



Patient Billing and Collection Policy

Purpose

This Policy establishes reasonable procedures regarding collection of patient accounts, including actions that may be taken by Mammoth Hospital or contracted external collection agencies and law firms.

Scope / Applicability

This policy applies to Mammoth Hospital and clinics.

Definition

ECA- Extraordinary Collection Action as defined by IRS 501(r)

Policy

It is SMHD practice to maintain the highest level of commitment to providing excellence in Customer Service. We recognize patients usually seek medical services out of necessity. We also recognize that the costs associated with this care are generally not budgeted for in advance. In addition to having to adjust to the physical, emotional, and spiritual elements associated with an illness or injury, patients and their families have to deal with an unforeseen financial burden. SMHD is committed to providing a compassionate and caring approach in helping our patients resolve their financial obligations associated with the hospital services they receive.

Mammoth Hospitals Reasonable Efforts to Identify Patients Eligible for Financial Assistance

Mammoth Hospital will notify individuals that financial assistance is available to eligible individuals at least 30 days prior to pursuing ECAs to obtain payment for the care provided by the hospital by doing the following:

1. Provide written notice to the individual indicating that financial assistance is available to eligible individuals, indicating that Mammoth Hospital intends to initiate or have a third party initiate to obtain payment for the care, and provides a deadline after which ECAs may be pursued and which is no later than 30 days after the date of this written notice;
2. Provide the individual a Plain Language Summary of the Financial Assistance Policy with this written notice; and
3. Make reasonable efforts to orally notify individuals about the Mammoth Hospital's financial assistance policy.

Notification Period

ECAs for hospital services will not commence for a period of 120 days after the date of the first post-discharge billing statement for the applicable medically necessary or emergency medical care.

Financial Assistance Application Period

The financial assistance application period begins on the date medical care is provided and ends 240 days after the first post-discharge billing statement or 30 days after the hospital or authorized third party provides written notice of ECAs the hospital plans to initiate, whichever is later. Mammoth Hospital widely publicize the availability of financial assistance and make reasonable efforts to identify individuals who may be eligible. The eligibility criteria and application process is set forth in the applicable Financial Assistance Policy.

If a patient submits a complete hospital financial assistance application during the application period, Mammoth Hospital will suspend ECAs and make an eligibility determination before resuming applicable ECA activity.

If a patient submits a complete hospital financial assistance application during the application period, Mammoth Hospital will suspend ECAs and make an eligibility determination before resuming applicable ECA activity. Once a Full or Partial Charity Care, Catastrophic Charity Care, or High Medical Cost Charity Care determination has been made, a "Charity Notification Letter" will be sent to each applicant advising them of the SMHD decision.

Identification of Reasonable Efforts Taken

Prior to engaging in ECAs, Mammoth Hospital staff will identify whether reasonable efforts were made to determine whether an individual is eligible for financial assistance.

Financial Expectations

Consistent with this Policy and the Financial Assistance Policy, Mammoth Hospital will clearly communicate with patients regarding financial expectations as early in the appointment and billing process as possible.

- Patients are responsible for understanding their insurance coverage and for providing needed documentation to aid in the insurance collection process.
- Patients may be required to pay a pre-service deposit or estimated co-pays and deductibles prior to services (except in the Emergency Department and other emergent situations).
- Patients are generally responsible for paying self-pay balances, including any amounts not paid by insurance companies or applicable third party payers.

Insurance Collections

Mammoth Hospital will maintain and comply with policies and procedures to ensure the timely and accurate submission of claims to all known primary health plans or insurance payers ("Payer") clearly identified by the patient. If Mammoth Hospital timely receives from the patient complete and accurate information about the Payer but does not timely submit a claim to the Payer and the Payer denies the claim based on that untimely filing, the patient will be responsible for only the amount that the patient would be liable to pay had the Payer paid the claim. However, if Mammoth Hospital determines that it either timely filed the claims or was provided inaccurate or incomplete information, then the patient will be held responsible.

Mammoth Hospital shall not refer any bill to a third-party collection agency or attorney for collection activity while a claim for payment of the services is pending with a contracted payer. Mammoth Hospital may refer a bill to a third-party collection agency or attorney following an initial denial or untimely denial of the claim by a Payer.

Mammoth Hospital will not refer any bill to a third-party collection agency or attorney for collection activity when a claim is denied by a third-party payer due to Mammoth Hospital's error and such error results in the patient becoming liable for the debt when they would not otherwise be liable. Mammoth Hospital reserves the right to substantiate that an error has been made and if Mammoth Hospital determines that it has not made an error, then the patient may be held liable. Patients must sign an authorization allowing Mammoth Hospital to bill the patient's health plan, insurance company or any other third party payer, and must cooperate with Mammoth Hospital in a reasonable manner by providing requested information to facilitate proper billing to a patient's health plan or insurance company.

Mammoth Hospital makes every reasonable attempt to collect from all known Payers, with whom Mammoth Hospital has a contract and non-contracted payers for services provided to assist patients in resolving their bills.

Self-Pay Balance Resolution

Mammoth Hospital will employ reasonable procedures in a fair and consistent manner to collect patient self-pay balances, maintaining confidentiality and patient dignity. Financial assistance will be offered those patients whose income and assets will not allow full payment of services within a reasonable time.

- Self-pay collection procedures and process flows are followed by Mammoth Hospital and must fully comply with this Policy. Mammoth Hospital and its affiliates have developed a process for patients to question or dispute bills, including a toll-free phone number patients may call and an address to which they may send written correspondence. The phone number and address shall be listed on all patient bills and collection notices sent by

Mammoth Hospital. Mammoth Hospital will make reasonable attempts to return telephone calls made by patients to this number as promptly as possible, but in no event later than five business days after the call is received.

- Mammoth Hospital offers reasonable payment plans.

Collection Agency

- Third-party debt collection agencies may be enlisted only after all reasonable collection and payment options have been exhausted. Agencies may help resolve accounts for services where patients are uncooperative in making payments, have not made appropriate payments, or have been unwilling to provide reasonable financial and other data to support their request for financial assistance.
- Collection agency staff will uphold the confidentiality and individual dignity of each patient. All agencies will meet all HIPAA requirements for handling protected health information.
- When reviewing the account for referral to a collection agency, the responsible person will confirm that:
 - ⊗ There is a reasonable basis to believe that the patient owes the debt.
 - ⊗ All known Payers have been properly billed such that any remaining debt is the financial responsibility of the patient. Where the patient has indicated an inability to pay the full amount of the debt in one payment, consideration of a reasonable payment plan is required provided that Mammoth Hospital may require the patient to provide reasonable verification of the inability to pay the full amount of the debt in one payment.
 - ⊗ The patient has been given a reasonable opportunity to submit an application for Financial Assistance. Particular attention should be given when a patient is uninsured or is currently on Medical Assistance, or other relief based on need.
- If a patient submits a complete application for Financial Assistance after an account has been referred for collection activity, Mammoth Hospital will suspend ECAs until the patient's application has been processed and notified the patient of Mammoth Hospital determination.

Responsible Department

Implementation, training, and monitoring compliance with this policy and procedure are the responsibilities of Patient Financial Services Manager.

Sanctions

Violation of this policy may result in disciplinary measures for the involved employee, up to and including termination.

Renewal/Review

This policy is to be reviewed annually to determine if the policy is compatible with the current SMHD operations. In the event that hospital operations change the policy will be reviewed and updated as needed.