

Patient Financial Services Billing & Collection Policy

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Statement:

It is the policy of M Health Fairview to collect expected payment of appropriate balances from all patients. During this billing and collection process, M Health Fairview is committed to fair billing practices and will issue patient statements on a monthly basis for a minimum of 120 days. M Health Fairview is prepared to support patients in resolving their outstanding balances, including options available through our financial assistance program.

Purpose:

This policy describes M Health Fairview's patient billing and collection process and actions which may be taken in the event of nonpayment, such as extraordinary collection actions. The guiding principles behind this policy are in accordance with the Minnesota Attorney General Agreement and are in compliance with 501r. Additionally, M Health Fairview will treat all patients and responsible guarantors (hereafter to be referred to as "patient(s)") equally with dignity and respect. M Health Fairview will ensure appropriate billing and collection procedures are uniformly followed, and reasonable efforts are made to determine whether the patient is eligible for coverage or qualifies under M Health Fairview's Financial Assistance Policy.

EMTALA

M Health Fairview will treat emergency patients regardless of their ability to pay and follow The Emergency Medical Treatment and Labor Act (EMTALA). EMTALA requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition. The term "hospital" includes critical access hospitals.

Definitions:

ECAs – Extraordinary Collection Actions: Include the following collection activities:

- Selling a patient's debt to another party in most circumstances.
- Reporting adverse credit information regarding a patient to a credit agency.
- Deferring or denying current medically necessary care due to an unpaid prior account or requiring payment of an unpaid prior account prior to rendering current medically necessary care.
- Actions that require a legal or judicial process; including property liens, wage garnishments, bank account garnishments or holds, commencing a civil action, and other specified legal actions.

Medical Necessity

Medically necessary care is the care that, in the opinion of the M Health Fairview credentialed

treating physician/clinician and according to standard of care, is reasonably needed:

- To prevent the onset or worsening of an illness, condition, or disability
- To establish a diagnosis
- To provide palliative, curative or restorative treatment for physical, behavioral and/or mental health conditions; and/or
- To assist the individual to achieve or maintain functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.
- Medically necessary services include inpatient and outpatient services as mandated under Title XIX of the Federal Social Security Act, and any inpatient or outpatient hospital service that is covered by and considered to be medically necessary under Title XVIII of the Federal Social Security Act. In addition, care provided in the hospital facility by a partnership or LLC in which the hospital owns a capital or profits interest is eligible for financial aid. Services must be performed in accordance with national standards of medical practice generally accepted at the time the services are rendered. Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.
- Medically necessary services do not include services that are experimental interventions or cosmetic in nature.
- Other conditions supporting medical necessity of particular treatments include:
 - High-quality scientific evidence that patients with this particular condition will benefit from the requested treatment;
 - The type of benefit is clinically significant; and/or
 - Less costly alternative treatments and routes of administration have been considered and rejected.

Procedure:

I. Patient Billing:

It is the goal of M Health Fairview to bill insurance claims and/or third-party payers as appropriate and on a timely basis. Information is dependent on accurate information and timeliness of payer systems. M Health Fairview will provide notifications for any outstanding balances and will help patients resolve them by either setting them up on a reasonable payment plan or any other financial assistance options. The billing process will be assisted by the following guidelines:

- A. For all insured patients, M Health Fairview will bill third-party payers, including governmental and other verified coverage as appropriate (as provided by or verified by the patient), with the following exception:
 - Out-of-country insurance - The patient is provided with a copy of the bill to submit to their insurance at patient's request. M Health Fairview expects payment from the patient within 90 days. M Health Fairview may, at its sole discretion, on a case-by-case basis choose to bill out of country insurance as a courtesy to the patient.
- B. In accordance with M Health Fairview's current Attorney General Collection Standards Agreements, all uninsured patients with Minnesota or Wisconsin residency who receive medically necessary hospital-based services will receive an uninsured discount. The uninsured discount will be equal to the discount provided to our largest contracted non-government payer and any remaining balance will be billed to the patient as part of M Health Fairview's normal billing process. All patients may request an itemized statement for their accounts at any time.

- C. If a claim is denied (or is not processed) by a payer due to an M Health Fairview error, M Health Fairview will not bill the patient for any amount in excess of that for which the patient would have been liable had the payer paid the claim.
- D. If a claim is denied (or is not processed) by a payer due to factors outside of M Health Fairview's control, M Health Fairview will follow up with the payer and patient as appropriate to facilitate the resolution of the claim. If resolution of the claim does not occur after reasonable follow-up efforts, M Health Fairview may bill the patient.
- E. All patients have the opportunity to contact M Health Fairview regarding payment arrangements or financial assistance options for their accounts at any time in the billing process.

II. Patient Collections:

- A. At least 3 separate statements for collection of accounts are delivered via MyChart or USPS delivery to the address on file of each patient. It is the patient/guarantor's obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, it will be flagged and processed accordingly by M Health Fairview. Initial statements of self-pay accounts will include but not limited to:
 - 1. An accurate summary of the services covered by the statement
 - 2. A written notice that notifies and informs the patients about the availability of financial assistance under the hospital Financial Assistance Policy, including the telephone number of the department and direct website address where copies of documents may be obtained.
- B. If a patient disputes their account and/or requests documentation regarding the bill, M Health Fairview will provide the requested documentation in writing within 7 days. M Health Fairview's billing statements provide proper contact information and dispute processes that are in accordance with the Minnesota Attorney General Agreement.
- C. Patient care concerns will be handled via the patient grievance process for resolutions and response to the patient. Account(s) will be held as appropriate.
- D. Through the use of billing statements, letters, systematic communication, and phone calls, M Health Fairview will take diligent follow up actions to contact patients to resolve outstanding accounts. If accounts are not resolved at the conclusion of the billing statement process, qualifying outstanding balances may be referred to a third-party collection agency. For any inquiries, please contact our customer service department at 612-672-6724.
- E. Collection agencies on behalf of M Health Fairview will:
 - a. Collect on all open balances as payment in full
 - b. Screen and refer to Charity Care
 - c. Set up reasonable payment plans
 - d. Facilitate settlements as appropriate
 - e. Identify active insurance and return account to M Health Fairview
 - f. Identify bankruptcy and deceased accounts and return to M Health Fairview
 - g. Address patient disputes directly with M Health Fairview
 - h. Consolidate all accounts for single patients into a single statement collection activity

III. Legal Collections and Extraordinary Collection Actions:

- A. A minimum of 120 days will be provided from the patient's first post-service bill before ECAs will be taken. M Health Fairview shall also provide a minimum of 240 days from that statement date for the patient to apply for charity care under the FAP.

IV. Customer Service:

During the billing and collection process, M Health Fairview and its agents will provide quality customer service by implementing the following guidelines:

- M Health Fairview and its agents will maintain a streamlined process for patient questions and/or disputes which includes a toll-free phone number patients may call and a prominent business office address to which they may write. This information will remain listed on all patient bills and collection statements sent by M Health Fairview.
- After receiving a communication from a patient, M Health Fairview and its agent's staff will return phone calls to patients as promptly as possible (but no more than one business day after the call was received) and will respond to written disputes within 7 days per the complaint grievance process.
- M Health Fairview and its agents will maintain a log of patient complaints and grievances (oral or written).
- M Health Fairview and its agents will enforce a zero-tolerance standard for abusive, harassing, offensive, deceptive or misleading language or conduct by its employees.

V. Policy Availability:

- Electronic copies of the M Health Fairview Billing and Collection Policy, M Health Fairview Financial Assistance Policy and our Charity Care Application form can be found on our website: <https://mhealthfairview.org/billing/patient-billing-financial-services>
- You can also contact one of our Central Business Offices to request copies of policies be mailed to you or discuss the Charity Care application and eligibility process.
 - Fairview Health Services at 612-672-6724 or toll-free at 1-888-702-4073
 - HealthEast Care System at 651-232-1100 or toll-free at 1-866-770-6411
 - Fairview Range Medical Center at 218-362-6624 or toll-free at 1-877-390-6624
 - Grand Itasca Clinics & Hospitals 218-999-1710
- Paper copies of our policies and Charity Care application form can be obtained at one of our billing offices as well as each hospital location.
 - 750 E 34th Street, Hibbing, MN 55746
 - 1601 Golf Course Road, Grand Rapids, MN 55744

Applies to but is not limited to:

Ambulatory hospital-based clinics
Grand Itasca Clinic & Hospital
M Health Fairview Lakes Medical Center
M Health Fairview Northland Medical Center
Fairview Range Medical Center
M Health Fairview Ridges Hospital
M Health Fairview Southdale Hospital
M Health Fairview St John's Hospital
M Health Fairview St Joseph's Campus
University of Minnesota Masonic Children's Hospital
M Health Fairview University of Minnesota Medical Center
M Health Fairview Woodwinds Hospital

Policy Owner:

System Director, Revenue Cycle

Approved By:

M Health Fairview Board of Directors, VP Revenue Cycle Mgmt-System

Date(s):

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