 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS ALL CHILDREN'S HOSPITAL</p>	Johns Hopkins All Children's Hospital, Inc.	<i>Policy Number</i>	R&F011
	Revenue Cycle/Finance General	<i>Effective Date</i>	10/05/2016
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	Self-Pay Collections	<i>Supersedes</i>	N/A

This document applies to the following Participating Organizations:

- All Children's Health System, Inc. Johns Hopkins All Children's Hospital, Inc. Kids Home Care, Inc. Pediatric Physician Services, Inc.
- West Coast Neonatology, Inc.

Keywords: collections, pay, self-pay


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I. ADOPTION STATEMENT


- A. Johns Hopkins All Children's Hospital, Inc. and All Children's Health System, Inc., on behalf of itself and its related entities, hereby adopt the attached policy effective as of July 1, 2016 subject to:
- B. Sections I and XII of the policy shall be amended to include the following requirements to satisfy the requirements of Florida Statute 395.301

II. ADOPTION ADDITIONS

- A. ACHS and its affiliates employ the same principles and standards to the collection of patient liabilities owed to the affiliates. This policy is applicable to all patients receiving services at JHACH. This policy is applicable to all patients receiving services at a ACHS affiliate who are considered self-pay (as defined by this policy) and are judged to be able to pay; that is, this policy applies to those who are not eligible for financial assistance or a special entitlement program.
- B. A self-pay account is defined as one that is not covered by any medical insurance or other indemnity, in whole or in part (co-payment, co-insurance, deductible, spend down, etc.) and for which the patient or guarantor is liable for payment.
- C. Every JHACH affiliate will comply with Fair Debt Collection Practices regarding the patient/guarantor. For self-pay accounts the following post treatment collection efforts will be directed to the patient/guarantor:
 - 1. Phone calls, letters or data mailers
 - 2. Outside collection agencies and legal recourse
 - 3. Consolidation of liabilities for the same patient, upon patient/guarantor request

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- D. All ACHS affiliates will use a standardized intensity and a time frame of no more than one hundred and twenty (120) days from the date that the account is placed in a self-pay status for completing the in-house collection process. Based on the affiliate's average collection balance and staffing constraints, each affiliate may set its own balance limits for purposes of automated bad debt write offs, personalized contacts, etc.
- E. Extraordinary Collections Activities (ECA's)
1. ACHS does not engage in extraordinary collections practices. We will undertake all reasonable efforts to presume financial assistance eligibility.
 2. ACHS will not charge interest on any unpaid balance of a hospital account.
 3. Patient accounts with ACHS hospitals shall not be sold or transferred at any time to a factor, bank or other third party entity.
 4. Delinquent accounts shall not be reported to a credit reporting agency by the hospital or its collection agencies.
 5. ACHS will not require payment of existing balances for prior treatment before providing medically necessary care nor will we deny care based upon prior non-payment.
 6. ACHS does not engage in any extraordinary collections activities (ECA) before making reasonable efforts to determine if patient is eligible for assistance under our Financial Assistance Policy (FIN 034).
 7. ACHS may presume that an individual is eligible for financial assistance, based upon prior financial assistance or Medicaid eligibility.
 8. If an individual is presumed eligible, ACHS will ensure that the individual receives the most generous financial assistance available.
- F. Special Circumstances
1. Pending Medical Assistance – external collection efforts may be initiated to qualify patients in cases of insufficient cooperation with in-house resources, deceased patients or other at risk patients that attempt to assist patient/families qualify for Medical Assistance.
 2. Crime Victims Services – accounts subject to claims filed by patients with the Bureau of Victim Compensation will be assigned to the Victim of Crime insurance plan to ensure no debt collection activity while the claims are pending.
- G. Special Collections (see policy FIN 069)
1. Bankruptcies – Account balances that are included in a bankruptcy filing will be held in abeyance until a final determination has been made. Proofs of claim will be filed in support of each bankruptcy filing.
 2. Estate Claims – Claims will be filed against estates within six (6) months after the patient expires whenever there is a balance over \$250.00 and it has been established that the patient had an estate.
 3. Hospital Liens – We are prohibited from the filing of liens by Pinellas County
 4. Risk Management Accounts – The Risk Management department must approve any activity on accounts that have outstanding risk management issues, as noted in the affiliates billing system.
- H. External Collections
1. ACHS affiliates shall provide active oversight of any contract for collection of patient accounts. Oversight shall include patient complaint resolution, non-financial reporting of complaints received from the patient, Agency for

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Healthcare Administration or the Attorney General offices for the state of Florida and any other state or federal agencies; audits of agency collection activity and performance, periodic meetings; and review, final authorization and approval before commencement of lawsuit, or settlements. Collection Agencies shall direct all patient complaints against the agency and/or ACHS regarding the handling of the patient bill to the Director of Patient Accounts and/or the Director of Central Business Office (CBO) for investigation and response. Collection agencies shall be required to be in conformance with the Fair Debt Collections Practices Act, American Collectors Code of Ethics and all applicable state and federal laws.

I. Exceptions

1. All ACHS affiliates have the prerogative to modify the standard collection cycle based on case specific circumstances; for example, to expedite the cycle in cases of uncooperative debtors, undeliverable/refused mail or slow the cycle if the debtor is making a good faith effort and has provided insurance and/or other necessary information.
2. Any deviation from this policy must be reviewed and approved by the Director of Patient Account and/or the Director of CBO or designee. Documentation describing the reason for the exception and approval for granting such an exception must be clearly documented in the patient's financial record.

III. DEFINITIONS

Co-payments	A flat amount that is paid per visit or encounter. This rate does not increase based upon the price or contract rate.
Deductible	An amount that the patient/family is required to pay before the insurance will pay. The patient responsibility that gets applied to a deductible is based upon our contract rate with the insurance company (and typically not our billed charges).
Co-Insurance	A percent of the insurance company's allowed charges that the patient must pay. The patient responsibility that gets applied to a co-insurance amount, just like a deductible, is based upon our contract rate with the insurance company and not typically our billed charges.
Central Business Office (CBO)	CBO is responsible for all billing, payment posting, insurance follow up, denial and appeals, customer service for employed physician practices.
Extraordinary Collection Activities (ECA's)	Actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospitals financial assistance policy that require a legal or judicial process, involve selling an individual's debt to another party, or involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus

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IV. COLLECTIONS PROCESS FOR CBO

- A. Patients without health insurance coverage will be registered as self-pay at time of service. Self-pay patients are assigned to early out vendor every week for account follow up.
- B. Patients with health insurance coverage are registered with coverage and claims are sent out through clearinghouse. Once EFT/ERA is processed from the payer, the patient balance is turned over to self-pay status electronically with appropriate remit code stating copay, co-insurance and/or deductible.
- C. Each week an electronic file is produced to assign self-pay balances owed after insurance has processed the claims and securely transmits these accounts to our early out vendor.
- D. Early out vendor commences self-pay follow up on accounts by contacting patient/guarantor to arrange for payment of balance due, using letters and telephone calls.
- E. Early out vendor documents the patients' account of all conversations, letters and other actions taken. This documentation is uploaded daily in the physician billing system.
- F. When contacting the patient/guarantor by telephone, request payment in full.
- G. Determine timing and frequency of contacts based on account balance, account age and date of last contact/follow up.
- H. If patient/guarantor asserts inability to pay in full or in part, obtain household size, income and any available liquid assets (cash, credit cards, bank accounts, stocks, bonds, etc.). Make determination if patient/family may be eligible for Financial Assistance and request that they complete an application.
 - a. If patient/family is interested in applying or request assistance to pay a bill, provide them with a Financial Assistance Application and ask them to send to the business office.
 - b. If the patient does not appear to meet qualifications for Financial Assistance, negotiate the shortest possible repayment terms in accordance with FIN 033 Installment Payment Plan. Establish acceptable payment plan per this policy.
- I. Collect balance on undisputed portion of any account that patient/family may be disputing. Resolve any questions and conclude payment arrangements.
- J. If self-pay vendor is unsuccessful at contacting the patient/guarantor or no payments have been made after 180 days, account balance is turned over to Collection vendor for further collection efforts and balance is adjusted off to Bad Debt in physician billing system
- K. Vendors are notified of any Bankruptcy, Estate, possible litigation, etc. to place the account on Hold for further review or to remove account completely from any further collections activity.
- L. Accounts with outstanding legal issues (Bankruptcy, Estate, possible litigation, Victim of crime, etc.) are to be referred to Manager or designee for resolution.

V. COLLECTIONS PROCESS FOR HOSPITAL

Collector/Outside Vendor

- A. Patients without health insurance coverage will be registered as self-pay at time of service. Self-pay patients are assigned to early out vendor every week for account follow up.
- B. Patients with health insurance coverage are reviewed by the Patient Account Representative after insurance payments have been posted to verify that the remaining balance owed on the account is patient responsibility and validates that the balance owed agrees with the patient responsibility on the explanation of benefits from the payer as Deductible, co insurance or co-payment.
- C. Patient Account Representative changes patient account desk in Meditech to 851 O (outpatient) or 851 I (inpatient).
- D. Each week a report is produced to assign self-pay balances owed after insurance has processed the claims and securely transmits these accounts to our early out vendor.

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- E. Early out vendor commences self-pay follow up on accounts by contacting patient/guarantor to arrange for payment of balance due using letters and telephone calls.
- F. Early out vendor documents patient account of all conversations, letters and other actions taken. This documentation is uploaded daily in the hospital billing system.
- G. Review of self-pay accounts are prioritized for follow up using account balance and age of the account as follows:
 - a. 0 – 30 days – Current
 - b. 31 – 60 days – Delinquent
 - c. 61 – 90 days – Seriously Delinquent
- H. When contacting the patient/guarantor by telephone, request payment in full. Determine timing and frequency of contacts based on account balance, account age and date of last contact/follow up.
- I. If patient/guarantor asserts inability to pay in full or in part, obtain household size, income and any available liquid assets (cash, credit cards, bank accounts, stocks, bonds, etc.). Make determination if patient/family may be eligible for Financial Assistance and request that they complete an application.
 - a. If patient/family is interested in applying or request assistance to pay a bill, provide them with a Financial Assistance Application and ask them to send to the hospital business office.
 - b. If the patient does not appear to meet qualifications for financial assistance, negotiate the shortest possible repayment terms in accordance with FIN 033 Installment Payment Plan. Establish acceptable payment plan per this policy.
- J. Collect balance on undisputed portion of any account that patient/family may be disputing. Resolve any questions and conclude payment arrangements.
- K. Refer accounts with outstanding legal issues (bankruptcy, estate, possible litigation, Victim of crime, etc.) to Business Office Manager or designee for resolution.
- L. Record and re-queue account for the expected payment date or for the return of the Financial Assistance application.
- M. Send to collection agencies or other vendors any notice of bankruptcy or proof of claim for estate to process as applicable.
- N. After collection cycle has been completed, screen account to determine if account is eligible for financial assistance.
- O. If patient/family does not qualify for Financial Assistance, or has not provided necessary information to make this determination, close account with early out vendor and assign to collection agency for further attempts to get account paid or resolved.

VI. SUPPORTIVE INFORMATION

Related documents:



- FIN033 Installment Payments
- FIN069 Special Collection Situations

Ownership

- Revenue Cycle

Subject matter expert's title/position (if applicable)

- Director, Patient Accounts
- Director, CBO

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VII. APPROVAL

Electronic Signature(s)	Date
Jacqueline Crain	10/05/2016
Jonathan Ellen	10/05/2016

For and on behalf of Johns Hopkins All Children's Hospital, Inc. and All Children's Health System, Inc. and each of their related entities if listed above.