

# **Billing and Collections Policy and Procedure**

After our patients have received services, it is the policy of Beebe Healthcare 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.

## **Purpose**

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collection functions in a manner that promotes compliance, patient satisfaction, and efficiency. Through the use of billing statements, written correspondence, and phone calls, Beebe Healthcare will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts. Additionally, this policy requires Beebe Healthcare to make reasonable efforts to determine a patient's eligibility for financial assistance under Beebe Healthcare's Financial Assistance Policy before engaging in collection actions to obtain payment.

## **Definitions**

Financial Assistance Policy (FAP): A separate policy that describes Beebe Healthcare'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 Beebe Healthcare's financial assistance policy. In general, reasonable efforts may include providing individuals with written and oral notifications about the FAP and application processes.

## **Procedures**

### **I. Billing Practices**

#### **A. Insurance Billing**

1. Please note that it is the patient's responsibility to know their insurance benefits and coverage prior to their services at Beebe Healthcare. All required referral(s) or authorizations must be secured prior to services. If you have questions regarding your financial responsibility or coverage of services at Beebe Healthcare, please contact your insurance carrier in advance of services.

2. For all insured patients, Beebe Healthcare will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
3. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Beebe Healthcare will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
4. 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, Beebe Healthcare may bill the patient or take other actions consistent with current regulations and industry standards.

## **B. Patient Billing**

1. All uninsured patients will be billed directly and timely, and will receive a statement as part of the organization's normal billing process.
2. For insured patients, after claims have been processed by third-party payers, Beebe Healthcare will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.
3. All patients may request an itemized statement for their accounts at any time.
4. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation.
5. Beebe Healthcare may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.
  - a. Patient Financial Services supervisors and directors have the authority to make exceptions to this policy on a case-by-case basis for special circumstances.
  - b. Beebe Healthcare is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.
6. Patient payments resulting in a credit balance may be transferred to other open patient account balances.

## **II. Collections Practices**

A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, Beebe Healthcare may engage in collection activities to collect outstanding patient balances.

1. General collection activities may include follow-up calls and statements.
2. Patient balances may be referred to a third party for collection at the discretion of Beebe Healthcare to include reporting unpaid debts to credit reporting agencies and /or credit bureaus.
3. Beebe Healthcare will maintain ownership of any debt referred to debt collection agencies, and patient accounts will be referred for collection only with the following caveats:
  - 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. Beebe Healthcare will not refer accounts for collection while a claim on the account is still pending payer payment. However, Beebe Healthcare 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. Beebe Healthcare will not refer accounts for collection when the claim was denied due to a Beebe Healthcare error. However, Beebe Healthcare may refer the patient liability portion of such claims for collection if unpaid.
  - e. Beebe Healthcare will not refer accounts for collection where the patient has submitted a completed application for financial assistance or other Beebe Healthcare-sponsored program and Beebe Healthcare 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).

### **III. Financial Assistance**

A. All billed patients will have the opportunity to contact Beebe Healthcare to determine possible eligibility regarding financial assistance for their accounts, payment plan options and other applicable programs.

1. Beebe Healthcare’s Financial Assistance Policy is available free of charge.

Request a copy:

- ✓ In person at Patient Financial Services at 431 Savannah Road Lewes DE 19958
- ✓ By calling Patient Financial Services at 302 645-3546
- ✓ Online at [www.beebehealthcare.org](http://www.beebehealthcare.org)

Individuals with questions regarding Beebe Healthcare's Financial Assistance Policy may contact the financial counseling office at 302 645-3546.

## **IV. Customer Service**

A. During the billing and collection process, Beebe Healthcare will provide quality customer service by implementing the following guidelines:

1. Beebe Healthcare will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
2. Beebe Healthcare 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), Beebe Healthcare staff will return phone calls to patients as promptly as possible (but no more than two business day after the call was received).