



Uniontown Hospital

Approved By The Board of Directors ~ November 2017

FINANCIAL ASSISTANCE PROGRAM POLICY

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STATEMENT OF FINANCIAL ASSISTANCE PROGRAM POLICY AND PRINCIPLES

Uniontown Hospital is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to make a healthy difference in the lives that we touch, Uniontown Hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Uniontown Hospital will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance. We will treat all patients equitably, with dignity, respect and compassion.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Uniontown Hospital's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so; as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In implementing this Policy, Uniontown Hospital management and facility shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

In order to manage its resources responsibly and to allow Uniontown Hospital to provide appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

FINANCIAL ASSISTANCE PROGRAM ~ APPLICATION REQUIREMENTS

Application Requirements ~

- A financial assistance application must be completed.
- A financial assistance application may be requested by phone, email, mail or in person.
- The application may be completed by applicant or assistance may be requested.
- Translation of the application may be requested.
- Applicants may be required to apply for Medical Assistance. Verification and determination of the Medical Assistance application will be required for the review for the eligibility of financial assistance.
- Applicants may be required to apply for Affordable Health Care Act subsidized health plans. Verification and determination of the ACA health plan application will be required for the review of eligibility for financial assistance.
- Outside agencies assigned to help patients apply for Medical Assistance will also assist the patient in completing a financial assistance application.
- Application must be completed in its entirety and all appropriate income verification documentation must be attached.
- Completed application must be signed and include spouse's signature (if applicable).
- A review of all possible coverage options will occur with the applicant.
- Application will be reviewed within 10 days of receipt.
- Denial for financial assistance will occur for failure to produce required information.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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FINANCIAL ASSISTANCE PROGRAM ~ APPLICATION CONTENT

Application Content Requirement ~ Information used in establishing the need for financial assistance will be subject to the protection of confidentiality.

- Applicant demographic information
- Dependent information
- Income information: combined sources of income, before taxes, of all dependent members.
- Verification for all sources listed must be attached.
- Release of information and signature of applicant and spouse.
- Application must be completed in its entirety including signatures.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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FINANCIAL ASSISTANCE PROGRAM ~ APPLICATION PROCESSING

Application Processing Period ~

- All applications for the financial assistance program will be accepted for review regardless of the time from the initial date of service.
- Applications will be accepted if the service date has been placed with a collection agency.
- Extraordinary collection activity will be suspended during the review of the application. The collection agency will hold collection activity pending review.
- Incomplete financial assistance applications will be accepted. A written notice will be sent to the applicant identifying the missing items and will have an expected date of return within 30 days from the date of the letter.
- All extraordinary collection activity will be suspended during the 30 day period allowing the applicant to produce missing items.
- The written notice regarding the missing application information will include a statement describing the reasonable and extraordinary collection actions that may take place if the applicant fails to comply.
- Completed applications will be reviewed within 10 business days of receipt.
- A determination letter will immediately follow the review.
- Statements will be provided indicating any balance due after the available financial assistance has been applied.
- Money will be refunded should a patient make a payment in excess of personal balance due.
- Extraordinary collection efforts (credit reporting) will be reversed if applicant is eligible for financial assistance.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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FINANCIAL ASSISTANCE PROGRAM ~ ELIGIBILITY CRITERIA

Uniontown Hospital Community Charity Care Program (UHC3) ~ Charity or financial assistance refers to healthcare services provided by Uniontown Hospital without charge or at a discount under the Uniontown Hospital Community Charity Care Program. Qualifying patients are eligible for the following discounted healthcare services under charity:

- All emergency and medically necessary services are eligible for financial assistance. This includes services that may only be partially paid for by public or private health insurers.
- Financial Assistance will not be provided for typically non-covered services, not medically necessary services or in situations where there are other more appropriate service providers in the community.
- Eligibility for financial assistance will generally be restricted to residents of Fayette County.

UHC3 Eligibility ~ Eligibility for the Uniontown Hospital Community Charity Care Program will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and will not take into account age, gender, race, social or immigrant status, sexual orientation or religious affliction.

- Financial need will be based upon family income and family size. Consideration of other resources available, such as assets and other financial obligations may be reviewed.
- The poverty income guidelines established annually by the Department of Health and Human Services will be used as a basis to determine financial need.
- Free and discounted financial assistance will be available to applicants who meet established guidelines.
- Eligibility will generally continue for one year. Exceptions will exist for those patients that are eligible but failed to enroll for subsidized marketplace health plans during open enrollment periods or apply for Medicaid. Other exceptions may exist for certain other situations such as change in patient's eligibility level, or need of patients who have exhausted their insurance benefits, face extraordinary medical costs, and exceed financial eligibility criteria.

UHC3 Eligibility Criteria ~ Eligibility criteria will be based on whether the patient is uninsured or underinsured. Application requirements must be fulfilled.

Uninsured Financial Need Discount Amount ~ Free and discounted financial assistance will be available to all uninsured applicants who meet established guidelines. Liquid assets may be considered for accounts over \$5,000. Discounts will be applied according to the following scale:

- 100% Discount ~ Income less than 250% of poverty income guidelines
- 50% Discount ~ Income greater than 250% but less than 350%

Underinsured Financial Need Discount Amount ~ Free financial assistance will be available to all applicants who meet established guidelines. Liquid assets may be considered for personal account balances over \$5,000.

- 100% Discount ~ Income less than 250% of poverty guidelines

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FINANCIAL ASSISTANCE PROGRAM ~ AMOUNTS GENERALLY BILLED

Determining Amounts Generally Billed ~ Following a determination of financial assistance eligibility, an individual will not be charged more than the amounts generally billed (AGB) for emergency or other medical care provided to individuals with insurance covering that care.

Look Back Method ~ At Uniontown Hospital the AGB is determined through the “look-back method” which is calculated as follows:

- The AGB is calculated by reviewing all past claims that have been paid in full to the hospital facility for medically necessary care by Medicare fee-for-service together with all private health insurers paying claims to the hospital in a prior 12-month period. This amount can include co-insurance; copayments and deductibles.
- The AGB for emergency or medically necessary care provided to a financial assistance eligible individual is determined by multiplying gross charges for that care by one or more percentages of gross charges (called “AGB percentages”).
- The percentages are applied by the 45th day after the end of the 12-month period Uniontown Hospital used in calculating the AGB percentage(s).
- Any financial assistance eligible patient that paid over the AGB will be refunded.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

FINANCIAL ASSISTANCE PROGRAM ~ COMMUNICATION

Communication of the Charity Program to Patients and Within the Community ~

Notification about charity available from Uniontown Hospital, which will include contact information, will be disseminated by Uniontown Hospital through various means. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Uniontown Hospital. Referral of patients for charity may be made by any member of the Uniontown Hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

Notification of Financial Assistance:

- Wall signage located in appropriate areas notify patients of the availability of the financial assistance program and where to get an application.
- Information of patient payment expectations, financial assistance programs, and financial arrangement options will be maintained in all appropriate waiting room settings.
- Notice of patient payment expectations and financial assistance programs will be handed to all self-pay patients at the time of registration.
- Notice of financial assistance programs will be included in the Uniontown Hospital Service Directory.
- Notice of financial assistance programs will be included on the Uniontown Hospital Website.
- Notice of financial assistance programs will be included on the Uniontown Hospital IN-Monitor placed throughout the hospital.
- Notice of financial information will be included in the Patient Information Books in each inpatient room.
- Authorized Medical Assistance Application Agencies will promote Uniontown Hospital's financial assistance programs.
- Authorized Collection Agency will promote Uniontown Hospital's financial assistance programs.
- External Business Office, Financial Access Associates and Financial Care Associates will communicate availability of financial assistance opportunities in all verbal communications with patients and their families.
- External Business Office and Financial Care Associates will communicate in writing, when appropriate, the availability of financial assistance.
- The second patient statement in letter format will include all payment options including financial assistance, which is available to the patient to resolve their personal balances.
- EMTALA Signage will be posted in the Emergency Department, Family Beginnings, Birthing Center, patient registration locations, and all other appropriate areas. (Policy 2222, Patient/Family Services)

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

FINANCIAL ASSISTANCE PROGRAM ~ PRESUMPTIVE CHARITY

Presumptive Financial Assistance ~ Uniontown Hospital understands that certain patients may be unable to complete a financial assistance application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for financial assistance is established without completing the formal assistance application. Under these circumstances, Uniontown Hospital may utilize other sources of information to make an individual assessment of financial need. This information will enable Uniontown Hospital to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

Presumptive Eligibility Review ~

- A third-party will be used to conduct an electronic review of patient information to assess financial need.
- Healthcare industry-recognized model based on public record databases will be utilized in the review.
- This predictive model incorporates public record data to calculate a social-economic and financial capacity score that includes estimates for income, assets and liquidity.
- The technology is designed to assess each patient to the same standards and is calibrated against historical approvals for Uniontown Hospital financial assistance under the traditional application process.

Presumptive Eligibility Timing ~

- Electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted.
- This allows Uniontown Hospital to screen all patients for financial assistance prior to pursuing any extraordinary collection actions.
- Data returned from the electronic eligibility review will constitute adequate documentation of financial need under this policy.

Presumptive Eligibility Discount ~

- Patient accounts granted presumptive charity will have the highest discount applied under the financial assistance policy.
- Presumptive eligibility is for retrospective dates of service only.
- If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional financial assistance application process.

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FINANCIAL ASSISTANCE PROGRAM ~ EMTALA

Emergency Medical Treatment and Labor Act (EMTALA) ~

The Financial Assistance Program Principles and Policies and The Billing and Collection Principles and Policies follow Uniontown Hospital's Administration Policy # 2222 regarding the Emergency Medical Treatment and Labor Act (EMTALA).

A copy of the policy is available on request in the Financial Care Services Department.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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FINANCIAL ASSISTANCE PROGRAM ~ ADDITIONAL PROVIDER LIST

Additional Providers ~ Other providers may deliver care to our patients when they receive healthcare services at Uniontown Hospital. Each will bill separately for their services. They do not follow our financial assistance policies but may have assistance to offer. Please contact them to inquire.

Emergency Services ~ Professional Component (ER Physician Billing)
EMERGENCY RESOURCE MANAGEMENT, INC (ERMI)
(866) 689-1980

Diagnostic Imaging Services ~ Radiologist billing for the completion and reading of Imaging Exams
FOUNDATION RADIOLOGY GROUP
(800) 998-4505

Laboratory Service ~ Pathologist billing for the completion and reading for Pathology Examinations
QUEST DIAGNOSTICS, INC
(800) 837-3177

Anesthesia Services ~ Professional Component for Anesthesiologist billing
UPMC PHYSICIAN SERVICES
(800) 647-9600

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STATEMENT OF BILLING AND COLLECTIONS POLICY AND PRINCIPLES

Uniontown Hospital has developed policies and procedures for internal and external billing and collection practices. Our mission to make a healthy difference in the lives that we touch is reflected in these practices. Uniontown Hospital will take into account a patient's good faith effort to resolve their financial responsibility for the healthcare services they receive. The patient will be expected to show good faith effort to supply correct insurance information, apply for a governmental program or Uniontown Hospital Community Charity Care when required and/or comply with his or her mutually agreed upon payment arrangements. Our reasonable collection efforts will include:

- Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
- Documentation that Uniontown Hospital has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this Policy and that the patient has not complied with the hospital's application requirements;
- Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

For patients who qualify for charity or are cooperating in good faith to resolve their hospital bills according to our payment options, Uniontown Hospital will not send unpaid bills to outside collection agencies. The hospital may take actions in the event of non-payment. Actions the hospital may take include referral to a collection agency and reporting to credit unions. Uniontown Hospital will not impose extraordinary collection actions such as wage garnishments, liens on primary residences, or other legal actions.

The policy includes actions the Hospital may take in the event of non-payment.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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BILLING AND COLLECTIONS ~ REASONABLE COLLECTION EFFORTS

Uniontown Hospital is committed to establishing standards and a philosophy of fair practices consistent with our mission and values. Uniontown Hospital is also committed to exhausting all reasonable follow-up efforts on unpaid patient liability claims prior to utilizing extraordinary collection activities.

Collection Efforts ~

- Uniontown Hospital may pursue collection activities for health care services provided to patients only in a manner consistent to our standards.
- Insurance will be billed as a convenience to our patients. However, billing insurance does not relieve patients of their responsibility for payment of the emergency or medically necessary charges incurred.
- Whenever possible, insurances with a co-pay amount will be collected when services are rendered.
- Balances on hospital bills that are not covered by insurance are due and payable upon receipt of the first billing. Patients will be notified of Uniontown Hospital's Financial Assistance Policy according to all methods conveyed in the policy.
- Uninsured and underinsured patients who are unable to pay will be given consideration for coverage under Uniontown Hospital's Financial Assistance Policy.
- Patients will be proactively screened for presumptive financial assistance through an outside vendor prior to extraordinary collection activities.
- Balances that are not eligible for Uniontown Hospital's Financial Assistance Policy guidelines will be offered the opportunity to make payments according to the EZPay guidelines.
- Any hospital bill incurred as a result of an accident or other cause involving a dispute as to the liability between a patient and others does not involve the hospital unless Medicare or Medicaid dictates otherwise. The hospital will look to the patient for payment in the same manner as for bills resulting from any other type of service.
- Whenever a patient has questions about charges, insurance payments, collection information or payment arrangements, Uniontown Hospital's Financial Care Services Department will assist in whatever way possible to provide the information or solve the problem.
- Uniontown Hospital may conduct activities to collect payment for health care services themselves, the External Business Office or through a collection agency or agent. Such agency or agent must agree contractually to take no action that is inconsistent with this policy.
- Patients will receive a minimum of four (4) statements over a period of 120 days.
- Patients will receive a final notice regarding the hospital's financial assistance policy as well as the extraordinary collection activity that could be initiated due to nonpayment at least 30 days prior to the account being referred to a collection agency.
- Accounts will not have any extraordinary collection activity for at least 120 days from the date of first billing.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

BILLING AND COLLECTIONS ~ COLLECTIONS PROCESS

Collection Process ~

- Accounts for services rendered with a personal payment obligation are expected to be resolved within 120 days from the date of the initial patient billing.
- Accounts that remain unpaid or otherwise unresolved after 120 days are considered in default.
- Patients are sent progressive reminders on their statements.
- At least a total of 4 statements are sent during the initial 120 notification period.
- Phone contacts are made to remind patients of their financial obligations.
- Patients are notified of the availability of Financial Assistance during the pre-service and registration processes, statement cycle and phone contacts.
- Patients will be notified on their final statement that their account is in default and the extraordinary collection actions that may occur.
- Collection agencies will be used for all unresolved patient balances greater than \$ 9.99.
- Unresolved patient balances are referred 35 days after the final statement to the collection agency.
- The unresolved balance will remain at the collection agency for three (3) years.
- At the conclusion of three years, the unpaid balance is returned from the collection agency and the account will be deemed uncollectable.
- Patient debt is advanced based on Board approved Revenue Cycle Principles and Policies.
- Movement through the statement cycle, dunning level process and referral to the collection agency is automated. Financial Care Services Department review accounts to determine if any inconsistencies or unique situations may occur.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

BILLING AND COLLECTIONS ~ STATEMENTS

Patient Statements ~

- Patient friendly statements will be utilized.
- Patients will receive statements at 30 day intervals on patient balances due.
- Progressive dunning level messages will be assigned based on the age of the balance due.
- Patients will receive a minimum of 4 statements over a period of 120 days on unresolved balances.
- A combination of 2 statements and 2 letters will be sent.
- Statements will be sent by an outside vendor.
- Vendor will ensure appropriate address scrubbers are utilized.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

BILLING AND COLLECTIONS ~ PRE-SERVICE COLLECTIONS

Pre-Service Collections: Following all EMTALA regulations, patients will never be turned away or delayed with an emergent medical need.

- Uniontown Hospital will make every attempt to collect the patient co-pay and unresolved patient responsibility amounts prior to non-emergent services.
- Uninsured: Financial Assistance information will be discussed, information provided and assistance to apply will be offered.

- **Emergency Department Services ~**
 - Emergency Services: Emergency care will be our first priority. Secondly, will be insurance coverage and the patient's financial obligations. Payment and financial discussion will occur at the time of discharge.
 - Non-Emergency Services: Financial obligations for non-emergency services will be expected to be paid at the time of discharge.
 - Personnel may not delay providing an appropriate medical screening, further examination and treatment in order to inquire about the individual's method of payment or insurance status.
 - Reasonable registration processes may occur after the medical screening examination has been completed and the patient has been stabilized.
 - The registration process consists of collecting demographic information and insurance information.
 - If, during the registration process, the patient inquires about financial issues, the Financial Access/Registration staff must reassure the patient their medical care and treatment comes first and that any financial discussions can take place after discharge. The registration process may not unduly discourage individuals from remaining for further evaluation.
 - Once the patient has been discharged or admitted and no further clinical treatment is needed, financial discussion may occur.
 - The patient will be asked if they need financial assistance. If they indicate they would like help, a further conversation will occur regarding the options our organization has available to help them meet their financial obligations.

- **Observation and Inpatient Care:** Payment will be requested upon discharge to the extent that the co-pay is known based upon a review of the patient's insurance coverage.

- **Diagnostic and Surgical Services:** Payment of personal financial obligations for the services requested will be expected to be paid prior to services. Non-emergent services may be delayed while a discussion and review of payment options for unresolved balances are discussed with the patient. Please see outline of process below.
 - **Pre-Service Out Patient Diagnostic Non-Scheduled Testing**
 - Uniontown Hospital will make every attempt to collect the co-pay/deposit patient responsibility amounts for out-patient non-scheduled diagnostic testing.

- No personnel may delay an emergent diagnostic test to discuss financial information or responsibility.
- The Gatekeeper position will review the script presented by the patient to determine if the diagnostic test requested is a STAT or routine elective.
- Patients that do not have a STAT request will be reviewed by the Gatekeeper for any previous balances greater than 120 days old and considered bad debt.
- Any patient with bad debt balances (unresolved) will be directed to a Financial Access Associate to discuss before testing continues. Financial Assistance will be discussed and help will be offered to the patient to meet their financial obligations.
- If the patient indicates they would like financial assistance, a further conversation will occur regarding the options our organization has available to help them meet their financial obligations.
- After the financial discussion the patient will proceed with their testing. Testing may be denied for non-payment or lack of cooperation.
- Patients that do not have bad debt balances will be registered without delay and will proceed with testing.

Pre-Service Out Patient Diagnostic Schedule Patients

- Uniontown Hospital will make every attempt to collect the co-pay/deposit patient responsibility amounts for out-patient scheduled diagnostic testing.
- No personnel may delay an emergent scheduled diagnostic test to discuss financial information or responsibility.
- Schedulers will review for past due bad debt balances (unresolved) prior to assigning a scheduled date and time for the requested scheduled diagnostic test.
- The Scheduler will automatically schedule a test determined by the physician to be emergent.
- Any patient with bad debt balances will be directed to the Financial Care Service Department to discuss their outstanding balances before scheduling continues. Financial Assistance will be discussed and help will be offered to the patient to meet their financial obligations.
- If the External Business Office is unable to make contact with the patient within 48 hours after the request, the test will not be scheduled and the physician office will be notified.
- Should the physician determine the test is emergent, the organization has a Pass Delay Quickly (PDQ) phone line for the physician to call to allow the patient to by-pass the financial assistance conversation.
- If the patient indicates they would like financial assistance, a further conversation will occur regarding the options our organization has available to help them meet their financial obligations.
- After the financial discussion the patient will be released to be scheduled and a date and time will be assigned. Testing may be denied for non-payment or lack of cooperation.
- Patients that do not have bad debt balances will be scheduled without delay and proceed with testing.

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BILLING AND COLLECTIONS ~ PATIENT PAYMENT OPTIONS

Patient Payment Options ~ Patients will be actively assisted by the Financial Care Services Department to find resolution to their debt.

- **Self-Pay Patients will be offered:**
 - Financial Assistance
 - 25% discount if deposit and commitment to pay in full on first statement arrangements are made prior to service.
 - 10% discount if payment in full is made on balance within 30 days after the first statement is sent.

- **Self-Pay and patients with balances after insurance will be offered:**
 - Financial Assistance
 - Opportunity to pay off debt within 120 of date of first statement
 - Opportunity for an agency to help patient apply for Medical Assistance
 - Opportunity to apply for hospital based charity program
 - EZPay Program: Hospital's interest free long term payment program

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BILLING AND COLLECTIONS ~ DISCOUNT OPTIONS

Patient Discounts ~ Uninsured patients that do not meet the eligibility requirements under the financial assistance policy guidelines will be expected to make financial arrangements to pay their portion of the amount due prior to the application of discounts for future non-emergency services. A patient must not have any accounts in default.

- **Fixed Fee Pricing:**
 - Uninsured patients may request a price quote on scheduled procedures. The quote will be valid for a specified period; a down payment must be made to activate the process.
- **Advance Payment Discount:**
 - Uninsured patients who have obtained a Fixed Fee Pricing Quote will be eligible for an Advance Payment Discount of 25 % if the procedure is paid in full prior to the service being rendered.
- **Prompt Pay Discount:**
 - Uninsured patients who pay in full within thirty (30) days of the initial billing are eligible for a 10 % discount.

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BILLING AND COLLECTIONS ~ LONG TERM PAYMENT OPTIONS

EzPay Program ~ This policy applies to both Medicare and Non-Medicare patient balances.

- **Eligible Patients:**
 - The EZPay Program is for all patients who need help paying their balances over an extended period of time.
- **EZPay Program Administration:**
 - An EZPay Financial Agreement Application must be completed and signed.
 - Agreed upon terms must not exceed 36 months.
 - This is an interest free program.
 - Equal monthly payments of at least \$ 50.
 - First monthly payment will be required to activate agreement.
 - Any default on the agreement will result in referral to a collection agency and credit reporting.

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**BILLING AND COLLECTIONS ~ DEDUCTIBLE, CO-INSURANCE, CO-PAY
AND PATIENT LIABILITY AMOUNTS**

Patient Liability Amounts ~ Uniontown Hospital and the health plans expect the patient to pay their patient liability amounts in a timely manner.

- Uniontown Hospital will make every attempt to collect the patient deductible, co-insurance and co-pay patient responsibility amounts.
- Financial Assistance will be offered to patients unable to meet their financial obligations based on limited financial means.
- Any unpaid balance related to this patient financial responsibility will be considered in payment default if any portion remains unpaid after 120 days.
- Any amount that remains unpaid will be considered an unresolved balance and transferred to Bad Debt.
- Unpaid patient balances related to these amounts will be treated as any other outstanding debt and will be eligible for referral to a collection agency if balance remains in payment default.
- Uniontown Hospital will not pursue collection on these balances after four statements have been sent and they are less than the small balance write-off amount of \$ 9.99.

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BILLING AND COLLECTIONS ~ EXTRAORDINARY COLLECTIONS ACTIONS

Extraordinary Collection Activities ~ This policy includes both Medicare and Non-Medicare patients, uninsured and patient liability amounts after insurance.

Extraordinary collection action is defined by Uniontown Hospital as:

- Collection agencies will be used for all unresolved balances after reasonable collection efforts have been exhausted.
- Account balances at the collection agency greater than \$ 50.00 will be eligible for credit reporting services.
- Collection activities will not include judgments.
- Collection agency activities and communications should be consistent with the spirit of the Revenue Cycle Principles.
- The collection agency will retain the account at the credit bureau based on their policies, procedures and timelines.
- The Patient Financial Supervisor or the Director of Patient Financial Services will be the only persons able to call an account back from the collection agency and credit bureau based on new available information.

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BILLING AND COLLECTIONS ~ UNRESOLVED ACCOUNT

- **Unresolved Account** ~ Uniontown Hospital defines an unresolved account as any patient account balance not paid in full at the conclusion of 120 days from initial patient statement.
 - It is the expectation that patients resolve their account balance within 120 days of the initial notification.
 - Unresolved balances will be considered a bad debt at the 150 day mark and transferred to the hospital's internal bad debt warehouse account.
 - Determining whether extraordinary collection activities occur on the unresolved balance will be determined by Uniontown Hospital's external business office based on whether solutions/agreements/arrangements have been made with the patient.
 - An unresolved account balance can be transferred to Bad Debt automatically or manually based on certain criteria:
 - Automatically after 4 statements over a 120 day interval
 - Manually:
 - Return Mail and Deceased Patient Return Mail
 - Failure to cooperate with external Medical Assistance Application Agencies

An unresolved account balance will be considered eligible for referral to a collection agency.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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BILLING AND COLLECTIONS ~ REFERRAL TO COLLECTION AGENCY

Collection Agency Referrals ~ This policy includes both Medicare and Non-Medicare patients and uninsured and patient liability amounts after insurance and is considered a Uniontown Hospital extraordinary collection activity.

- Any unresolved account balance after 150 days will be considered in default and a bad debt.
- All unresolved account balances will be referred to a collection agency unless appropriate and approved resolution solutions have been met.
- Unresolved account balances greater than \$ 9.99 will be eligible for referral to a collection agency.
- Account balances in default will be referred on a daily basis to the collection agency. The referral will occur on the 35th day after default.
- Account balances referred to the collection agency with a balance greater than \$ 50 will be eligible for credit reporting.
- The agency will maintain four separate and distinct accounts for tracking and record keeping:
 - Medicare Inpatient
 - Medicare Outpatient
 - Other Inpatient
 - Other Outpatient
- The collection agency will determine when an account is considered uncollectable and returned to Uniontown Hospital as an uncollectable bad debt.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.

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BILLING AND COLLECTIONS ~ CREDIT REPORTING

Credit Reporting ~ When an account balance is transferred to a collection agency extraordinary collection action will occur.

- Collection agencies will be used for all unresolved patient balances greater than \$ 9.99.
- The collection agency will refer any account balance \$ 50.00 or greater to a listing of credit reporting companies.
- The collection agency will retain the account at the credit bureau based on their policies and procedures and timelines.
- The Patient Financial Supervisor or the Director of Patient Financial Services will be the only persons able to call an account back from the credit reporting companies.

This policy is to be reviewed periodically by the Board of Directors in conjunction with the Financial Assistance Program Policy and Principles.
