

Greater Dayton Area Hospital Association

Position Statement on billing and collections for not-for-profit members May 17, 2010

Background:

Greater Dayton Area Hospital Association not-for-profit hospitals have a long tradition of providing quality healthcare to the Dayton region.

All patients are treated fairly, with dignity, compassion and respect, regardless of race, religion, creed, or national origin. Care is provided regardless of ability to pay, and concern over a hospital bill does not prevent a patient from receiving emergent health services. All patients, regardless of income level or insurance status, receive access to the same information regarding services and charges. Hospitals are committed to treating all patients with compassion, from the bedside to the billing office.

Within that continuum of care, hospitals have a responsibility to obtain payment from those able to pay. The financial viability of hospitals is affected by whether hospitals are successful in obtaining payment from those responsible.

To help provide guidance in balancing the responsibilities outlined above, not-for-profit members of GDAHA have developed the following position statement to provide reasonable standards for our members.

Position:

In order to assure the viability of area hospitals while providing quality healthcare, not-for-profit members of GDAHA agree to the following community standards for financial aid, billing, and collections.

Financial Aid

Hospitals maintain written policies with clear criteria for patients to qualify for financial assistance, including the type and scope of services available. These policies are available on the hospitals' websites, through hospitals' business offices, and on patients' bills. Signage is posted in appropriate areas of the hospital to inform patients and their families of financial assistance options. Additionally, financial aid information is available upon patient request and when patient need is demonstrated.

Financial assistance provided by a hospital is not a substitute for personal responsibility. Those who can afford to pay their hospital bills must do so in order for hospitals to continue to provide quality services to all patients.

Any patient seeking financial assistance must comply with the application requirements, including providing the necessary documents that may establish eligibility.

Financial aid services:

- Hospitals provide assistance in applying for Medicaid and other government-sponsored programs that pay for healthcare services.
- Hospitals participate in the Hospital Care Assurance Program and contract with Montgomery County to provide free care to Ohio residents with incomes at or below the Federal Poverty Level (FPL).

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- Hospitals offer their own discount and charity programs for uninsured and under insured-patients who do not qualify for state or federal mandated charity programs. Hospitals require proof of income, but not proof of assets. Financial assistance programs provide discounts up to 300 percent of the FPL. Hospitals reserve the right to provide discounts up to 100 percent for procedures and treatment provided.
- Hospitals accommodate payment plans.

Point of Service Collections

Scheduled patients will be asked for payment or financial assistance information before their service is performed. Inpatient and outpatient non-scheduled patients will be asked for payment at the time of registration or prior to their procedure. Emergency departments adhere to Emergency Medical Treatment and Active Labor Act (EMTALA) statute in that no patient who presents with an emergency medical condition and who is unable to pay will be treated differently than patients who are covered by health insurance or have the ability to pay; however, they may discuss payment or financial assistance after the patient's condition has been assessed by appropriate medical personnel.

Hospitals require payments or the arrangement for payment at the time of service for elective procedures, defined as non-emergent. If payment is not collected or payment arrangements are not made prior to service, the hospital will delay the elective procedure. Hospitals define arrangements to mean that a patient has a method of payment available or is participating in a payment plan to cover the cost of services. Further, authorization must be given for the hospital to run a credit report. Financial aid services are available to all patients.

Hospitals offer the following payment options at the time of service or prior to service: online, interactive voice response software, check by phone, credit card by phone, and prompt pay discounting.

Billing

Hospitals bill patients and/or insurance companies within 10 days of service. Payment is required within 30 days of services rendered. Installment and extended pay arrangements are available at all hospitals.

Balance Billing

Patients with commercial healthcare coverage are expected to adhere to the requirements of their policy with their health insurer. Hospitals assist patients in billing and collecting from insurance companies, and hospitals may assist in getting services pre-certified or pre-authorized for coverage. When insurance companies do not properly pay for services, hospitals reserve the right to hold the patient responsible. Balance billing is a necessary practice when insurance companies do not fulfill the terms of their agreement with patients. Hospitals will work with patients to collect payment from the insurance company.

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Collections

All patients are given a reasonable period of time to fulfill their financial obligations, either through resolving the account with payment, establishing a payment plan, or by completing financial assistance applications. Hospitals adhere to the Patient Protection and Affordable Care Act.

Patients who do not fulfill their financial obligations, communicate with the hospital regarding their need for financial assistance, or make arrangements for a payment plan will be referred to a collection agency following 120 days. This action will be taken when there is sufficient evidence that the patient or responsible party has the income and/or assets to meet their obligation, but has refused to make payment after all other collection attempts have been pursued. At least one notice of non-payment will be sent to patients prior to referral to a collection agency.

Collection agencies act in accordance with the Federal Trade Commission Fair Debt Collection Practices Act and all hospital policies and procedures. Collections agencies under contract with hospitals will not force the sale or foreclosure of a patient's primary residences for non-payment of medical expenses. Collection action may include the garnishing of wages and attachment of liens. Hospitals will not force the sale or foreclosure of a patient's primary residence for non-payment of medical expenses.