



Marshfield Clinic

HEALTH SYSTEM

SUBJECT: Billing and Collection Policy **Board Approval Date:** 07/01/19
EFFECTIVE: 07/01/2017
POLICY NUM: SXKPPKZ72WEZ-3-936
CONTACT: Christine Feucht, Director Patient Financial Services

Applies to

- System wide
- Facilities and departments included in the scope are further defined in the [Scope Definitions Resource Guide](#) if not specifically outlined above.
- This policy *does not* apply to services provided by Family Health Center of Marshfield, Inc. (“FHC”). Financial assistance is available for FHC services through FHC’s financial assistance policy.
- See Exhibit 1 below for map of Marshfield Clinic Service Areas.

I. Purpose

Marshfield Clinic Health System’s mission is to enrich lives through providing accessible, affordable, compassionate health care. It is our vision to continue to innovate and define the future of health care for generations and be the consumer’s first choice for health care.

In furtherance of MCHS’ mission, the Boards of Directors of Lakeview Medical Center, Inc. of Rice Lake; MCHS Hospitals, Inc.; Marshfield Clinic, Inc.; and Memorial Hospital, Inc. each establish this Billing and Collection policy and a separate Financial Assistance Policy to ensure that all patients are treated fairly and reasonably and given sufficient opportunity to apply for financial assistance or make other payment arrangements. This policy is intended to meet the requirements of local, state, and federal laws regarding health care billing and collection practices.

This policy outlines MCHS’ process for resolving patient balance obligations and making reasonable efforts to determine whether an individual is eligible for financial assistance before pursuing certain collection actions. Patients are expected to adhere to this policy’s procedures in order to resolve financial obligations, to demonstrate financial need (if applicable), and to contribute toward the cost of their care based on their ability to pay. MCHS will not discriminate on the basis of age, sex, race, religious affiliation, disability, national origin, or immigration status when making financial assistance decisions.

II. Definitions

Emergency Medical Condition: A medical condition (including labor and delivery) that shows acute symptoms of sufficient severity (including severe pain) such that the lack of immediate medical care could result in one or more of the following: (a) serious jeopardy to the patient's health; (b) serious impairment to bodily functions; (c) serious dysfunction of a bodily organ or part.

Extraordinary Collection Action (ECA): Any action taken against an individual to obtain payment of a bill for care that requires a legal or judicial process, involves selling an individual's debt to another party, or involves reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus.

Guarantor(s): Person(s) financially responsible for payment of medical services. The Guarantor may be the patient, a parent, legal guardian, or other person financially obligated by law. Any reference to "patient" in this policy shall mean the patient and/or the Guarantor.

Hospital Lien: A claim by a hospital seeking payment for services provided to an injured person. The claim is filed against the judgment, award or settlement that the injured person may obtain against the person responsible for the injury. A hospital lien is an exception to the standard collection practice. A hospital lien is not considered an Extraordinary Collection Action (ECA).

Out of Pocket Amount: Expenses for medical care that are not reimbursed by an insurance carrier. Out of Pocket amounts normally include copayments, coinsurance, deductible, non-covered services, and other denied amounts.

Statement: A communication sent to the patient by mail, email, or the patient portal describing services received and balances owed.

Third Party Liability: A third party that may be responsible to pay part or all medical expenses for a patient. Examples include auto insurance, worker's compensation, or homeowner's insurance.

Uninsured: An individual who has no health insurance coverage. Patients who have insurance coverage but have balances due to portions not paid by their health insurance (including deductibles, coinsurance, copayments, benefit maximums, or non-covered services, for example), are not considered Uninsured.

III. Emergency Medical Services

MCHS will not engage in any actions that discourage individuals from seeking care for Emergency Medical Conditions, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

IV. Billing and Collection Procedures

Patient responsibilities: Patients are expected to know and understand their insurance benefits, and are encouraged to contact their health plan prior to their appointment with any questions regarding coverage and Out of Pocket Amount.

- a) Patients are required to provide an accurate delivery address for financial notifications and billing statements.
- b) Patients are expected to present their insurance card(s) when requested at registration. Insurance cards are scanned or photocopied for reference.
- c) Patients are expected to follow their health plan provider network rules and obtain referrals and authorizations when necessary to maximize insurance coverage for their care.

Determining patient amount owed: MCHS will seek payment from all known health plans, insurance companies, and third party payers. Timely claims will be filed and industry appropriate claim procedures will be followed. Patient Financial Services staff is available to assist patients in resolving insurance and claim issues.

- a) In the event a commercial insurance company does not respond within 30 days, the balance may be billed to the patient.
- b) Applicable regulations will be followed prior to billing a patient covered by government-administered benefits such as Medicare or Medicaid.
- c) A billing statement will be sent clearly stating the amount due from the patient.

Reasonable efforts to communicate financial assistance policy: MCHS will take measures to widely publicize the availability of financial assistance. Reasonable efforts to determine whether a patient is financial assistance eligible will be completed before pursuing Extraordinary Collection Actions (ECAs), including, at a minimum:

- a) Information regarding the availability of financial assistance will be posted in hospital and clinic registration and admitting locations, and in the hospital emergency department.
- b) The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, and this Billing and Collection Policy will be translated into Spanish, Hmong, and any other language that is the primary language spoken by the lesser of 1,000 individuals or 5% of the residents of the population of the Service Area.
- c) The Financial Assistance Policy, Plain Language Summary, Financial Assistance Application, and this Billing and Collection Policy (including applicable translations, as described above) will be posted on MCHS's website.
- d) In the case of hospital services, a copy of the Plain Language Summary will be offered at registration or discharge.
- e) Three billing statements will be mailed (or emailed) to the address of record. Accounts paid in full or approved for free care under the Financial Assistance Policy will not receive additional statements. Accounts whose statements are returned by the United States Postal Service as undeliverable will not receive additional statements or notifications if a reasonable effort to identify an updated address was not successful.
- f) Each billing statement will contain a conspicuous notice informing the patient about

the availability of financial assistance, including telephone contact information and a website address to obtain a copy of the Financial Assistance Policy (including the Plain Language Summary) and the application.

- g) At least one attempt will be made to notify the patient orally regarding financial assistance availability, including during: customer service, financial counseling, or aged account balance conversations.
- h) A copy of the Plain Language Summary, describing the financial assistance policy, will be provided before pursuing ECAs, as discussed below.

Payment Expectations: Payment for non-emergency medical care may be requested prior to or at the time of service, if determinable. Payment requests may include copayments, coinsurance, deductibles, non-covered services, or a down payment toward the expected Out of Pocket Amount.

- a) Payment for cosmetic services, over the counter items, and not-medically necessary services is required prior to the service, and is not eligible for financial assistance.
- b) Advance payment or financial arrangements are required for services offered at a discounted package price.
- c) Payment for specific elective procedures may be requested in advance if patients have not been determined financial assistance eligible.
- d) Payment of all other patient balances is due 20 days from the statement date.
- e) Payment plans are generally accommodated for higher balance accounts and may be established by contacting a patient accounts representative.

Debt Collection Agencies: If all attempts to communicate with the patient to resolve the balance according to the terms of this policy and the Financial Assistance policy are unsuccessful, or an undeliverable mailing address is on record, accounts will be sent to a third party debt collection agency. The collection agency will use routine collection measures to collect amounts due (including letters, phone calls, and other measures permitted under MCHS policies and applicable federal and state law), subject to the limitations described below.

Extraordinary Collection Actions (ECAs): Reasonable efforts, as described above, to determine whether a patient is financial assistance eligible will be completed before pursuing Extraordinary Collection Efforts. ECAs may be initiated by MCHS, or third parties on its behalf, to obtain payment for the services provided by MCHS. No ECA will occur prior to 120 days from the date of the first billing statement following discharge (in the case of hospital services) or date of service (in the case of non-hospital services).

Before initiating one or more ECAs, a written notice will be mailed to the patient stating the availability of financial assistance for eligible patients. The written notification will include a copy of the financial assistance Plain Language Summary. The notice will describe the ECA(s) that MCHS intends to take in order to obtain

payment for care. The notification will provide a minimum 30 days' notice for the patient to avoid the ECAs. After the deadline, the ECA will commence.

ECAs may include:

- a) Reporting to consumer credit reporting agencies;
- b) Pursuing legal judgments;
- c) Filing liens;
- d) Garnishing wages;
- e) Requiring prepayment for non-emergency services (notification may occur with less than a 30-day notification).

ECAs will not be initiated and further action will not be taken on existing ECAs once a financial assistance application is in process, as described in the Financial Assistance Policy. If the patient is determined financial assistance eligible, reasonable measures will be taken to reverse any ECA already in place.

V. Contact Information:

Patient accounts representatives are available by phone to assist with billing questions and payment arrangements at **(888) 258-9775**.

VI. Confidentiality:

MCHS recognizes that billing, payment and financial assistance may be a sensitive and personal issue for patients. Confidentiality of information and preservation of individual dignity will be maintained for all billing, collection, and financial assistance procedures.

XII. Other Related Policies:

- A. MCHS Financial Assistance Policy
- B. Family Health Center of Marshfield, Inc. Financial Assistance Policy
- C. Family Health Center of Marshfield, Inc. Billing and Collection Policy

XIII. Revision History:

<u>Revision Effective Date</u>	<u>Change Description</u>
10/1/2016	New policy approved and implemented
7/1/2017	Amended and added Marshfield Medical Center
7/1/2019	MCHS Board of Directors Approved Policy

MCHS Primary and Secondary Service Area

Primary Service Area counties are in grey and are bordered in blue.

All remaining counties make up the Secondary Service Area.

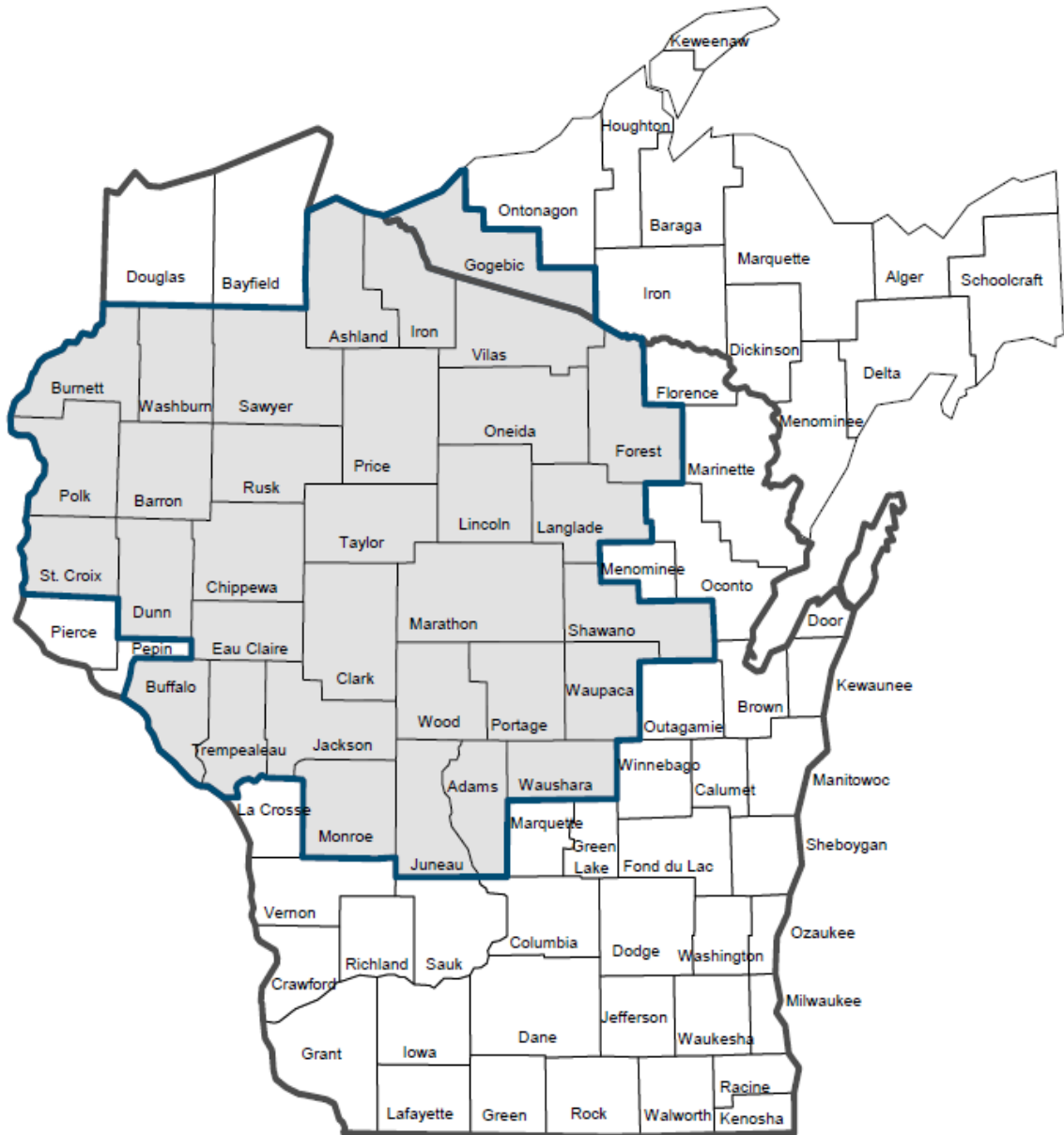
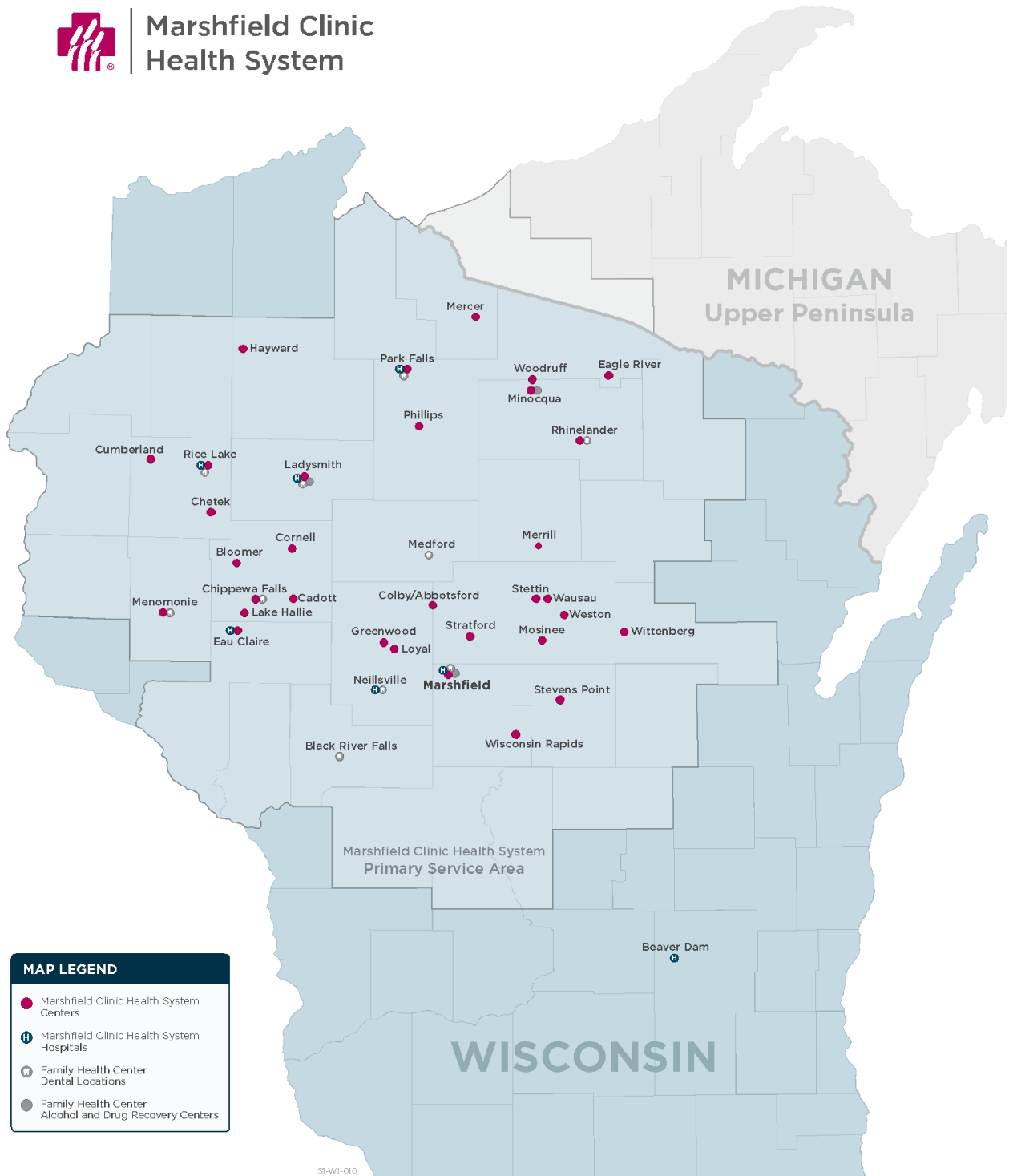


Exhibit 1: Marshfield Clinic Health System Service Area



Marshfield Clinic
Health System



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