

Subject Self-Pay Billing & Collection Policy
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Section Revenue Cycle
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References

GL – 2555 Financial Assistance Policy
GL – 3001 EMTALA: Collection of Financial Information
29 CFR §§ 1.501(r)-4, 5, and 6
Federal Poverty Guidelines
Patient Protection and Affordable Care Act (ACA)
Appendix 1

Applicable To

All patients of Gundersen Lutheran Health System, Inc. (hereinafter, collectively referred to as “GHS”) receiving healthcare services at Gundersen Lutheran Medical Center, Inc. or Gundersen Clinic, Ltd.

Detail

Gundersen Health System’s mission is to distinguish ourselves through excellence in patient care, education, research and through improved health in the communities we serve. Its vision is to enhance the health and well-being of our communities while enriching every life we touch, including patients, families, and staff.

The GHS Self-Pay Billing and Collection Policy is consistent with its mission and values. It is intended to meet the requirements of all applicable federal, state, and local laws, including without limitation, section 1.501(r) of the Internal Revenue Service Code of 1986, as amended, and the regulations thereunder, and the Federal Patient Protection and Affordable Care Act (ACA).

In order for GHS to responsibly manage its financial resources while aiding patients with financial need, patients will be expected to contribute to the cost of their care based on their individual ability to pay and/or the requirements of their insurance. This Self-Pay Billing and Collection Policy and the Financial Assistance Policy will be the basis for GHS’s collection practices for patient accounts. This policy describes GHS’s process for resolving patient payment obligations and informing patients of the GHS’s financial assistance policy (Financial Assistance Policy).

Pursuant to this policy, no extraordinary collection actions will be pursued against a patient, or patient guarantor, before reasonable efforts have been made to determine whether the patient or guarantor is eligible for assistance under the GHS Financial Assistance Policy (Financial Assistance Policy).

Patients who have received emergency or medically necessary care will be provided the opportunity to apply for financial assistance in conformance with the ACA and its implementing regulations. GHS will not discriminate on the basis of age, sex, race, creed, color, religion, disability, sexual orientation, national origin, or immigration status when making financial assistance determinations.

This policy pertains to charges related to healthcare services provided at Gundersen Lutheran Medical Center, Inc. and/or Gundersen Clinic, Ltd.

Implementation

DEFINITIONS

The following definitions are applicable to all sections of this policy.

Application period: Within 120 days of the first post-discharge statement.

Bad Debt: A patient self-pay obligation that goes unpaid for more than 120 days after GHS has established financial responsibility and sent the first, post-discharge billing statement to the patient, or patient guarantor, or is not in conformance with an agreed upon payment plan.

Catastrophic Care Assistance: Financial assistance provided to eligible patients with annualized family incomes in excess of 400% of the Federal Poverty Level; and assets of less than the equivalent of 600% of the Federal Poverty Level; and financial obligations resulting from medical services provided by GHS in excess of 25% of the family annual gross income.

Discounted Care Assistance: Financial assistance that provides a discount - based on a sliding scale - for eligible patients, or guarantor, with annualized family gross incomes between 200-400% of the applicable Federal Poverty Level.

Extraordinary Collection Action (ECA): Any action against an individual responsible for an outstanding bill for service provided by GHS that requires a legal or judicial process or reporting adverse information about the guarantor(s) to consumer credit reporting agencies or credit bureaus. ECAs do not include sending the patient or guarantor a bill, calling a patient by telephone to make reasonable inquiries, or transferring of an account to another party for purposes of collection consistent with the requirements of 29 CFR 1.501(r)-6(b)(2) and without the use of any legal or judicial process.

Federal Poverty Guidelines: Issued each year in the Federal Register by the Department of Health and Human Services (HHS).

Federal Poverty Level (FPL): The Federal Poverty Level (FPL) uses income thresholds that vary by family size and composition to determine who is in poverty in the United States. It is updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>.

Financial Assistance: Assistance provided to eligible patients or individual(s) responsible, who would otherwise experience financial hardship, to relieve them of all or part of their financial obligation for emergency or medically necessary care provided by GHS.

Free Care: A 100% waiver of patient financial obligation for eligible medical services provided by GHS for eligible patients, or their guarantors, with annualized family gross incomes at or below 200% of the Federal Poverty Level.

Guarantor: An individual other than the patient who is responsible for payment of the patient's bill.

Gross Charges: Total charges at the full established rate for the provision of patient care services before deductions from revenue are applied.

Plain Language Summary: A written statement that summarizes the Financial Assistance Policy in clear, concise terms meant to ensure the reader understands as quickly and completely as possible.

Payment Plan: A payment plan that is agreed to by both GHS and a patient, or patient's guarantor, for out-of-pocket fees. The payment plan shall take into account the patient's financial circumstances, the amount owed, and any prior payments.

Self-Pay Accounts or Self-Pay Financial Responsibility: Accounts that patients, or the patients' guarantors, are obligated to pay directly to GHS. These may include balances due after insurance claims have been paid, amounts due from uninsured patients, or balances due after adjustments have been made in accordance to the GHS Financial Assistance Policy.

Uninsured Discount: Discount available to patients or guarantors with no third-party coverage. The uninsured discount is equal to the amount generally billed (AGB).

ACCOUNT RESOLUTION

GHS is committed to providing financial assistance to eligible patients, or patient guarantors, who are uninsured or underinsured and for whom it would be a hardship to pay for the full cost of the care provided through GHS for eligible services. Payment will be pursued from patients identified as having the ability to pay for service. Collection procedures outlined in this policy will be applied consistently to all patients regardless of insurance status and will comply with applicable laws and with the mission of GHS.

GHS will communicate clearly with patients, or patient guarantors, on the availability of financial assistance programs, as well as payment expectations. This will be done throughout the revenue cycle.

It is the policy of GHS to prohibit requiring payment for emergency medical conditions prior to the patient having received services or permitting collection activities that could interfere with provision of emergency medical care (see policy GL-3001).

All financial information obtained from patients, or their guarantors, will be confidential.

Validating Patient Financial Responsibility: GHS will take reasonable steps to validate patient payment obligations. Actions will be taken to identify third-party payers to assist patients in resolving their bills and GHS will seek payment from all known third-party payers in order to assist patients in resolving their bills. Timely and proper filing of third-party payer claim procedures will be pursued to ensure appropriate claim adjudication. If necessary and feasible, GHS will work with patients to assist them in resolving insurance claim payment issues.

Resolving Patient Balances: Once a patient's or patient guarantor's self-pay financial responsibility has been determined, GHS will (i) inform the patient, or the patient's guarantor, of the various options for resolving the balance, and (ii) offer the Financial Assistance policy, the Financial Assistance Application, the Plain Language Summary, and the Self-Pay Billing and Collection Policy. If the patient or guarantor is unable to pay the balance due within twenty-one (21) days, they will be informed of other options available to resolve the self-pay balances, including payment plans, and/or financial assistance. Reasonable efforts will be made to inform patients, or patient guarantors, of the GHS financial assistance policy and will be provided information on how to file a financial assistance application.

Statements: GHS will send at least three (3) separate statements for collection of self-pay accounts mailed or emailed to the last known address of each patient or guarantor(s). However, no additional statements will be necessary after a guarantor submits a complete application for financial assistance under the financial assistance policy or has paid in full. It is the 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, the determination of reasonable effort will have been made. All self-pay statements will include, but not be limited to:

1. The charges for such services;
2. The amount required to be paid by the patient or guarantor;
3. A conspicuous written notice that notifies and informs the patient or guarantor about the availability of financial assistance under the financial assistance policy including the telephone number of the department and direct website address where copies of the documents, including the Financial Assistance Application, may be obtained;
4. At least one of the statements mailed or emailed will include written notice that informs the patient or guarantor of the ECAs that may be taken if the patient or guarantor does not apply for financial assistance under the financial assistance policy or pay the amount due by the billing deadline. A plain language summary of the financial assistance policy will accompany this statement.

Financial Assistance: Financial assistance information will be made widely available to patients and members of the community served by GHS. The GHS Financial Assistance Policy, Financial Assistance Application, and a Plain Language Summary of the Financial Assistance Policy will be available on GHS's system website. Paper copies of this information will be available upon request, free of charge.

Financial assistance information, including information on the GHS Financial Assistance Policy and instructions on how to contact GHS for assistance, will be offered to patients upon intake or discharge. Financial assistance information will also be made available, free of charge, upon the request of a patient and will be posted conspicuously in hospital and clinic registration and admitting locations, in the hospital emergency department, and will also be included on monthly patient statements.

Payment Plan: Patients, or their guarantors, will also be provided with information on payment plans. For patients unable to pay the balance due within twenty-one (21) days, interest-free, payment plans may be extended for up to 36 months or three (3) years. Arrangements for such payment plans must be made with GHS Customer Financial Service. If the patient, or patient guarantor, does not make payment arrangements or if the patient, or patient guarantor, fails to comply with payment arrangements, the account may be referred to an outside collection agency.

If a GHS patient or guarantor with an existing payment plan subsequently receives services at GHS and incurs additional self-pay balances, the patients, or patient guarantor's current payment plan may be revised to account for the additional charges.

Payment plans are available to patients, or their guarantors, who qualify for less than 100% financial assistance, but are unable to pay the balance in full. These payment plans will be subject to the same rules applicable to patients or guarantors who do not qualify for any financial assistance.

Disputing Bills: GHS will inform patients of the process by which they may question or dispute bills. Disputes will be directed to GHS's Customer Financial Services department. The name of the department, Customer Financial Services, and a toll-free phone number to which a dispute should be directed will be listed on all monthly patient statements and collection notices sent by GHS. The Customer Financial Services department will respond to queries made by patients within 30 business days after receiving the dispute. For a dispute requiring further investigation, all collection actions will cease until a final decision has been rendered on the disputed amount.

EXTRAORDINARY COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT

Bad Debt Collection Actions: No account will be subject to bad debt collection actions, or ECA, within 120 days of the first post-discharge statement before GHS has made reasonable efforts to determine whether that patient is eligible for financial assistance. This 120-day timeframe may be abbreviated if a determination has been made on financial assistance, a payment plan has been established and agreed to by the patient or guarantor, and the patient or guarantor is no longer complying with the payment plan. No collection actions will be pursued against a patient if the patient, or guarantor, has provided documentation showing that he or she has applied for coverage under Medicaid, or other publicly sponsored health programs, that may pay the outstanding claim and for which an eligibility determination is still pending.

Prior to sending a patient's account to a collection agency GHS will make reasonable efforts to provide information on financial assistance and will mail a minimum of three (3) written statements to the patient or guarantor. Each statement will include conspicuous notice of the GHS financial assistance policy, telephone number to call for help, and direct website address. If all efforts to communicate with the patient, or patient guarantor, are unsuccessful, and a correct address for undeliverable mail is not found, accounts will be sent to a collection agency.

Within 240 days from the first post-discharge statement, if a patient, or guarantor, applies for financial assistance, the application will be accepted, and collection actions will cease while an eligibility determination is being made. If the applicant is approved for Free Care, no further actions will be taken to collect on the amount. If the applicant is denied financial assistance or is approved for discounted care, steps will be taken to resolve the outstanding obligation. If the account is not resolved or arrangements to resolve the account are not made, additional collection actions will be pursued.

If an individual submits an incomplete application during the application period, GHS must (i) suspend all collection actions, (ii) provide the individual with a written notice that describes the additional information and/or documentation required under the Financial Assistance Policy or application form that must be submitted to complete the Financial Assistance Policy application and (iii) provide GHS's contact information. The application will remain active for thirty (30) days from the date the letter was mailed to the applicant requesting this information. If the applicant has not responded within the 30-day timeframe, the application will be denied.

Applicants approved for financial assistance will be refunded payments in excess of the amount determined owed by the patient or patient's guarantor on accounts for which they have been granted assistance under the GHS Financial Assistance Policy. Refunds apply to excess payments of \$5.00 or more. In accordance with this policy, financial assistance is generally not extended for co-payments or a balance remaining after the insurance company has paid if a patient fails to obtain proper referrals or authorizations, or if such assistance is not in accordance with insurer's contractual agreement therefore such payments received will not be refunded.

Collection actions may be utilized by GHS when pursuing payment from patients or guarantors (i) with balances due that go unpaid for more than 120 days who do not apply for financial assistance, (ii) patients or guarantors not in conformance with an agreed upon payment plan, or (iii) patients or guarantors who are no longer cooperating in good faith to pay off the remaining balance.

At least 30 days before initiating one or more ECAs to obtain payment for the care provided, GHS will provide a patient or patient's guarantor with a written notice that indicates financial assistance is available for eligible individuals, how an individual can apply for financial assistance, and where the Financial Assistance Policy can be obtained. Such written notice will identify the ECAs that GHS or other authorized party intends to initiate to obtain payment for the care and indicate the deadline after which such ECAs may be initiated. The deadline will be no earlier than thirty (30) days after the date that the written notice is provided to the patient or patient's guarantor. A Plain Language Summary of the Financial Assistance Policy will be included with the notice GHS will also make

reasonable efforts to orally notify the individual about GHS Financial Assistance Policy and how the patient can obtain assistance with the Financial Assistance Policy process.

The following is a list of ECAs GHS may initiate to obtain payment for care provided: (i) reporting to consumer credit reporting agencies, (ii) pursuing legal judgments, (iii) filing liens, or (iv) garnishing wages to collect on outstanding balances.

Collection Agencies: Collection agencies may be used to aid in pursuing patient self-pay balances. Accounts will not be placed with a collection agency within the first 120 days after issuing the first, post discharge statement, unless patient or patient guarantor is not complying with an agree upon payment plan.

Prior to referral to an outside collection agency, each account will be reviewed to ensure that GHS has made reasonable efforts to determine whether the patient or patient's guarantor is eligible for financial assistance. After this review, the account may advance to an outside collection agency. Any and all accounts referred to a collection agency will comply with the financial assistance requirements.

GHS does not permit harassing, abusive, oppressive, false, deceptive, or misleading language or collections conduct by its employees, debt collection attorneys, agencies, or their agents and employees.

All collection agencies working on behalf of GHS will have in place a written contract that will specify that their collection processes must conform to the policies of GHS and comply with applicable state and federal laws. At a minimum, such an agreement must provide the following:

1. If the individual submits a Financial Assistance Policy application after the referral or sale of the debt but before the end of the application period, the party will suspend ECAs to obtain payment for the care.
2. If the individual submits a Financial Assistance Policy application after the referral or sale of the debt but before the end of the application period and is determined to be Financial Assistance Policy-eligible for the care, the party will do the following in a timely manner.
3. Adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the party and the hospital facility together more than he or she is required to pay for the care as a Financial Assistance Policy-eligible individual.
4. If applicable and if the party (rather than the hospital facility), has the authority to do so, take all reasonably available measures to reverse any ECA (other than the sale of a debt or another ECA) taken against the individual.
5. If the party refers or sells the debt to yet another party during the application period, the party will obtain a written agreement from that other party including all of the elements described in this paragraph (c) (10).

A copy of the approved GHS Self-Pay Billing and Collection and Financial Assistance Polices shall be given to every collection agency working with GHS self-pay accounts to assure compliance with the

policies. A signed acknowledgement of the receipt of these policies and agreement to make a good faith effort to comply with the policies will be kept on file by GHS.

If a patient, or patient guarantor, applies for financial assistance within the later of 240 days from the first post-discharge statement or 30 days after being sent the notice of collection actions to be initiated, the application will be accepted, and collection actions will cease while an eligibility determination is being made. If the applicant is approved for free care, no further actions will be taken to collect on the account. If the applicant is approved for discounted care, or is denied financial assistance, appropriate steps must be taken by the patient, or guarantor, to resolve the outstanding self-pay balance or further collection actions will be pursued.

Credit Reporting: GHS does authorize its collection agencies to report information on patient accounts to consumer credit reporting agencies.

In certain cases, legal action may be utilized by GHS, or its collection agencies, to collect patient self-pay balances. A collection agency may not initiate legal action for non-payment of a GHS bill against a patient, or patient guarantor, or seek judgment until after the 120-day application period is over and GHS has made reasonable efforts to determine whether the patient is eligible for financial assistance. If a legal judgment is obtained, the following actions may be utilized: wage garnishments, property liens, and liens on insurance settlements associated with the cost of services provided by GHS for which there is an outstanding balance.

GHS will be consulted prior to pursuing legal actions. All accounts will be reviewed on a case-by-case basis and will take into consideration the patient or patient guarantor's situation. GHS management will review all relevant collection activity to ensure that all attempts at voluntary collection have taken place, and the account meets the requirements for litigation.

Liens on Estates of Deceased Patients with No Surviving Spouse: GHS may place a lien on an estate of a deceased patient if that patient has no surviving spouse.

The surviving spouse of a deceased patient, with outstanding GHS bills, is assumed to be responsible for payment of those obligations provided GHS has not received a Marital Property Agreement from the patient opting out of marital property before the care was provided.

STAFF TRAINING

Staff training will be provided to staff engaging in collection interactions. Staff responsible for collecting self-pay accounts will receive training on customer service, account negotiation/resolution and collection skills. Training will focus on the GHS Financial Assistance and Billing/Collection policies and its commitment to treat all patients with compassion and dignity. The training will review collection scripts and other information required to effectively inform patients of GHS policies.

MONITORING COLLECTION AGENCIES

Third party collection agencies working on behalf of GHS will be regularly monitored to assure that they are in compliance with this policy.

PUBLIC ACCESS TO POLICY

Information on the GHS Financial Assistance Policy, and the GHS Self-pay Billing and Collection Policy will be made available to patients and the community served by GHS through a variety of sources. Please see Appendix 1 for additional details.

ENFORCEMENT

Any abusive, harassing, misleading language or collections conduct by GHS employees, debt collection agency staff or attorneys will be addressed through corrective action procedures.

CONFIDENTIALITY

GHS will protect the confidentiality of each patient, regarding financial information and the handling of personal health information.

POLICY APPROVAL

The GHS financial assistance policy has been provided to and approved by the GHS Governance Finance Committee on February 2023. This policy is subject to periodic review. Any substantive changes to the policy must be approved by GHS Governance Board.