behalf, collection activities against individuals sooner than 120 days following the date of the patient’s first post discharge billing statement for care. SFMC does not conduct, or permit collection agencies to conduct on their behalf, collection activities against individuals before reasonable efforts have been made to determine whether the patient is eligible for SFMC’s Financial Assistance Program. Reasonable efforts will be made according to the terms of this section.
2. If the responsible party (i.e., patient or guarantor) states the inability to pay, SFMC shall inform the responsible party of SFMC’s Financial Assistance Program, and provide the responsible party with a financial assistance application and information about how the responsible party may obtain assistance with the financial assistance application process.
3. The responsible party will be contacted 30-45 days after the date of the patient’s first post discharge billing statement for care if full payment has not been received. SFMC staff shall orally inform the responsible party of the availability of financial assistance under SFMC’s Financial Assistance Program and how the individual may obtain assistance with the financial assistance application process. If, after 45 days after the date of the patient’s first post discharge billing statement, SFMC is unable to orally contact the responsible party, SFMC shall mail to the responsible party:

- a. Written notice that financial assistance is available under SFMC's Financial Assistance Program;
 - b. A plain language summary of SFMC's Financial Assistance Program;
 - c. Written identification of the collection activities that SFMC intends to initiate to obtain payment for care; and,
 - d. A deadline after which such collection activities may be initiated, provided that such deadline is no sooner than 120 days following the date of the patient's first post discharge billing statement for care.
4. If, after 120 days following the date of the patient's first post-discharge billing statement for care, the responsible party has not contacted SFMC, paid its bill in full, or submitted to SFMC an application for financial assistance pursuant to SFMC's Financial Assistance Program, the patient's account will be considered delinquent, and SFMC may refer the patient's account to a bad debt collection agency.
5. Receipt of an Incomplete Application. In the event that SFMC receives an incomplete application for financial assistance from the patient, SFMC shall take the following actions:
- a. Contact by Phone. SFMC shall attempt to orally contact the responsible party and inform the responsible party of:
 - i. the additional required information or documentation required;
 - ii. a deadline for the return of such information or documentation, after which collection activities may be initiated, provided that such deadline is the later of: (A) thirty (30) days from SFMC's return of the incomplete application to the patient; or, (B) 120 days following the date of the patient's first post discharge billing statement for care.
 - b. Contact by Mail. SFMC shall return the incomplete application to the patient with:
 - i. instructions as to how to fully complete the application;
 - ii. a telephone number to call and an office to visit for assistance with the application process; and,
 - iii. a deadline for the return of such information or documentation, after which collection activities may be initiated, provided that such deadline is the later of: (A) thirty (30) days from SFMC's return of the incomplete application to the patient; or, (B) 120 days following the date of the patient's first post discharge billing statement for care.
 - c. If a completed application with all additional, required information is not returned to SFMC within the time period specified in sections (a) and (b) above, SFMC may refer the patient's account to a bad debt collection agency, provided that SFMC may not refer any patient account to a bad debt collection agency sooner than 120 days following the date of the patient's first post discharge billing statement for care.
6. Referral to a bad debt collection agency could result in: More aggressive collection, legal action, judgments, garnishment of wages and lien placed on property by the courts.
7. SFMC shall include a conspicuous notice regarding SFMC's Financial Assistance Program; the availability of financial assistance under the program; the availability of copies of the policy, a plain language version of the policy, and any application for financial assistance

under the policy shall be available at SFMC's www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Patient Financial Services, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.

8. SFMC shall include a conspicuous notice regarding SFMC's Financial Assistance Program and a telephone number of the SFMC department that can provide assistance with this program shall be placed on all billing statements issued by SFMC.
9. A patient may revoke his or her consent to be contacted on his or her cell-phone via autodialer, or through an artificial or prerecorded voice, by notifying SFMC or SFMC's bad debt collection agency, either orally or in writing, of such revocation.

RECEIPT OF COMPLETE APPLICATIONS FOR FINANCIAL ASSISTANCE:

1. In the event that SFMC receives a complete application for financial assistance from the responsible party, and the patient's account has not yet been referred to a bad debt collection agency, SFMC shall not refer the patient's account to a bad debt collection agency until it has been determined that the responsible party does not qualify for financial assistance under SFMC's financial assistance program.
2. If, after receipt of a complete application for financial assistance from the responsible party, SFMC determines that the patient qualifies for financial assistance, and the patient's account has already been referred to a bad debt collection agency, SFMC shall recall the patient's account from the bad debt collection agency, and remove any adverse changes to the responsible party's credit reports.

NON-FINANCIAL ASSISTANCE PAYMENT PROGRAMS:

1. Payment plans available for patient responsibility balances

Balance	Monthly Payment Range	Terms
\$0.01 - \$300.00	N/A	Due in full within 30 days
\$300.01 - \$1800.00	\$50.00 to \$300.00	6 Months Equal Payments
\$1800.01 - \$3600.00	\$150.00 to \$300.00	12 Months Equal Payments
\$3600.01 - \$5400.00	\$200.00 to \$300.00	18 Months Equal Payments
\$5400.01 +	\$225.00 +	24 Months Equal Payments

If a responsible party requests a payment arrangement longer than listed above, they will be offered a zero percent interest Hospital Services Financing loan through Commerce Bank.

Effective Date:

Reviewed Date: 05/2009

Revised Date: 12/1983, 04/1986, 01/1996, 04/2005, 04/2006, 04/2008, 06/2008, 08/2008, 05/2009, 04/2011, 01/2014, 11/2015, 12/2017, 1/2018