

PROCEDURE

Policy Title: **Billing and Collections**

Effective Date: 08/01/2018

Department: **Business Office**

Policy Number: N/A

PROCEDURE

After our patients have received services, it is the procedure of Lakeside Medical Center to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all unpaid accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act.

APPLICABILITY

Lakeside Medical Center Business Office

AVAILABILITY

A copy of this procedure, the Financial Assistance Procedure, the Plain Language Summary of the Financial Assistance Procedure and the application for financial assistance are available at no charge by writing to the Admitting department at Lakeside Medical Center, 39200 Hooker Highway, Belle Glade FL 33430. You may also obtain a copy at the Admissions office, Business office, in our Emergency Room or on our website www.hcdpbc.org/for-patients/hospital under Billing and Insurance.

DEFINITIONS

Financial Assistance Policy (FAP): A separate policy that describes Lakeside Medical Center's financial assistance program—including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under Lakeside Medical Center's financial assistance policy. In general, reasonable efforts may include providing individuals with written and oral notifications about the FAP and application processes.

PROCEDURE

I. Billing Practices

Patient bills are generated by assigned charge code numbers. These numbers are linked to orders that are assigned to the departments. When a chart is completed and charges are finalized, the patient's bill will then be generate. All services of uninsured and insured patients are charged the same price.

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A. Insurance Billing

Please note that it is the patient's responsibility to know their insurance benefits and coverage prior to their services at Lakeside Medical Center. All required referral(s) or authorizations must be secured prior to services. If a patient has questions regarding their financial responsibility or coverage of services at Lakeside Medical Center, they must contact their insurance carrier in advance of services.

1. For all insured patients, Lakeside Medical Center will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Lakeside Medical Center will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, Lakeside Medical Center may bill the patient or take other actions consistent with current regulations and industry standards.

B. Patient Billing

Lakeside Medical Center only generates statements on assigned accounts which have been deemed as patient's responsibility and sent to the guarantor's address on file. It is the patient's obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made.

1. All uninsured patients will be billed directly and timely, and will receive three phone calls and a statements as part of the organization's normal billing process.
2. For insured patients, after claims have been processed by third-party payers, Lakeside Medical Center will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.

C. Payment Arrangements

Lakeside Medical Center may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in installments that can be paid within a (12) month calendar year.

1. Lakeside Medical Center may refer accounts to a collection agency as outlined in the Collections Practice section, if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

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All patients may request an itemized statement for their accounts at any time. If one cannot be produced upon patient's request, Lakeside Medical Center will make every attempt to have it mailed to the patient's address on file within (7) seven day from the patient request. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation.

II. Collections Practices

In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Procedure, Lakeside Medical Center may engage in collection activities to collect outstanding patient balances.

1. General collection activities may include follow-up calls and statements.
2. Lakeside Medical Center will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following reasons:
 - a. There is a reasonable basis to believe the patient owes the debt.
 - b. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
 - c. Lakeside Medical Center will not refer accounts for collection while a claim on the account is still pending payer payment. However, Lakeside Medical Center may classify certain claims as "denied" if such claims are stuck in "pending" mode for an unreasonable length of time despite efforts to facilitate resolution.
 - d. Lakeside Medical Center will not refer accounts for collection when the claim was denied due to a Lakeside Medical Center error. However, Lakeside Medical Center may refer the patient liability portion of such claims for collection if unpaid.
 - e. Lakeside Medical Center will not refer accounts for collection where the patient has submitted a completed application for financial assistance or other Lakeside Medical Center-sponsored program and Lakeside Medical Center has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated during the application process).

Lakeside Medical Center will not take, nor allow any third party collection agency to take, any extraordinary collection actions. Reasonable collections efforts include self-pay and balance after insurance letters at

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periodic intervals and other letters necessary to communicate status of account to patient or insurer. Billing statement are generated between 50 and 90 days from discharge date except where special circumstances exist such as appeals and third party payments. A copy of the Plain Language Summary will be included with each statement.

III. Financial Assistance

All billed patients will have the opportunity to contact Lakeside Medical Center to determine possible eligibility regarding financial assistance for their accounts, payment plan options and other applicable programs. Lakeside Medical Center's Financial Assistance Policy is available free of charge.

A. Request a copy of Financial Assistance

1. Patients may request a free copy of the Financial Assistance from the following:
 - a. In person in Admitting, Business Office or Emergency departments at 39200 Hooker Highway, Belle Glade, FL 33430
 - b. By calling Patient Financial Services at 1-561-995-6571 ext. 348419 or 34814
 - i. Individuals with questions regarding Lakeside Medical Center's Financial Assistance Policy may contact the financial counseling office at 1-561-996-6571 ext. 348419 or ext. 34814.
 - c. Located on our website at www.hcdpbc.org/for-patients/hospital under Billing & Insurance.

IV. Customer Service

- A. During the billing and collection process, Lakeside Medical Center will provide quality customer service by implementing the following guidelines:
 1. Lakeside Medical Center will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
 2. Lakeside Medical Center will maintain a streamlined process for patient questions and/or disputes, which includes the phone number patients may call or an address they may write. This information will remain listed on all patient bills and collections statements sent.
 3. After receiving a communication from a patient (by phone or in writing), Lakeside Medical Center staff will return phone calls to patients as promptly as possible (but no more than two business day after the call was received).

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CROSS-REFERENCES

26 CFR 1.501(r)

Financial Assistance Procedure

Plain Language Summary

APPROVED BY	DATE
 Dawn L. Richards, VP & Chief Financial Officer	8-20-18
 Darcy J. Davis, Chief Executive Officer	8-21-18

PROCEDURE REVISION HISTORY

Original Procedure Date

03/12/2018

Revisions

07/24/2018