POLICY STATEMENT
To establish a systematic process for the billing and collections of medical services provided at GRHealth Medical Center. The Billing and Collections policy together with the Financial Assistance policy is intended to meet the requirements of the 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.

AFFECTED STAKEHOLDERS
Indicate all entities and persons within the Enterprise that are affected by this policy:
☒ Administrative Services
☐ Hired Staff
☒ Housestaff/Residents & Clinical Fellows
☒ Leased staff
☒ Medical Staff (includes Physicians, PAs, APNs)
☐ Professional Services (Laboratory, Radiology, Respiratory, Pharmacy; etc.)
☐ Vendors/Contractors
☒ Other: Patients

DEFINITIONS
• Extraordinary Collection Action (ECA) means any action against an individual(s) responsible for a bill related to obtaining payment of patient liability that requires a legal or judicial process or reporting adverse information about the responsible individual(s) to consumer credit reporting agencies/credit bureaus. ECA’s do not include transferring of a self-pay account to another party for purposes of collection without the use of any ECA’s.
• Financial Assistance Policy means Georgia Regents Medical Centers Program for uninsured patients policy, which includes eligibility criteria, the basis for calculating charges, the method for applying for financial assistance, and how to obtain the policy.
• Plain Language Summary means a written statement that notifies an individual(s) that Georgia Regents Medical Center offers financial assistance under the FAP
for all medically necessary services and contains the information required to qualify for the financial assistance program.

- **Patient Liability** means the dollar amount the patient/guarantor is legally obligated to pay for services rendered by a provider. For insured patients this may include co-payment, deductibles and payments for non-covered services.
- **Early Out Billing** means billing through an extension of our onsite billing office.
- **Guarantor** means the person held accountable for the patient’s bill.

**PROCESS & PROCEDURES**

**INITIAL BILLING**

**Insured Patient:**
- GRHealth, GRMC, submits claims to medical insurance carriers on behalf of the patients who provide sufficient coverage information before, during or immediately after the registration process.
- Claims are filed once the charges have dropped and the visit has reached bill hold days:
  - Five days for Inpatient Claims
  - Seven days for Outpatient Claims
- Once Claim is adjudicated, if there is a resulting patient obligation, a guarantor statement is mailed out to the patient on the patient’s statement day of the month.
- Second statement form is sent at day 60.
- Third statement form is sent at day 90.
- Fourth and final notice is sent out at 120 days with a copy of Plain Language Summary.
  - It is the responsible individual’s obligation to provide a correct mailing address at time of or upon moving. If an account does not have a valid address, the determination of “reasonable effort” will have been met.
- At any point of the billing process, if the patient obligation is paid in full or an acceptable payment plan is in place, this process stops.

**Uninsured Patient:**
- Itemization is generated and mailed out to the guarantor.
  - Itemizations are based on hold days, not Statement Day of the Month (SDOM)
    - Inpatient – 5 days after discharge
    - Outpatient – 7 days after discharge
    - Guarantor statements are based on SDOM
- Initial guarantor statement sent approximately 30 days from initial service.
- Second Statement form is sent at day 60.
- Third Statement form is sent at day 90.
• Fourth and final notice is sent out at 120 days of placement with a copy of Plain Language Summary.
  o It is the responsible individual’s obligation to provide a correct mailing address at time of or upon moving. If an account does not have a valid address, the determination of “reasonable effort” will have been made.

EARLY OUT BILLING
• Account is sent to an Early Out Vendor (EOV) one day after guarantor statement is mailed to the last known address of the patient, on patient liability accounts for both insured and uninsured patients.
  o It is the responsible individual’s obligation to provide a correct mailing address at time of or upon moving. If an account does not have a valid address, the determination of “reasonable effort” will have been made.
• EOV calls patient for:
  o Payment;
  o Arrangement Payment Plans;
  o Obtain additional insurance information that may have not been provided at time of service;
  o Initiate Financial Screening based on FAP.
• Payment Plans will remain with the early out vendor until paid in full or patient defaults on their payment plan.
• Account/dollars included in the payment plan are excluded from normal statement processing and placed with EOV for statement processing.
• EOV will send out statement in regards to the payment and payment due until balance is paid in full or the guarantor defaults on payment plan arrangement.

PLACEMENT TO COLLECTION AGENCY
• At day 121 of billing, in order to attempt to obtain payment or arrange a payment plan, the account is then placed with a collection agency.
• The collection agency will attempt for 160 additional days to obtain payment or make an acceptable payment plan arrangement with the patient on their balance.
• Between days 45-60 after placement with the agency if there has been no progress on the collection efforts, the balance is reported to the Credit Bureau.
• Accounts will be sent for review from the collection agency to GRMC to verify if further collection actions should take place (i.e., liens against the patient).
• At day 161 with the collection agency, the account is then returned back to GRHealth, GRMC.

PAYMENT PLANS
• Payment Plans can be set up on a patient balance at any time throughout the billing process.
  o Payment arrangements are set up in equal monthly payments to be paid in full within a 12 month time period.
Additional patient obligation that occurs once a payment plan has been established can be rolled into the already existing payment plan.
  - Depending on the amount of additional patient obligation, the monthly payment amount may have to be increased in order to meet payment plan requirements.

ADDITIONAL COLLECTION EFFORTS
- Medicare Accounts are written off to Medicare Bad Debt.
- Non-Medicare Accounts are available to be purchased by an additional collection vendor to attempt payment.

PATIENT PAYMENT OPTIONS
- Mail Check or Credit Card Information through the BOA lockbox.
- Make online payment using online web payment portal.
- Contact the early out vendor to make a payment by phone (credit card, check).
- Contact Patient Accounting to make a payment by phone (credit card, check).
- Present to Patient Accounting or Patient Access Services to make payment.

FINANCIAL ASSISTANCE
- At any point during the billing process a patient can be screened for financial assistance.
  - Applications for financial assistance can be obtained in:
    - Patient Access
    - Emergency Room
    - Business Office, Customer Service
    - Online at [www.grhealth.org](http://www.grhealth.org) – Under Patient and Family Information
  - Step by step instructions for completion are located on the web at [www.grhealth.org](http://www.grhealth.org).
  - Questions about financial assistance can be addressed by calling the GRHealth Business Office, Customer Service at 706-721-2961.

OBTAINING THE POLICY
- Copies of the Billing and Collections Policy can be obtained at:
  - The GRHealth Business Office
  - Online at [www.grhealth.org](http://www.grhealth.org) – under Patient and Family Information

REFERENCES, SUPPORTING DOCUMENTS, AND TOOLS
[www.grhealth.org](http://www.grhealth.org) – under Patient and Family Information

RELATED POLICIES

APPROVED BY
Chief Executive Officer, Georgia Regents Medical Center  Date: 10/09/2015