

JEANES HOSPITAL, INC.

BILLING AND COLLECTIONS POLICY

EFFECTIVE DATE: July 1, 2014

Last reviewed: October 4, 2017

Last revised: June 22, 2016

ATTACHMENTS: EMERGENCY CARE, CHARITY CARE, FINANCIAL ASSISTANCE AND UNINSURED DISCOUNT POLICY

ISSUING AUTHORITY: BOARD OF DIRECTORS

I. SCOPE

This policy shall apply to Jeanes Hospital (JH).

II. PURPOSE

This policy, together with Jeanes Hospital Emergency Care, Charity Care, Financial Assistance and Uninsured Discount Policy (“FAP”), is intended to meet the requirements of applicable federal, state, and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by JH, including collection actions and reporting to credit agencies. The guiding principles behind this policy are to treat all patients equally with dignity and respect and to ensure appropriate billing and collection procedures are uniformly followed.

III. DEFINITIONS

- A. Charity Care – Medical care provided by JH to patients who qualify for free care pursuant to JH’s FAP.
- B. Emergency Care – Medical care required to be provided pursuant to the Emergency Medical Treatment and Labor Act, section 1867 of the Social Security Act (42 U.S.C. 1395dd) to individuals, regardless of their eligibility for Charity Care or Financial Assistance under JH’s FAP. More specifically, Emergency Care refers to services required to be provided under Subchapter G of Chapter IV of Title 42 of the Code of Federal Regulations (or any successor regulations), to the extent such regulations are applicable to JH.
- C. Extraordinary Collection Actions (ECAs) – Any actions that require a legal or judicial process that may be taken by JH against an individual to obtain payment of a bill for medical care.

- D. Financial Assistance – Medical care provided by JH to patients who qualify to pay a discounted amount for the care provided pursuant to JH’s FAP.

IV. BILLING PROCEDURES

This policy sets forth JH’s billing procedures and actions that JH may take if a bill for medical care is not paid.

- A. JH shall request payment for any known patient responsibility for medical care (such as co-pays or deductibles) prior to or at the time care is provided (other than Emergency Care). With respect to Emergency Care, JH shall request payment for any known patient responsibility for medical care after the care is provided.
- B. If a patient has not paid JH at the time medical care is provided, JH will bill the patient for his or her responsibility after receipt of insurance coverage payments.
- C. If a patient qualifies for Charity Care or Financial Assistance, JH shall write off any balance after insurance coverage that the patient is not obligated to pay.
- D. JH will bill patients for any outstanding balances using its normal billing process which includes a minimum of four (4) statements over a span of at least 120 days. On each statement, JH shall include a conspicuous written notice that notifies and informs the patient about the availability of financial assistance under JH’s FAP and includes both a telephone number of the office that can provide information about JH’s FAP and FAP application process and the direct Web site address where copies of the FAP, FAP application form, and plain language summary of the FAP may be obtained.

V. COLLECTION PROCEDURES

- A. During the first 120 days after the patient’s first post-discharge billing statement for the care is provided, JH shall not refer the account to a collection agency or engage in any ECAs.
- B. JH shall observe all patient notification procedures set forth in Part VII of JH’s Emergency Care, Charity Care, and Financial Assistance Policy.
- C. If no positive patient response is received after 120 days from the first post-discharge billing statement, JH shall characterize the unpaid balance as bad debt. JH may continue its own bad debt collection efforts or refer the bad debt account to a collection agency for additional collection efforts in accordance with this policy.
- D. Notwithstanding bad debt classification or referral to a collection agency, a patient may apply for Charity Care or Financial Assistance using the process outlined in the JH’s Emergency Care, Charity Care, Financial Assistance and Uninsured Discount Policy, for an additional 120 days, for a total application period of 240 days from the first post-discharge billing statement.

- E. JH shall enter into a written contract with any collection agency to which it refers bad debt. The contract will obligate the collection agency to observe the same procedures with respect to determining qualification for Charity Care and Financial Assistance that apply to JH under JH's Emergency Care, Charity Care, Financial Assistance and Uninsured Discount Policy. The contract shall prohibit the referral or sale of the bad debt to another party.
- F. A collection agency to which bad debt is referred for collection may not engage in any ECAs without the prior written consent of JH.
- G. The JH Chief Financial Officer or his designee has the authority to determine whether reasonable efforts have been made to determine whether a patient qualifies for Charity Care or Financial Assistance.
- H. After making reasonable efforts to determine if a patient qualifies for Charity Care or Financial Assistance, and if no positive patient response is received after 120 days from the first post-discharge billing statement, JH may engage in one or more of the following ECAs, to the extent authorized by the JH Chief Financial Officer:
 - 1. Place a lien on an individual's property;
 - 2. Foreclose on an individual's real property;
 - 3. Attach or seize an individual's bank account or any other personal property;
 - 4. Commence a civil action against an individual;
 - 5. Cause an individual's arrest;
 - 6. Cause an individual to be subject to a writ of body attachment;
 - 7. Garnish an individual's wages;
 - 8. Report to credit agencies;
 - 9. Sell an individual's debt to another party, but only after the earlier of a determination of qualification for Charity Care or Financial Assistance or the 120th day after JH provides the patient with the first post-discharge billing statement for the care.

VI. POLICY AVAILABILITY

- A. Web Site – JH shall make this policy widely available through its website, <http://www.jeanes.com>. The website shall also include a prominent link that allows readers to download a PDF file of this policy, free of charge. JH shall

provide any individual who asks how to access a copy of this policy online with the URL of this web page.

- B. Paper Copies – JH shall make paper copies of this policy available upon request and without charge, both by mail and in its Patient Accounting office, admissions and registration areas, and Emergency Department.
- C. English and Other Languages – JH shall make this policy available in English and in the primary languages of any population group with limited English proficiency (LEP). For purposes of this policy, an LEP language group constitutes the lesser of 1,000 individuals or 5 percent of the community served by JH. JH may rely on the latest data available from the U.S. Census Bureau or use any reasonable method to determine which languages other than English apply.
- D. Contact Information – The Temple University Health System Office of Customer Service at 2450 West Hunting Park Avenue, Philadelphia, PA 19129 is available to provide more information about this policy. The office can be reached at telephone number (215) 707-3511.