Type of Policy:	**PUBLIC**	Category:	**Revenue Management**
Title:	***Patient Billing and Collections Policy (Self Pay)***	Policy #:	**1017**
		Replaces #:	5706-0509
Page:	1 of 6	Developed By:	
			Michele T. Napier, Chief Revenue Officer
Issue Date:	**10/01/2016**	Approved By:	Authorized body of the Orlando Health Board
Revision Dates:	03/2018		

I. POLICY:

It is the policy of Orlando Health that:

1. Payment on accounts will be pursued consistently, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.
2. This policy must be approved by the Board of Directors or an authorized body of the tax-exempt hospital.
3. Orlando Health or an Orlando Health Designee will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under its Financial Assistance Policy (FAP).
4. Orlando Health will widely publicize its FAP by posting on OrlandoHealth.com/FinancialHelp
5. Orlando Health Designee will offer a copy of the FAP and the Plain Language Summary before, during, or after the patient's hospital stay. Every Patient/Guarantor will be given reasonable time and communication to be aware of and understand their financial responsibility. The Patient/Guarantor will be held financially responsible for services actually provided and adequately documented. Understanding each patient's insurance coverage is the responsibility of the guarantor. Any self-pay liability secondary to insurance coverage is defined by the patient's insurance coverage and benefit plan.
6. Orlando Health or an Orlando Health Designee relies on the explanation of benefits and other information from the Patient/Guarantor and the insurance carrier for eligibility, adjudication of the claim, and financial responsibility determinations.

II. DEFINITIONS:

When used in this policy these terms have the following meanings:

A. Amounts Generally Billed (AGB): Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

B. Application Period: The period during which Orlando Health must accept and process an application for financial assistance under its FAP submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Orlando Health provides the individual with a written notice that sets a deadline after which ECAs may be initiated.

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C. Extraordinary Collection Actions (ECAs): Extraordinary Collection Actions taken by Orlando Health against an individual related to obtaining payment of a bill for care covered under Orlando Health's FAP that require a legal or judicial process or involve selling an individual's debt to party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
D. Financial Assistance Policy (FAP): Orlando Health's Financial Assistance Policy.
E. FAP-Eligible Individual: An individual eligible for financial assistance under Orlando Health's FAP (without regard to whether the individual has applied for assistance under the FAP).
F. Guarantor: The individual receiving care and/or the financially responsible party.
G. Patient/Agent/Legal Representative: A person who, under applicable law, has the authority to act on behalf of an individual. A legal representative includes a healthcare surrogate, proxy, guardian, or parent or other person acting in place of a parent (in loco parentis) for an un-emancipated minor, or an executor or administrator of an estate.

III. PROCEDURE:

A. A statement of hospital services is sent to the Patient/Guarantor in incremental billing cycles. In cases when the patient has no insurance coverage (i.e. a self pay patient), the statement is sent after services are provided. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been provided, and the claim has been submitted/adjudicated by the insurance carrier. There are some cases in which there is a stop in the adjudication of a claim due to the patient needing to provide additional information, where a statement will be sent to the Patient/Guarantor prior to claim processing.
B. Orlando Health or an Orlando Health Designee may attempt to contact the Patient/Guarantor (via telephone, mail, or email) during the statement billing cycle in order to pursue collections. Collection efforts are documented on the patient's account in the registration/billing system.
C. Patient Statement Cycle:
    1. The statement cycle will be measured from the first statement sent to the Patient/Guarantor (date sent) and include the following:
    2. Subsequent statements sent to the Patient/Guarantor in 30 day increments.
        a. Self Pay
            1) 1st – Date of first billing.
            2) 2nd – Day 31
            3) 3rd – Day 61
            4) 4th – Day 91 and notice of submission to Collection Agency if amounts left unpaid or FAP application not received.
        b. Self Pay Balance After Insurance
            1) 1st – Date of first billing.
            2) 2nd – Day 31
            3) 3rd – Day 61

4) 4th – Day 91 and notice of submission to Collection Agency if amounts left unpaid or FAP application not received.

D. Patient Collection Cycle:
   1. Three levels of collection agencies will potentially handle this claim.
      a. Level one, minimum of 120 days.
      b. Level two, minimum of 180 days.
      c. Level three, minimum of 180 days

E. Extraordinary Collection Actions (ECAs):
   1. It is the policy of Orlando Health not to engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under its FAP policy.
   2. ECAs include:
      a. Selling a patient's debt to another party;
      b. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
      c. Deferring or denying, or requiring payment before providing medically necessary care because of an individual's nonpayment of one or more bills for previously provided care, covered under Orlando Health's FAP
      d. Orlando Health may pursue all available means in the collection of delinquent accounts including those actions requiring a legal or judicial process. However, legal action will NOT include bank garnishment, repossession of assets and foreclosures.
      e. Orlando Health must be notified of and approve of any legal action being taken in the collection of delinquent accounts by any vendors working on behalf of Orlando Health.

F. Efforts to Determine FAP Eligibility:
   1. Orlando Health will allow Patients/Guarantors to submit complete FAP applications during a 240-day Application Period (as described herein).
   2. Orlando Health will not engage in ECAs against the Patient/Guarantor without making reasonable efforts to determine the patient's eligibility under the FAP. Specifically:
      a. Orlando Health will notify individuals about the FAP as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement for the care.
      b. If Orlando Health intends to pursue ECAs, the following will occur at least 30 days before first initiating one or more ECAs.
      c. Orlando Health will notify the patient in writing that financial assistance is available for eligible individuals, identify the ECAs the facility (or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such

ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided.

3. The above notice will include a Plain Language Summary of the FAP.
4. Orlando Health will make a reasonable effort to orally notify the patient about the FAP and how the individual may obtain assistance with the application process.
5. If Orlando Health aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

G. Orlando Health will process FAP applications as outlined in the Financial Assistance Policy.

1. If an individual submits a complete FAP application during the application period, Orlando Health will:
   a. Suspend any ECAs to obtain payment for the care;
   b. Make an eligibility determination as to whether the individual is FAP-eligible for the care and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.
2. If the individual is determined not to be FAP eligible for the care, Orlando Health will proceed as follows:
   a. The individual will be offered an uninsured discount and the amount will be applied to the open balance.
   b. A billing statement that indicates the amount the individual owes for the care will be provided.
   c. The account will resume the collection flow cycle, as indicated above, as Orlando Health will continue to pursue payment on outstanding balance.

H. If the individual is determined to be eligible for assistance other than free care, the patient/guarantor can request the actual percentage discount applicable by contacting the Orlando Health Financial Assistance team at 321.843.8955. Patient responsibility will be calculated through the AGB as indicated in the Orlando Health FAP.

1. Orlando Health will refund to the patient/agent any amount he or she paid for the care that exceeds the amount he or she is determined to be personally responsible for paying as an FAP eligible individual, unless the excess amount is less than $5 (or such other amount published in the Internal Revenue Bulletin).
2. Take reasonable measures to reverse any ECAs taken on the patient.

I. Miscellaneous Provisions:

1. Anti-Abuse Rule- Orlando Health will not base its determination that an individual is not FAP-eligible on information that Orlando Health has reason to believe is

unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.

2. Determining Medicaid Eligibility- Orlando Health will not fail to have made reasonable efforts to determine whether an individual is FAP-eligible for care if, upon receiving a complete FAP application from an individual who Orlando Health believes may qualify for Medicaid, Orlando Health postpones determining whether the individual is FAP-eligible for the care until after the individual's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.
3. No Waiver of FAP Application- Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the FAP or receive the notifications described herein, will not itself constitute a determination that the individual is not FAP-eligible.
4. Final Authority for Determining FAP Eligibility- Final authority for determining that Orlando Health has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with the Orlando Health Revenue Management Department.
5. Agreements with Other Parties- If Orlando Health sells or refers an individual's debt related to care to another party, Orlando Health will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.
6. Providing Documents Electronically- Orlando Health may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

IV. DOCUMENTATION:

Supporting procedures that are related to the policy can be accessed through the hyperlinks listed below.

A. Financial Assistance Policy, 1001: OrlandoHealth.com/FinancialHelp
B. Orlando Health Provider listing: OrlandoHealth.com/FinancialHelp
C. U.S. Department of Health and Human Services Poverty Guidelines: Poverty Guidelines | ASPE
D. Financial Assistance Application: OrlandoHealth.com/FinancialHelp
E. Plain language summary: OrlandoHealth.com/FinancialHelp
F. Foreign language translated documents:OrlandoHealth.com/FinancialHelp
G. Orlando Health website financial documents: OrlandoHealth.com/FinancialHelp

H. Federal Register Vol. 79 No. 250: https://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf

V. REFERENCES:

VI. ATTACHMENTS: