Billing and collections

Novant Health Rehabilitation Hospital, an affiliate of Encompass Health
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PURPOSE

This policy outlines the hospital's patient billing and collection procedures.

This policy shall apply to the hospital, the Central Billing Office (CBO), and any collection agencies (Collection Agencies) engaged by the hospital.

The hospital is committed to informing patients regarding their financial responsibilities and available financial assistance options, and communicating with patients regarding outstanding accounts in a manner that treats patients with dignity and respect.

Copies of the hospital's Financial Assistance Policy, a plain language summary of the Financial Assistance Policy, the Financial Assistance Application and associated instructions are available free of charge upon request by writing to the hospital. Copies can also be found in the admitting/registration areas of the hospital. These documents may be found online at hospital's website.

Definitions

Covered Services: emergency or medically necessary care provided by the Hospital. Covered Services do not include services that are not emergency or medically necessary care, or care that is provided by physicians or other healthcare providers who bill "privately."

Extraordinary Collection Actions (ECAs): the following actions are deemed to be "extraordinary collection actions" when used to obtain payment for Covered Services:

- sale of debt to a third party,
- reporting adverse information to a credit agency,
- deferring or denying, or requiring payment before providing, medically necessary care due to outstanding balances,

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- placing a lien on an individual's property,
- foreclosing on an individual's real property,
- attaching or seizing an individual's bank account or other personal property,
- commencing a civil action, causing an individual's arrest, causing an individual to be subject to a writ of body attachment, or garnishing wages.

Financial Assistance: reduction of an eligible patient's account balance under the terms of the Financial Assistance Policy.

Financial Assistance Policy: written policy describing the Hospital's program for providing free or discounted emergency or other medically necessary care to eligible patients, which includes eligibility criteria, basis for calculating charges, and procedures for applying for Financial Assistance.

Patient: the individual receiving medical treatment and/or, in the case of an unemancipated minor or other dependent, the parent, legal guardian or other person (guarantor) who is financially responsible for the patient.

POLICY

General

1. The Hospital generally expects patients and third-party payers to satisfy their Hospital liabilities in full to include, but not limited to, deductibles, co-insurance and co-pays.
2. Subject to compliance with the provisions of this policy and applicable law, the Hospital reserves the right to take any and all legal actions to obtain payment from the patient or third-party payers for unpaid account balances.
3. The patient's responsibilities include:
    - providing the Hospital with complete and timely insurance, demographic and financial information;
    - notifying the hospital of potential third-party sources of payment such as worker's compensation, automobile or other liability insurance, or litigation recoveries;
    - obtaining and maintaining health insurance coverage, if affordable coverage is available to them, and paying any applicable co-pays, deductibles and co-insurance;
    - understanding and complying with the requirements and limitations of their health insurance coverage, including but not limited to network limitations, referral and pre- authorization requirements, and timely submission of claim forms;
    - adhering to any agreed-to alternate payment plans; and
    - for patients seeking Financial Assistance, submitting a complete and timely Financial Assistance Application and cooperating as requested in applications for Medicaid or other government programs.
4. The Hospital will maintain records to document billing and collection efforts and communications on each patient account. Such records will be subject to the Hospital's applicable privacy and document retention policies.
5. All itemized billing requests must be provided within seven business days from the receipt of the request.

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Billing Patients and Third-Party Payers

1. The Hospital will make reasonable efforts to collect a patient's insurance and other information and to verify coverage for the services to be provided. This information may be obtained prior to the delivery of non-emergent healthcare services. The Hospital will defer any attempt to obtain this information during the delivery of emergency care if the process to obtain this information would delay or interfere with either the medical screening examination or services to stabilize an emergency medical condition.
2. The Hospital will bill third-party payers in accordance with the requirements of applicable law and the terms of applicable third-party payer contracts. In general, patients are expected to timely pay any account balances that are not paid by a third-party payer. Patients who seek non-emergent healthcare services may be requested to pay in advance for services that will not be covered by third-party payers, including co-payments, deductibles and co-insurance amounts.
3. The Hospital may, on a case-by-case basis, approve payment plan arrangements for patients who indicate they may have difficulty paying their account balance in a single installment.
4. When a patient does not qualify for Financial Assistance, the Hospital may in its discretion apply other discounts to recognize unique cases of financial hardship. Such discounts are not part of the Financial Assistance Policy and may not be combined with Financial Assistance discounts.

Collections and Eligibility for Financial Assistance

1. All patients will be offered a plain language summary of the Financial Assistance Policy as part of the Hospital's intake or discharge process.
2. All patient billing statements will include a notice regarding the Financial Assistance Policy, including information on how to obtain copies of the Financial Assistance Policy and a Financial Assistance Application.
3. Patients found eligible for Financial Assistance will be refunded such patient payments in excess of the amount determined to be owed by the patient.
4. Once a patient has been discharged and the patient's balance due has been determined, Hospital's Central Business Office will initiate the patient statement series mailed by the bank in an attempt to collect the outstanding balance. For all hospitals except those hospital in California if no payment has been received for 120 days, the account may be sent to a third-party collection agency. For all hospitals in California if no payment has been received for 180 days, the account may be sent to a third-party collection agency.

The Hospital, and any third-parties acting on its behalf, will not engage in any ECAs to collect payment from patients.

NONDISCRIMINATION & EMERGENCY MEDICAL CARE

Hospital does not have a dedicated emergency department. Hospital will appraise emergencies, provide initial treatment, and refer or transfer an individual to another Facility/Hospital, when appropriate, without discrimination and without regard to whether the individual is eligible for Financial Assistance.

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Hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that an individual pay before receiving initial treatment for emergency medical conditions or permitting debt collection activities that interfere with hospital's appraisal and provision, without discrimination, of such initial treatment.

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