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Hartford HealthCare Patient Billing, Collections and Payment Plan Policy

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Policy: The Hartford HealthCare (HHC) Patient Billing, Collections, and Payment Plan Policy is established to ensure collection activities adhere to HHC Financial Assistance Policy (FAP) as well as state and federal laws and regulations.

Purpose: The purpose of this Policy is to provide guidelines for conducting billing and collection activities that are compliant, efficient and equitable to maximize the collections of patient balances to maintain cash flow for the organization.

Scope: Patient Financial Services (PFS), Patient Access, Billing and Collections

Definitions: Throughout this document, reference to Patient Financial Services will constitute reference to the patient balance collection processes for Hartford HealthCare Corporation.

“Patient” means person receiving or registered to receive medical treatment or in context of the Policy refers to the person responsible for payment

“EMTALA” means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd

“Health Care Services” means (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by HHC on a case-by-case basis at the provider’s discretion.

“Uninsured” means a patient who has no level of insurance or third party support to assist in meeting his or her payment obligations for health care services and is not covered by Medicare, Medicaid, Tricare, or any other health insurance

program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers' compensation and awards, settlements or judgments arising from claim, suits or proceedings involving motor vehicle accidents or alleged negligence.

“*Underinsured*” means the patient has some level of insurance or third-party assistance but still has out-of-pocket health care service expenses such as high-deductible plans that exceed the patient’s level of financial resources.

“*Financial Assistance*” means free or discounted health care services for patients who meet the eligibility criteria in HHC’s Financial Assistance Policy and are unable to pay for all or a portion of their care. Financial assistance may be free or discounted services.

“*Extraordinary Collection Action*” (*ECA*) means a collection action requiring a legal or judicial process and includes 1) selling debt to another party; 2) placing a lien; 3) foreclosing on real property; 4) attaching or seizing of bank accounts or other personal property; 5) commencing a civil action against an individual; 6) taking actions that cause an individual’s arrest; 7) taking actions that cause an individual to be subject to body attachment; and 8) garnishing wages.

Sources of Payment	Procedure
A. <u>Patient</u>	The primary responsibility for settlement of the account will rest with the patient. All patients, capable of doing so, will be required to sign an assignment and authorization form prior to admission or receipt of services. In any controversy, default, or misrepresentation the hospital will contact the patient for payment of the bill.
B. <u>Insurance Coverage</u>	It is the patient’s responsibility to provide accurate and timely information regarding health insurance, demographics, and applicable financial resources to determine whether the patient is eligible for coverage through private insurance, public assistance program, or qualifies for HHC’s Financial Assistance program. Hartford HealthCare has contractual agreements with private and governmental insurance companies. For insurance companies where a contract exists, the patient is only liable to pay for non-covered services and out of pocket expenses (e.g., co-insurance and deductible). Patient Financial Services will cooperate with these contracted payers to facilitate the collection of balances due by insurance.
C. <u>Uninsured Discount</u>	Published rates will be reduced as per the HHC Financial Assistance Policy
D. <u>Financial Assistance</u>	Financial Assistance (FA) is available to patients pursuant to the HHC Financial Assistance Policy.

I. Billing Practices:

A. Insurance Billing

- a. Hartford HealthCare will bill insurance coverage in an accurate and timely manner.
- b. If a claim is denied or not adjudicated by the payer in a timely manner, PFS staff will follow up with the payer and patient as appropriate for resolution.

B. Patient Billing

- a. Hartford HealthCare's standard patient billing cycle is 120 days from the date of the first patient billing statement.
- b. All uninsured patients will be billed, per the Financial Assistance Policy.
- c. Patients with applications pending State of Connecticut Medicaid coverage will receive statements until the Medicaid program makes a determination regarding eligibility. If approved, Medicaid will be billed. If denied, patient billing will be re-initiated.
- d. Itemized patient billing statements are available to patients upon request.
- e. During the patient billing cycle, general collection activities may include follow up communication to patients with outstanding balances. These communications are meant to facilitate patient payments on the account and to resolve any discrepancies.
- f. A patient may dispute his or her balance at any time during the billing cycle by calling the customer service phone number listed on the statement or in writing to the return address listed on the patient billing statement.
- g. To qualify for patient statements, the balance must be greater than \$5.00.
- h. Balances \$5.00 and under will be adjusted off as a small balance write off.
- i. Payment plan arrangements are available for patients who need longer than 120 days to pay off their balance. Payment Plan options may be setup on HHC's patient payment portal or by calling customer service at the phone number listed on the patient billing statement. The general expectation is that payment plans will require monthly payments for a length of time commensurate with the total balance for the episode of care related to the outstanding patient bills, although exceptions will be authorized on a case-by-case basis.
- j. Accounts that are not paid in full or on an approved payment plan will be returned at 120 days and may be transferred to a collection agency, provided that HHC will instruct the collection agency to cease all collection efforts if the patient applies for financial assistance pursuant to the Financial Assistance Policy.

C. Collection Practices

- a. Collection activities will comply with State and Federal law and regulations
- b. Patients who apply and qualify for Financial Assistance will have their balances adjusted according to established guidelines within the HHC Financial Assistance Policy.
- c. Patients may apply for Financial Assistance within 240 days from the date of the first patient billing statement or at any point in the collection cycle.

- d. Hartford HealthCare may forward balances to a collection agency if
 - i. Patient has not paid the patient balance due within 120 days following first patient billing statement or
 - ii. Patient is not meeting terms of approved payment plan, for example:
 - 1. After two (2) default payments on a payment plan. (A default payment is defined as a late or missed payment or a shortage of the agreed upon amount at any point during the payment plan).
 - 2. If a balance exists after the completion of the payment plan (exception – if a patient adds an account to an existing payment plan, the plan will be extended from the date the new account was added)
 - iii. Patient does not have a financial assistance application under review or has not been granted assistance for the balance due
- e. Accounts with an invalid patient billing address may be sent to a collection agency prior to 120 days following the first patient billing statement, provided that HHC will instruct the collection agency to cease all collection efforts if the patient applies for financial assistance pursuant to the Financial Assistance Policy.
- f. Individual accounts with a balance of less than \$10.00 at the time a decision is made to send a patient to collections will be adjusted as a small balance write-off and should not be sent to a collection agency.
- g. The collection agencies are authorized to establish payment plans as indicated by HHC. The general expectation is that payment plans will require monthly payments for a length of time commensurate with the total balance for the episode of care related to the outstanding patient bills, although exceptions will be authorized on a case-by-case basis.
- h. Agencies will return uncollectible accounts without payment plans at 180 days

D. Extraordinary Collection Actions (ECAs)

- a. In the event a patient fails to qualify for financial assistance or fails to pay in a timely manner, his or her portion of discounted charges pursuant to the Financial Assistance Policy and this policy, HHC reserves the right to institute and pursue Extraordinary Collection Actions (ECA) and remedies such as imposing wage garnishments; filing liens on primary or secondary residences, bank or investment accounts, or other assets; and/or instituting and prosecuting legal actions. For those patients who qualify for financial assistance and who, in HHC's sole determination, are cooperating in good faith to resolve the outstanding accounts, HHC may offer extended payment plans. HHC will not pursue any ECA until it has made reasonable efforts to determine whether the patient is eligible for assistance under the Financial Assistance Policy.
- b. For patients who meet the terms of an agreed-upon payment plan HHC will not impose ECAs.
- c. No collection actions, including ECAs, will be initiated during the first 120 days following the first post-service billing statement to a valid address or during the time that the patient's financial assistance application is processing. Before initiating any collection action including ECAs if applicable, a notice will be

- provided to the patient that informs the patient that financial assistance may be available, notifies the patient of the specific collection action(s) that will be taken by HHC in the event of nonpayment, and provides the patient with a copy of the Financial Assistance plain language summary, 30 days prior to initiating such event.
- d. If the patient applies for financial assistance on a timely basis, collection actions (including ECAs if applicable) will be suspended while the financial assistance application is under review. If the patient is granted assistance, any ECAs such as liens that have been filed will be removed.
 - e. Collection agencies performing legal work will obtain written approval from an HHC Revenue Cycle director prior to taking legal action including but not limited to:
 - i. Lawsuits
 - ii. Liens on residences
 - iii. Wage attachments

II Additional Info:

- A. Acceptable forms of payment are:
 - a. Cash or money order.
 - b. Personal or travelers checks with proof of identity.
 - c. Credit cards – MasterCard, Visa, American Express and Discover Card.
- B. Patients are given the opportunity to pay their respective bill(s) at the time of service, by mail, by telephone or on Hartford HealthCare’s interactive patient portal.
- C. Patients who make payments for episodes of care who subsequently apply for and are approved for Financial Assistance will be refunded as per the Financial Assistance Policy.
- D. Patient inquiries related to this policy can be directed to a member of the customer service team at the number/address noted on the patient billing statement.