



Corporate Policies

Title:	Corporate Billing and Collection Policy	Section:	
Purpose:	To ensure uniform management of the MedStar Health Corporate Billing and Collection Program for all MedStar Health Hospitals.	Number:	
Forms:		Effective Date:	12/01/2019

Policy

1. It is the policy of Medstar Health to ensure that reasonable efforts are made to determine whether an individual is eligible for financial assistance under MedStar Health’s Financial Assistance Policy prior to initiating collection efforts. Once a determination of ineligibility is made, all bad debts will be appropriately identified and referred to collection agencies for continued collection efforts and account resolution.

Scope

1. MedStar Health will comply with governmental regulations/protocols related to collection of patient debts. These protocols will include, but are not limited to the following:
 - 1.1 MedStar Health will conduct active oversight of contracted collection agencies for collection of debts on behalf of MedStar hospitals.
 - 1.2 MedStar Health will not engage in the practice of selling any debt.
 - 1.2 MedStar Health will not engage in the following Extraordinary Collection Activities (ECAs):
 - 1.2.1 Selling debt to another party.
 - 1.2.2 MedStar Health will not file liens or force the sale or foreclosure of the patient’s primary residence to collect a debt owed on a hospital bill.
 - 1.2.3 Liens on a patient’s primary residence will be initiated when mandated by Local, State, and Federal judicial protocols, but MedStar will not force the sale or foreclosure of the patient’s primary residence. MedStar Health will not charge interest on bills incurred by patients before or after a court judgment is obtained.
 - 1.2.4 Report adverse information to consumer reporting agencies before a judgement is obtained.
 - 1.2.5 Causing an individual’s arrest.
 - 1.2.6 Subjecting an individual to a writ of body attachment.
 - 1.3 MedStar Health will engage in the following Extraordinary Collection Activities (ECAs) following all reasonable efforts to determine financial assistance eligibility per the MedStar Health Corporate Financial Assistance Policy:
 - 1.3.1 Report adverse information to consumer reporting agencies after a judgement is obtained.
 - 1.3.2 Taking action that requires a legal or judicial process to secure a judgment to collect a debt.
 - 1.3.3 Attach or seize bank accounts or any other personal property after a court judgment is secured.
 - 1.3.4 Garnishing an individual’s wages on account balances after a court judgment is secured.

- 1.4 In addition to the ECA's listed in Section 1.3 above, MedStar and its contracted collection agencies will attempt to collect debts for non-payment by:
 - 1.4.1 MedStar Internal Collection Efforts may include one or all of the activities outlined:
 - 1.4.1. a Contacting patients and/or responsible parties by telephone.
 - 1.4.1. b Automated patient statements and collection letters.
 - 1.4.1. c Referring accounts for non-payment to external collection agencies.
 - 1.4.1. d MedStar Health will utilize automated means test scoring campaigns and databases to determine presumptive financial assistance eligibility.
 - 1.4.2 MedStar Contracted Collection Agency Effort may include one or all of the activities outlined below:
 - 1.4.2. a Attempting Contacting patient and/or responsible parties by telephone.
 - 1.4.2. b Automated patient statements and collection letters.
 - 1.4.2. c Performing skip-tracing searches
 - 1.4.2. d MedStar Health will utilize automated means test scoring campaigns and databases to determine presumptive financial assistance eligibility.
 - 1.4.3 The above MedStar Internal and MedStar Contracted Collection Agency collection activities will be utilized for a minimum 120-day period after the first post-discharge bill.
- 1.5 If MedStar Health obtained a judgment against or reported adverse information to a consumer reporting agency about a patient who later was found to be eligible for MedStar Health Financial Assistance on the date of service for which a judgment was awarded or adverse information was reported, MedStar Health will seek to vacate the judgment or strike the adverse information.
- 1.6 MedStar Health will not delay or defer care, or require pre-payment before providing medically necessary care due to non-payment relating to Financial Assistance eligible related care.
- 1.7 MedStar Health will post its Corporate Billing and Collection Policy on all hospital websites and Patient Portals via the following URL: **www.medstarhealth.org/FinancialAssistance**. The policy may be downloaded free of charge or can be provided by calling MedStar Customer Service.
- 1.8 MedStar Health will not engage in ECA's for a period of 120 days after the first post-discharge bill.
- 1.9 MedStar Health will suspend all ECAs if a completed MedStar Financial Assistance application is submitted within 240 days from the first post-discharge bill.
- 1.10 MedStar Health will provide written notice at least 30 days in advance if initiating Extraordinary Collection Activities as outlined in Section 1.3 of this policy. The written notice will communicate:
 - 1.10.1 MedStar Financial Assistance is available.
 - 1.10.2 The deadline for which ECAs will be initiated.
 - 1.10.3 The ECA's that MedStar intends to initiate.
- 1.11 MedStar Health will ensure reasonable efforts to determine financial assistance eligibility before initiating ECA's as identified in Section 1.3 of this policy. Reasonable efforts include:
 - 1.11.1 Ensuring access to MedStar's Financial Assistance Policy and application.
 - 1.11.2 Ensuring the timely review and eligibility determination for complete financial assistance applications.
 - 1.11.3 When financial assistance applications are incomplete or not approved MedStar will:
 - 1.11.3. a Provide written notice at least 30 days before initiating ECAs.
 - 1.11.3. b Refrain from ECAs for at least 120 days.

- 1.11.3. c Notify applicants when submitted applications are incomplete, and provide instructions on how to complete the application, and identify information necessary to complete the application.
 - 1.11.3. d Suspend ECAs if an application is submitted during the 240-day application period
- 2. It is the policy of Medstar Health to contract with third party collection agencies to assist in the recovery of bad debts.

Definitions

1. **Bad Debt**

Any patient account balance deemed uncollectible following all reasonable collection efforts to identify and pursue all payment sources, including but not limited to, third party reimbursement, patient payment arrangements, Medicaid enrollment, and MedStar Financial Assistance screening, approval, and denial processes.

2. **MedStar Patient Information Sheet**

A plain language summary that provides information about MedStar's Financial Assistance Policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care. The Maryland State Patient Information Sheet format, developed through the joint efforts of Maryland Hospitals and the Maryland Hospital Associate, will be used by all MedStar hospitals regardless of the hospital geographical location.

3. **Bad Debt Referral**

The process to reviewing, approving, and transferring accounts to external a collection agency for continued collection efforts.

4. **Bad Debt Qualified Accounts**

Account types or scenarios that may qualify for bad debt referral once all reasonable collection efforts are exhausted. Account types may include:

- 4.1 Patients not meeting Medicaid financial or clinical criteria.
- 4.2 Patients deemed ineligible or uncooperative during the Medicaid application process.
- 4.3 Patients deemed ineligible or uncooperative during MedStar Financial Assistance application process and failing to submit a complete MedStar Uniform Financial Assistance Application and supporting documentation.
- 4.4 Patients who are unresponsive to requests for payment via patient friendly statements.
- 4.5 Patients who are unresponsive to internal MedStar collection contacts/attempts.
- 4.6 Patient who provide inaccurate billing information and cannot be located through standard "skip tracing" activities.

Responsibilities

1. MedStar Health will post the MedStar Corporate Credit and Collection Policy on all MedStar Hospital web sites and Patient Portals via the following URL: **www.medstarhealth.org/FinancialAssistance**.
2. Bad debt referrals and financial assistance eligibility determinations are managed by the MedStar Patient Financial Services Department (PFS). The MedStar Patient Financial Services Department will be responsible for ensuring that reasonable efforts are met to determine an individual's financial assistance eligibility.
3. MedStar Health will recall accounts from collection agencies if:
 - 3.1 The account was referred in error.
 - 3.2 Active insurance coverage is discovered for all governmental payers (i.e. Medicare and Medical Assistance), and when active non-governmental insurance is discovered by MedStar Health.
 - 3.3 A complete MedStar Financial Assistance application is received and financial assistance eligibility is approved.
 - 3.4 At MedStar Health's discretion, further collection efforts should be stopped.
 - 3.5 MedStar Health obtained a judgment against or reported adverse information to a consumer reporting agency for an account that has been recalled. MedStar Health will seek to vacate the judgment or strike the adverse information.
 - 3.6 MedStar contracted collection agencies will report fulfillment of the patient's payment obligation within 60 days to consumer reporting agencies and vacate any judgments.
4. In the event a patient files a complaint with a MedStar Health contracted collection agency; the agency will forward the complaint to the MedStar Patient Financial Services Department. It is the responsibility of the Director of Patient Financial Services or designee to investigate the complaint and respond to the patient within 72 hours of notification. Patient and/or responsible party complaints must be submitted in writing.
5. MedStar Health believes that patients have personal responsibilities related to the financial aspects of their healthcare needs. It is the patient's responsibility to ensure their patient accounts are paid timely and paid in full. For purposes of this policy, patient responsibilities include:
 - 5.1 Ensuring MedStar Health entities have complete and accurate information for:
 - 5.1.1 Submitting claims for reimbursement with all third party insurance payers
 - 5.1.2 Paying patient deductibles, copayments, and other patient balances on receipt of Patient Friendly Statements and other collection methods.
 - 5.2 Working with MedStar Patient Advocates, Customer Service Associates, and External Collection Agencies to ensure there is a complete understanding of the patient's financial situation and constraints.
 - 5.3 Applying for MedStar Health Financial Assistance and complying with the requirements as specified in the MedStar Corporate Financial Assistance Policy.
 - 5.4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.