

# Billing and Collection Policy

This Policy is applicable to the following sites: Cameron Memorial Community Hospital, Urgent Care, Cameron owned physician practices for services provided at Cameron Memorial Community Hospital.

## 1. Purpose

This policy applies to Cameron Memorial Community Hospital and its employed medical partners (collectively "CMCH"), together with the Financial Assistance Policy, is intended to meet the requirements of applicable federal, state, and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations there under. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by CMCH, including but not limited to extraordinary collection actions. The guiding principles behind this policy are to treat all patients and Individual(s) Responsible equally with dignity and respect and to ensure appropriate billing and collection procedures are uniformly followed and to ensure that reasonable efforts are made to determine whether the Individual(s) Responsible for payment of all or a portion of a patient account is eligible for assistance under the Financial Assistance Policy.

## 2. Definition

Patient Responsible Balance: Any balance due which is the responsibility of the patient and/or guarantor. This includes uninsured balances, co-payments, deductibles, coinsurance, non-covered services and any balance due after insurance payment that is deemed patient liability.

Patient: An individual who receives services at Cameron Memorial Community Hospital and Urgent Care.

Guarantor: An individual who guarantees payment on services received by a Patient at Cameron Memorial Community Hospital.

Extraordinary Collection Actions "ECA": Such actions included, but are not limited to, placing a lien on a patient's property, attaching or seizing a bank account or other personal property, commencing a civil action, garnishing a patient's wages or reporting adverse information to a consumer reporting agency or credit bureau.

Default: A Patient Responsible Balance that has been attempted to be collected upon by Cameron Memorial Community Hospital or a delegated third party which has not been paid in full or set up on an agreed payment plan after internal collections have been exhausted by Cameron Memorial Community Hospital or a delegated third party.

Third Party Collection Vendor: A contracted company that collects a Patient Responsible Balance in Default on behalf of Cameron Memorial Community Hospital but performs such collections under its own name following all Federal, State, and local laws and regulations.

### **3. Responsibilities**

The Patient Responsible Balance Billing and Collection Policy will be administered by appropriate designated Cameron Memorial Community Hospital personnel as outlined in relevant procedures.

### **4. Compliance**

Violation of this policy by any Cameron Memorial Community Hospital employee may be subject to potential corrective action.

### **5. Policy**

Cameron Memorial Community Hospital will work with Patients and/or Guarantors and any permissible authorized third party necessary to properly determine and effectuate appropriate resolution for a Patient Responsible Balance. Preferential treatment shall not be given to any Patient to resolve a Patient Responsible balance outside of this policy and any procedures referenced herein.

*Deceased Patients:* Empathy to a deceased Patient's family during their time of loss is a priority of Cameron Memorial Community Hospital. Cameron Memorial Community Hospital will identify and resolve deceased Patient Responsible Balances as outlined in the relevant procedures.

*Bankrupt Patients:* Cameron Memorial Community Hospital complies with the United States Bankruptcy Code. As such, Cameron Memorial Community Hospital will identify and resolve bankrupt Patient Responsible Balances as outlined in the relevant procedures.

*Active Service Members:* Cameron Memorial Community Hospital will suspend collection activity on a case-by-case basis for active service members, subject to management discretion.

*Accounts processed by payer:* All services rendered to patients are billed to the payers provided as a courtesy to the patient. Cameron Memorial Community Hospital will abide by contract agreements in the billing process. Subsequent to payer processing, balances due by the patient will be billed to the patient. If the patient disagrees with the adjudication process and files an appeal with their payer, collection activity will continue during the appeals process.

*Third-Party Liability:* Cameron Memorial Community Hospital will submit claims to Automobile Carriers only after receipt of the claim number, claims address, adjuster name and phone number. One claim will be submitted and after 60 days, if not paid, the account will be billable directly to the patient. Accounts will not be placed on hold pending payment from an automobile insurer.

*Patients in Need of Financial Assistance:* Cameron Memorial Community Hospital has financial assistance options available to Patients for Patient Responsible Balances pursuant to the Financial Assistance Eligibility Policy.

- A. Patients and/or Guarantors will be notified of the Financial Assistance Policy in writing as defined in the relevant procedures. Cameron Memorial Community Hospital will accept financial assistance applications on accounts during all internal collection efforts and when placed with a Third Party Collection Vendor for a period of a minimum of 240 days from the date of the initial post-discharge billing statement (“Application Period”).
- a. Submission of a Complete Financial Assistance Application. If an individual submits a complete financial assistance application during the Application Period, Cameron Memorial Community Hospital will: suspend any ECA’s to obtain payment for the care; make an eligibility determination as to whether the individual is eligible for financial assistance for the care and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination. If the individual is determined to be eligible for financial assistance for the care, Cameron Community Memorial Hospital will: provide the individual with a written notification that indicates the individual does not owe any amount for the care under the Financial Assistance Eligibility Policy; refund to the individual any amount he or she paid for the care that exceeds the amount he or she is determined to be personally responsible for paying under the Financial Assistance Eligibility Policy, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin); and take all reasonably available measures to reverse any ECA (with the exception of sale of debt) taken against the individual to obtain payment for the care.
  - b. Submission of Incomplete Financial Assistance Application. If an individual submits an incomplete financial assistance application during the Application Period, Cameron Memorial Community Hospital will: suspend any ECA’s to obtain payment for the care; and provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Assistance Eligibility Policy or the financial assistance application form that must be submitted to complete the application. After 10 days, if no response, collection efforts will resume. This notice will include the Cameron Memorial Community Hospital contact information set forth below:

Cameron Memorial Community Hospital  
416 E. Maumee Street  
Angola, IN 46703

*Payment Options:* Cameron Memorial Community Hospital will define and offer payment options available to Patients and or Guarantor with a Patient Responsible Balance to enable Patients for resolve their balances as outlined in the relevant procedures.

*Collections:* If a Patient Responsible Balance is still outstanding after all of the options set forth above have been exhausted, Cameron Memorial Community Hospital may then refer the unresolved Patient Responsible Balance to a third party collection vendor as outlined in the relevant procedures.

- a. Cameron Memorial Community Hospital will not authorize any ECA's to occur within the first 180 days of placement with a Third Party Collection Vendor. These activities may include, but are not limited to, placing a lien on a patient's property, attaching or seizing a bank account or other personal property, commencing a civil action, garnishing a patient's wages or reporting adverse information to a consumer reporting agency or credit bureau.
- b. Cameron Memorial Community Hospital will not engage in any ECA against the patient or guarantor without making reasonable efforts to determine the patient's eligibility under the Financial Assistance Eligibility Policy. Specifically, if Cameron Memorial Community Hospital intends to pursue ECA's, the following will occur at least 30 days before first initiating one or more ECA's: Cameron Memorial Community Hospital will notify the patient in writing that financial assistance is available for eligible individuals and will identify the ECA's Cameron Memorial Community Hospital (or its Third Party Collection Vendor) intends to initiate to obtain payment. This written notice will include a deadline after which such ECA's may be initiated that is no earlier than 30 days after the date that the notice is provided; the notice will include a plain language summary of the Financial Assistance Eligibility Policy; Cameron Memorial Community Hospital will make a reasonable effort to orally notify the patient about the Financial Assistance Eligibility Policy and how the individual may obtain assistance with the application process.

#### **6. Revisions**

Cameron Memorial Community Hospital reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

#### **7. Final Authority**

Final Authority for determining that Cameron Memorial Community Hospital has made reasonable efforts to determine whether an individual is eligible for assistance under the Financial Assistance Eligibility Policy and therefore engage in ECA's against the individual rests with the Controller or his/her designee.

#### **8. References**

Financial Assistance Eligibility Policy [www.cameronmch.com/financialassistancepolicy](http://www.cameronmch.com/financialassistancepolicy)