



Current Status: Active

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Origination: 05/2021
Effective: 05/2021
Last Approved: 05/2021
Last Revised: 05/2021
Next Review: 05/2024
Owner: Spring Deaton: ED Physician
Revenue Cycle
Policy Area: Finance - General
Applicability: Community Health Network

Billing and Collection

PERFORMED BY:

None

STATEMENT OF PURPOSE:

None

POLICY STATEMENT

The purpose of this policy is to outline Community Health Network's guidelines as it relates to the collection of patient accounts. The policy provides information to patients regarding options available for payment, and actions that may be taken in the event of non-payment. This policy applies to all patients who have outstanding balances for services rendered at: Community Health Network, Inc., Community Hospital South, Inc., Community Hospitals of Indiana, Inc., Community Howard Regional Health, Community Hospital Anderson, Inc., Community Physician Network, Community Health Direct Inc, Visionary Enterprises, Inc., Community Heart and Vascular Hospital and Community Home Health.

DEFINITIONS:

- A. **Amount Generally Billed** is defined as the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. An individual eligible for assistance under this policy will not be charged more than the Amount Generally Billed for emergency or other medically necessary care.
- B. **Application Period** is defined as the period that begins on the date the care is provided to an individual and ends on the 240th day after the individual is provided with the first billing statement for care
- C. **Extraordinary Efforts** include lawsuits, liens, garnishments, or other collection efforts that are deemed extraordinary by the U.S. Department of Treasury or the Internal Revenue Service

GENERAL INFORMATION:

None

PROCEDURE:

- A. **Elective Services** - Elective Services are payable prior to or at the time of service. Uninsured patients will be given a 40% discount on gross charges for hospital based services, 25% discount on gross charges for provider services, except procedures billed by providers which are discounted at 50% of gross charge. If patient meets the requirements within Community Health Network's Financial Assistance Policy, patient will not be billed more than Amount Generally Billed (AGB). See Table 1.1 and Table 1.2 for providers included and excluded from the policy
- B. **Non-Elective Services** - Insurance will be filed as a courtesy to the patient. Payment of the self-pay portion may be requested upon discharge. Patients will be billed for any unpaid balances after response from insurance. Uninsured patients will be given a 40% discount on gross charges for hospital based services, 25% discount on gross charges for provider services, except procedures billed by providers which are discounted at 50% of gross charge. If the patient meets the requirements within Community Health Network's Financial Assistance Policy, patient will not be billed more than Amount Generally Billed (AGB). See Table 1.1 and Table 1.2 for providers included and excluded from the policy.
1. Patients/guarantors will be sent no less than three monthly statements. Monthly statements will contain information about the Financial Assistance Policy and at least 30 days prior to initiating any Actions Due to Non-Payment. Reasonable efforts will also be made to orally notify patients/guarantors of the Financial Assistance Policy.
 2. Two payment options are available to patients:
 - a. Payment option one: Interest-free payments with pay-out not to exceed twelve (12) months are available. The minimum monthly payment is \$25.
 - b. Payment option two: The option of an interest free loan is available with terms up to 60 months depending on the balance. If the patient defaults on the loan, the patient's account will be placed in a collection agency and may disqualify the patient for future loan repayment options.
 - c. Financial assistance may be available for those patients who cannot pay their bill. The options for assistance include governmental programs, reduced or free care through the Financial Assistance Policy. The Financial Assistance Policy & the Plain Language Summary (PLS) is available on ecomunity.com, by visiting any hospital registrar or by calling Client Services at 317-355-5555 or toll free 866-721-4205. A patient may apply for financial assistance anytime during the Application Period.
- C. **Actions Due to Non-Payment** - Failure to make arrangements as listed in i. or ii. above or failure to apply for and receive approval under the Financial Assistance Policy may result in the account being placed in a collection agency due to non-payment.
1. Community will not engage in any extraordinary collection actions before making reasonable efforts to determine whether an individual who has an unpaid bill from Community is eligible for financial assistance.
 2. The collection agency may report the account to one or all three credit reporting agencies which may ultimately adversely affect the patient's credit score. Additionally, the collection agency may sue and obtain a judgment against the patient for non-payment. These actions will not occur until 120 days after the patient is sent their first follow-up statement indicating the amount they owe.
 3. A patient may apply for financial assistance at any time during the Application Period, even though they have been placed in a collection agency. If the patient was sent their first notice on the account

for which they are applying for free care between 120 and 240 days before their application, the actions in 2 above will be suspended until the free care application eligibility is determined.

EQUIPMENT:

None

DOCUMENTATION:

None

REFERENCES:

None

RELATED DOCUMENTS:

Table 1.1

Eligible Providers

In addition to care delivered at Community Health Network facility, emergency and medically necessary care delivered by the providers listed below are also covered under this Financial Assistance Policy.

Community Health Network Physicians

Table 1.2

Excluded Providers

Care provided by any of the providers listed below at a Community Health Network facility will **NOT** be covered under this policy since they are not employed by Community Health Network. As such, the bills received by Community Health Network patients for care provided by any of the following providers will **NOT** be eligible for the discounts described in the Billing & Collections Policy or the Financial Assistance Policy. The patient may

contact the provider directly to see if there are discounts or assistance available from the provider.

Mid America Clinical Laboratories (MACL)
AmeriPath
Community Anesthesia Associates
Community Rehabilitation Hospital
Quest
Radiology of Indiana
Northwest Radiology
Radiology Associates of Indianapolis
Southeast Anesthesia
Urology of Indiana
Josephson Wallack Munshower Neurology (JWM)
Medical Associates
Emergency Physicians of Community Hospital Anderson
Community Pathology and Nuclear Medicine, PC
Central Indiana Orthopedics (CIO)
Gallahue Mental Health Services
The Jane Pauley Center, a Federally Qualified Healthcare Center (FQHC)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
EVP Chief Financial Officer	Kyle Fisher: EVP Chief Financial Officer	05/2021
Second Level Approvers	Brian Schlagenhauf: SVP Managed Care	05/2021
Second Level Approvers	Jackie Smith: VP Compliance	05/2021
Second Level Approvers	Holly Millard: SVP Finance	05/2021
Second Level Approvers	Kelly George: VP Financial Support Services	04/2021
Second Level Approvers	Thomas Tocash: ED Internal Audit Services	04/2021
First Level Approvers	Tonya Townsend: Mgr Client Services	04/2021
First Level Approvers	Terri Wealing: ED Revenue Cycle	04/2021
First Level Approvers	Amy Dempsey: Dir Revenue Cycle	04/2021

Step Description	Approver	Date
First Level Approvers	Spring Deaton: ED Physician Revenue Cycle	04/2021
	Chad Bills: VP Revenue Cycle	04/2021
	Spring Deaton: ED Physician Revenue Cycle	04/2021

Applicability

Community Health Network, Inc., Community Health Outpatient, Community Health Retail, Community Hospital Anderson, Community Hospital East and Heart Hospital, Community Hospital North, Community Hospital South, Community Howard Regional Health, Community Howard Specialty Hospital, Visionary Enterprises, Inc.

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