

<b>Policy #</b> CW F 50.5	<b>Policy Name</b> CW F 50.5 Uniform Collection Policy for Self Pay
<b>Policy Location</b> *Company-Wide Policies	<b>Responsible Department</b> PFS Operations
<b>Policy Owner or Executive Owner</b> Katie MUNSEY (CP-Executive Director PFS)	<b>Original Creation Date</b> 03/01/2006
<b>Policy Effective Date</b> 1/30/2025	<b>Policy Review Date</b> 1/30/2025

- I. **SCOPE:** This policy applies to all hospital entities within AdventHealth (AH).
- II. **PURPOSE:** To establish consistent guidelines for the handling of self-pay uninsured patient balances and self-pay balances after insurance payment both pre- and post-service patient accounts.
- III. **POLICY:** It is the policy of AdventHealth that each health care facility develops guidelines that describe the process that will be used to bill and collect the self-pay portion of a patient bill.

**IV. PROCEDURE/GUIDELINES:**

**Non-Elective Uninsured Patients**

1. Non-Elective Uninsured patients shall automatically qualify for a discount to total charges equal to the average discount given to that facility's contracted commercial insurance, Medicare and Managed Medicare payers equal to the Amounts Generally Billed (AGB) (outlined in the AdventHealth Financial Assistance Policy CW F 50.1) and can be considered for additional financial assistance according to the AdventHealth Financial Assistance Policy (CW F 50.1).

**Elective Uninsured Patients**

1. Elective uninsured patients shall automatically qualify for the hospital shoppable price for hospital determined shoppable services. For any elective service not on the shoppable list of the hospital the patient will receive the opt out of insurance discount of the hospital.
2. Patients are expected to pay in full, based on the self-pay estimate provided, prior to services being rendered. If 100% of the estimated amount cannot be collected prior to service, then the service should be deferred until payment arrangements can be made. Hospital leadership has the authority to allow services to proceed without upfront payment in full at their discretion per the deferral procedure.
3. If a patient did not make payment in full prior to services being rendered and a balance

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remains on the account, a minimum of four contacts (statements) will be made to the patient before a balance is sent to a collection agency, except for turnovers under an early out program or payment plan administration.

### **Elective Opt Out of Insurance and International Self-Pay Patients**

1. Elective Opt Out of Insurance and International self-pay patients shall automatically qualify for the hospital shoppable price for hospital determined shoppable services. For any elective service not on the shoppable list of the hospital the patient will receive the opt out of insurance discount of the hospital.
2. Patients are expected to pay in full, based on the estimate provided, prior to services being rendered. If 100% of the estimated amount cannot be collected prior to service, then the service should be deferred until payment arrangements can be made. Hospital leadership has the authority to allow patients to proceed with services without upfront payment in full at their discretion.
3. If a patient did not make payment in full prior to the services being rendered and a balance remains on the account, a minimum of four contacts (statements) will be made to the patient before a balance is sent to a collection agency, except for turnovers under an early out program or payment plan administration.

### **Self-Pay Balances after Insurance Excluding Medicare Patients**

1. A patient that has insurance coverage will only be eligible for charity discounts on the self-pay balance after insurance per the AH Financial Assistance Policy – CW F 50.1.
2. Patients with balance after insurance (excluding Medicare) are only eligible for discounts other than the Charity Care discount if the following conditions apply:
  - a. Non-Physician, Hospital and Foundation Board members and any other individuals covered under their health insurance policy, will receive a 50% discount off the patient portion after all insurance payments and adjustments have been applied.
  - b. Ordained clergy of any church or religious organization recognized by the Internal Revenue Service (IRS) and any other individuals covered under their health insurance policy who may receive a 50% discount off the patient portion after all insurance payments and adjustments have been applied.
3. Patients are expected to pay a good faith deposit, based on the estimate provided, prior to services being rendered in accordance with the deferral procedure.

### **Self-Pay Balances After Insurance for Medicare Patients**

1. To remain compliant with the Medicare Program requirements, a Medicare patient will only be eligible for charity discounts on the self-pay balance after insurance per the AH Financial Assistance Policy – CW F 50.1 with particular attention paid to the income

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documentation and asset means testing requirements. Proof of income cannot be obtained from a patient scoring tool. No prompt-pay discount or self-pay discounts other than charity will be permitted.

2. Patients with balances after Medicare payments are not eligible for any discounts other than the Charity Care discount if applicable even if the account has been placed with a collection agency.

### **Self-Pay Balances Pending Medicaid Program Coverage**

1. A patient who may qualify for State Medicaid program benefits and is currently working with an eligibility caseworker employed by AH or by a vendor facilitating Medicaid eligibility will have their accounts placed in a Medicaid Pending coverage under the Medicaid Financial Class.
  - a. During the qualification period, services will show billed to the Medicaid Pending payer until the final determination is made. If the patient does not qualify, an AGB discount will be applied, and the patient will be billed accordingly. If the patient qualifies for Medicaid, the Medicaid coverage will be billed accordingly and any patient responsibility remaining will be billed to the patient.

The following apply to all patient balance types unless otherwise stated above:

- AdventHealth and its collection agencies will allow more than 120 days from the first statement before consideration to sell any medical debt
- AdventHealth and its collection agencies will not credit report any medical debt to credit reporting agencies.
- AdventHealth and its collection agencies will only hold the guarantor liable for any medical debt.
- The collection agency will be instructed to pursue only the remaining amount due under the Financial Assistance Policy (CW F 50.1).
- Any additional discount will be evaluated on a case-by-case basis.
- Liens may be attached to auto coverage in states that allow such practice.
- Presumptive Eligibility may be determined using a patient scorer tool.
- Collection agencies will be instructed not to make collection calls to patients between 4PM on Friday and 8AM on Monday in the guarantor's respective time zone by zip code.
- A minimum of four contacts (statements) will be made to the patient before a bill is sent to a collection agency, except for turnovers under an early out program or payment plan administration.
- Patients who qualify for charity because of their income level will have their balances managed according to the AdventHealth Financial Assistance Policy (CW F 50.1).
- Patients/guarantors will be allowed to enroll in an AdventHealth sponsored payment plan without interest up to a maximum of 36 months.

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**V. DEFINITION(S):**

1. **Opt Out of Insurance Self-Pay Patient:** A patient who has insurance but for privacy or other specified reasons requests AdventHealth not to bill their insurance for a particular service being rendered.
2. **International Self-Pay Patient:** A patient without US residency that presents to an AdventHealth facility for services without any insurance, including travelers' insurance.

**VI. EXCEPTION(S):**

**VII. REFERENCE(S):**

**VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):**

**Related Documents:**

**AdventHealth Policy – CW F 50.6 NC Medical Debt Mitigation Policy (MDMP)**

**AdventHealth Policy – CW F 50.1 Financial Assistance Policy**

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