

WHEELING HOSPITAL
Administrative Policy and Procedure Manual

MANUAL SECTION: **Leadership: Finance**

POLICY NUMBER: 12

SUBJECT: Billing and Collections

REVISION/REVIEW

DATES: February 1, 2021

POLICY:

The following Billing and Collections Policy outlines the billing process used by Wheeling Hospital, Inc and its affiliates: Harrison Community Hospital, Inc and Wheeling Hospital Ambulatory Surgical Center to collect medical bills incurred by our patients who have the ability to pay for services. The policy also outlines any *Extraordinary Collection Actions (ECAs)* that Wheeling Hospital and its affiliates, will use during the billing and collections process.

Wheeling Hospital acknowledges that there are patients who do not possess the ability to pay for medically necessary healthcare services. Wheeling Hospital will make reasonable efforts to identify patients who may be eligible for financial assistance. For those patients unable to pay all or a portion of their bill the applicable Financial Assistance Policy will be followed. The Wheeling Hospital Financial Assistance Policy (Administrative Manual, Leadership, Finance, Policy#11 outlines the Policy and Procedures utilized to determine financial assistance eligibility and the calculation applicable discount(s) for these bills.

In order to maintain consistency throughout Wheeling Hospital and its affiliated entities, the policy set forth below will be implemented by each facility.

PROCEDURE:

1. Amounts Charged, Financial Expectations and Discounts

- a. The hospital or its affiliate's servicing department will process ~~produce~~ the same charge amounts for same service regardless of the existence of third party insurance coverage, government insurance coverage, or no insurance coverage. Charges are generally processed within 48 hours of date of service, but under certain controlled circumstances some charges maybe entered later than 48 hours.
- b. *Amounts Generally Billed (AGB)*: Individuals who have no third party coverage (governmental or commercial) will be eligible for discounted care. The discount is an estimate of Amounts Generally Billed (AGB) to Private Insurers, Medicare and Medicare Managed Care payers. Detail of the AGB discount and how this

discount was calculated can be found in Wheeling Hospital's Financial Assistance Policy# 11 .

- c. Patients with third party coverage will be billed for an amount specified by the third party insurer when the claim is processed.
 - i. Patients have the responsibility to understand their insurance coverage and for providing needed documentation to aid in the insurance collection process.
 - ii. Patients may also be asked to pay their co-payment, deductible and/or co-insurance estimate prior to the service being rendered except in the Emergency Department or in other emergent situations.
 - iii. Patients are generally responsible for paying self-pay balances, including any amounts not paid by insurance companies or applicable third party payers.
2. Insured Patients with Gross Incomes 201% - 400% of the Federal Poverty Level may be eligible for financial assistance as outlined in the Financial Assistance Policy #11.
3. Extraordinary Collection Actions (ECAs)
 - a. If the patient does not pay the bill within the timelines specified below, the hospital may engage in the following *Extraordinary Collection Actions (ECAs) as authorized by the Wheeling Hospital Chief Financial Officer :*
 - i. Commence a civil action against an individual
 - ii. Place a lien on an individual's property
 - iii. Garnish an individual's wages
 - iv. Sale of the individual's debt to another party
 - v. Placing a patient's account with a collection agency is not an extraordinary collection action.
4. Financial Assistance
 - a. Wheeling Hospital and its affiliates will make reasonable efforts to ensure that patients who are eligible for Financial Assistance according to the Hospital's Financial Assistance Policy #11 have the opportunity to apply for such assistance.
 - i. Information Regarding Financial Assistance will be available:
 - ii. through our website: www.WheelingHospital.org

- iii. by calling Customer Service at 800-626-0023
 - iv. by logging into your account at
<https://www.personapay.com/wheelinghospital/>
 - v. at Patient Access points and upon admission and/or discharge from a facility in plain language publications
 - vi. through postings in public areas of the facility (including admission areas, waiting rooms, and emergency room)
 - vii. on billing statements and/or appointment letters
 - viii. through in person and telephone conversations regarding bill payment
 - ix. other means that make the policy available to our patients and our community at large.
- b. Sufficient time will be allowed for the patient to apply for Financial Assistance through the Notification and Application Periods outlined in the Financial Assistance Policy #11.

PROCEDURE

1. Patient liability billing and follow-up will be completed on all accounts in the self-pay category, insurance accounts closed for non-payment and balances after insurance. Patient liability billing and follow-up processing will be completed according to the following guidelines:
2. The Patient Billing and Collection Cycle
 - a. Pre-Service
 - i. The “Pre-Service” period includes the period of time prior to services being rendered to the patient.
 - ii. The patient is entitled to request an estimate of projected amounts due for future planned services to be performed at the hospital. Such estimate will include out of pocket amounts after third party insurance has processed, as well as full patient estimates where no third party coverage is involved.
 - iii. The patient can also apply for Financial Assistance prior to services being rendered by obtaining an application through our website at www.wheelinghospital.org, by calling Patient Financial Services at 800-626-0023 or visiting with the Financial Counselor at each site
 - iv. Pre-Billing Period
 1. The “Pre-Billing” period is the period of time after the services are rendered to the patient, but before the patient billing cycle begins.

For patients with third party coverage, this would include the period of time when the insurance is processing the bill. For uninsured patients, this would be the period between the service date and the date that the first billing cycle begins (day 0).

2. The patient can also apply for Financial Assistance prior to services being rendered by obtaining an application through our website at www.wheelinghospital.org, by calling Customer Service at 800-626-0023 or visiting with the Financial Counselor at each site

b. Billing Cycle (Days 1-120)

- i. Bills will be sent to the Guarantor indicated on the patient account. The Guarantor's statement will include all charges, payments and adjustments for the services provided on a particular episode of care. Statements will be sent as a paper statement through regular mail.
- ii. The initial cycle date is set by our patient accounting system and will be within 30 days of the date of service for uninsured patients or within 30 days of all third-party insurance account resolution for insured patients. All insurance account resolution is usually obtained within 65 days, but it can take longer in some cases.
- iii. When the first bill is sent, we will mark the account as a "Statement Cycle 1". The patient account will remain at level 1 for 30 days.
- iv. The patient will have the option to pay their bill by mail, telephone, or online.
- v. If a patient is unable to pay the entire balance indicated on the statement, the patient can contact our Customer Service Representatives at the phone number listed on the statement or by logging into their account at <https://www.personapay.com/wheelinghospital/login> to obtain information about Financial Assistance, or to set up a payment arrangement.
- vi. 30 days after the bill is sent, and if no payment is made or payment agreement established, outbound reminder calls will be placed to the phone number on file for the Guarantor. This phone number may be a traditional land line or a cellular phone number. The call may be manually dialed or may be dialed by a computer predictive dialing system where automated messages may be left on recorded answering services if the call is not answered.
- vii. If no payment is received or payment agreement established within 30 days after the first bill is sent, the second bill will be sent to the Guarantor. At that point, the account will be changed to "Statement Cycle 2".

- viii. Additional outbound reminder calls will be placed to the patient at regular intervals to attempt contact regarding bill payment.
- ix. The account will continue to progress through Self-Pay Cycles each 30 days as additional statements are mailed to Statement Cycle 5 and 120 days have passed.
- x. The fifth statement will be marked as “Final Notice” and will outline the ECAs that will be utilized to collect the bill if not paid by the end of the billing cycle (day 120).
- xi. During this Billing Cycle, the patient will be notified of our financial assistance policy on billing statements, through in person and telephone conversations regarding bill payment or through our website (www.WheelingHospital.org) or by logging into their account at <https://www.personapay.com/wheelinghospital/login>. This first 120 days will serve as the *Notification Period* of financial assistance. If a patient requests Financial Assistance during the billing cycle, the Financial Assistance Application Form will be provided to the patient and the patient will have 30 days to return the application prior to any ECAs being utilized.
- xii. If the guarantor does not want to receive telephone contact regarding outstanding bills, he or she needs to call the customer service phone number listed on the statement and request not to receive any billing calls. The representative will add an indicator to the account that will inform representatives and the predictive dialer not to call the Guarantor.
- xiii. Bad Phone Number/Bad Address
 - 1. In some cases, customer service representatives may have an incorrect telephone number for a Guarantor. If that happens, the account is marked “Bad Phone Number”. The hospital will attempt to locate a correct number. In the case a correct number cannot be located, the account will progress through follow up levels as indicated above and statements will continue to be sent to the address on file.
 - 2. In some cases, statements sent to the Guarantor will be returned from the postal service with a bad address. If the postal service includes a forwarding address, the Guarantor address will be updated with that information. If no forwarding address is indicated, the Hospital will attempt to locate a correct address. In the case a correct address cannot be located, the account will not progress through the follow up levels as indicated above. If the

account remains unpaid after 120 days, the account will proceed to the Bad Debt Cycle indicated in this policy.

c. Bad Debt Cycle

- i. Wheeling Hospital has contracted with outside agencies to pursue debt after it has progressed through the Billing Cycle.
- ii. The appropriate outside agency will be assigned based on several criteria, including but not limited to the account balance, Guarantor name, and/or employment status.
- iii. The statements for the owed debt will be prepared and sent by the assigned agency. These bills will look different and have different verbiage than the statements sent during the Billing Cycle.
- iv. The first 60 days of the cycle, the patient will have the opportunity to notify the agency of any errors that have occurred in the bad debt assignment. No ECAs will commence in the first 60 days of the assignment.
- v. After 60 days of being assigned to the outside agency, they may utilize any or all of the following ECAs:
 1. Commence a civil action against an individual
 2. Place a lien on an individual's property
 3. Garnish an individual's wages
- vi. Accounts that have no payment plan arranged and no civil action, liens, or garnishments after 6 months with the agency will be evaluated for closure.
- vii. Accounts that have established payment plans, civil actions, liens, or garnishments established after 6 months will remain with the agency until the account is resolved or until the patient ceases making payments on a payment plan. At that time, the account will be evaluated for closure.
- viii. The patient will have a time period of up to 1 year from the first post discharge billing statement to apply for Financial Assistance. If a patient requests Financial Assistance during the 1 year period, the Financial Assistance Application Form will be provided to the patient. The account will be returned to Wheeling or its affiliate Credit Collections department where the Statement Cycle will be set to 5. This will ensure that the patient will have 30 days to return the application and to be evaluated for Financial Assistance. If the application is not returned, the account will progress through the Statement Cycle as indicated in section b.i Billing Cycle of this policy.

d. Billing Disputes

- i. If a patient disagrees with the bill that they are receiving, they should contact the phone number on their billing statement. The representative can help them to resolve the issue.
- ii. If the Customer Service Representative cannot resolve the dispute, it will be forwarded to a Supervisor/Manager/Director to resolve.
- iii. All billing disputes should be resolved within 7 days.

e. Refunds

- i. If a patient is approved for financial assistance through the financial assistance application process and has made a payment on any of the accounts deemed eligible; the patient will be refunded any monies overpaid to the extent consistent with the level of financial assistance awarded.

Joseph Wenger, CFO

Individual Responsible for Revision/Review: Cecilia Karpacs, Patient Accounting Manager
Next Review Date: *January, 2021*