PURPOSE

The purpose of this policy is to clearly define the patient billing and collections process for Saint Alphonsus Health System.

PROCEDURE

Patient billing and collection practices for patient payment obligations will be fair, consistent and compliant with state and federal regulations. The following steps will be implemented when billing and collecting patient balances.

I. Billing of Insured Patients

A. The first patient post-discharge billing statement is sent the day after final insurance payment or denial is posted on the account, or on the next scheduled statement day for that account, if the scheduled statement date was within the 9 days prior to the insurance payment posting.

B. If payment in full is received within 28 days of the first patient statement date or within 30 days for physician services accounts (Saint Alphonsus Medical Group or SAMG), the patient billing and collections process is complete.

C. If payment arrangements are established within 28 days of the first patient statement date or within 30 days for SAMG accounts, the account will remain in-house and continue to receive statements.
   1. If payments are received per the payment plan and the balance is paid in full, the billing and collections process is complete.
   2. If the patient defaults on the payment plan:
      a. The patient is sent a reminder after the first missed payment, and a final notice is sent to the patient after the second missed payment.
      b. If payment in full is received as a result of the final notice the billing and collections process is complete.
      c. If payment in full is not received as a result of the final notice, the account would follow bad debt procedures (see Bad Debt Policy).

D. If there is a balance remaining on the account and no formal payment arrangements have been established, the account will transfer to a billing partner, commonly referred to as an early-out vendor, for additional statements to be sent as well as outbound contact initiated with the patient. The early-out vendor is not a collection agency. The vendor will work the account and return the account if unpaid approximately 120 days after the first patient billing statement date. Exclusions from transfer to the early-out vendor include series accounts; when a patient files a complaint or disputes charges prior to transfer; or if payment arrangements are established prior to transfer. These accounts will remain in-house and be handled by Customer Service.
II. Billing of Uninsured Patients

A. The first patient post-discharge billing statement for uninsured or self-pay patients is sent once all charges have been finalized.

B. Self-pay patients receive an uninsured discount (automatically posted) at time of final billing.

C. If payment in full is received within 28 days of the first patient statement date or within 30 days for physician services accounts (Saint Alphonsus Medical Group or SAMG), the patient billing and collection cycle is complete.

D. If payment arrangements are established within 28 days of the first patient statement date or within 30 days for SAMG accounts, the account will remain in-house and continue to receive statements.

E. If payments are received per the payment plan and the balance is paid in full, the billing and collections process is complete.

F. If the patient defaults on the payment plan:

G. The patient is sent a reminder after the first missed payment, and a final notice is sent to the patient after the second missed payment.

H. If payment in full is received as a result of the final notice the billing and collections process is complete.

I. If payment in full is not received as a result of the final notice, the account would follow bad debt procedures (see Bad Debt Policy).

J. If there is a balance remaining on the account and no formal payment arrangements have been established, the account will transfer to a billing partner, commonly referred to as an early-out vendor, for additional statements to be sent as well as outbound contact initiated with the patient. The early-out vendor is not a collection agency. The vendor will work the account and return the account if unpaid approximately 120 days after the first patient billing statement date. Exclusions from transfer to the early-out vendor include series accounts; when a patient files a complaint or disputes charges prior to transfer; or if payment arrangements are established prior to transfer. These accounts will remain in-house and be handled by Customer Service.

K. If insurance or third-party payer resources are identified at any time during the billing and collection process, the account will be put on hold while a claim is sent for payment. A revised patient post-discharge billing statement will be sent the day after final insurance payment or denial is posted on the account, or on the next scheduled statement day for that account, if the scheduled statement date was within the 9 days prior to the insurance payment posting.

III. Payment Options

A. Payment in full is accepted in person at the hospital or clinic; online at the hospital's website; via mail, or over the phone. The website address, mailing address, and the Customer Service phone number can be found on your statement. Forms of payment include cash (in person only), check or VISA/MasterCard/Discover/American Express credit cards.

B. Payment arrangements are available but must be formally established with a Customer Service Representative. Payments can be spread across 3 equal payments for a total of 90 days.

C. Short-term (12-months) interest-free payment plans are available from an external financial business partner.

D. A low-interest loan program is available for up to 60 months from an external financial business partner.
IV. Patient Complaints or Disputes

A. Patients who would like to file a complaint concerning their care or bill may do so by submitting their complaint in writing to:

Patient Concerns
P.O. Box 190930
Boise, ID 83719-9919

B. Accounts for patients who have submitted a complaint regarding the quality of care or service and/or are disputing charges on their bill will be placed on hold while their issues are reviewed. Once the complaint has been resolved, the account will proceed through the billing and collection process.