

Billing and Collections Standard Operating Procedure

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Business Unit:	Lakeside Medical Center	Last Review Date:	04/23/2024
Approval Group:	LMC BUS Policy and Procedure	Document Owner(s):	Business

PURPOSE

After our patients have received services, it is the procedure of Lakeside Medical Center to bill patients or patient guarantors, and applicable payors 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

SCOPE

Lakeside Medical Center Business Office

All references to "patient(s)" are also a reference to patient's guarantor.

SOP

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 generate. Uninsured and insured patients are charged the same price for all services.

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 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. 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. Statements are 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 three 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. Arrangements consist of installments that can be paid within a (12) month period.

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.
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 business days of 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 for the following reasons only:
 - a. There is 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 periodic intervals and other letters necessary to communicate status of account to patient or insurer. Billing statements are generated between four (4) and ninety (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. on our website at www.hcdpbc.org/for-pat1ents/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).

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	26 CFR 1.501(r) Financial Assistance Procedure Plain Language Summary
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS

Reviewer approval	Annmarie Hankins; Jessica Cafarelli;
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Final approver	Annmarie Hankins; Jessica Cafarelli; Regina All; Darcy Davis;
Final approval date	<u>4/30/2024</u>

This SOP is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the SOP. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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