



POLICY

Entity: All RSFH Healthcare Facilities
Division: Finance

Origination Date: July 2004
Latest Revision April 1, 2023
Administrative Approval: Adriana Day, CFO
Reviewer: AVP Finance

Subject: **Billing and Collections Policy** Page 1 of 4

I. Policy (High Concept)

As established by IRS Code Section 501(r), RSFH is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. RSFH will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under the HFA Policy.

II. Purpose (Three Key Messages)

In light of its mission to heal all people with compassion, faith, and excellence, Roper St. Francis Healthcare is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. Payment on accounts will be pursued consistently, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor. To that end, RSFH will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under the HFA Policy.

Every guarantor will be given reasonable time and communication to be aware of and understand their financial responsibility. The guarantor will be held financially responsible for services actually provided and adequately documented. RSFH representatives and/or its designee will widely publicize the HFA Policy by, among other things, offering a copy of the plain language summary of the policy prior to the patient being discharged. Understanding each guarantor’s insurance coverage is the responsibility of the guarantor. Any self-pay liability secondary to insurance coverage is defined by the guarantor’s insurance coverage and benefit design. RSFH relies on the explanation of benefits and other information from the guarantor and the insurance carrier for eligibility, adjudication of the claim, and patient responsibility determinations.

III. Scope (Populations to which the policy applies)

This Billing and Collections policy applies to all RSFH Healthcare Facilities, including, without limitation, Roper Hospital, Bon Secours – St. Francis Hospital, Roper Rehabilitation Hospital, Roper St. Francis Berkeley Hospital, Roper St. Francis Mount Pleasant Hospital, Roper St. Francis Physicians Network, and Roper St. Francis Ancillary Services.

IV. Policy Details (Supporting Points)

Policy:

A statement of hospital services is sent to the patient/guarantor in incremental billing cycles. In cases when the patient has no insurance coverage, that is a self-pay patient, the statement is sent after services are rendered. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been rendered, claim is submitted, and claim has been adjudicated by the insurance carrier. There are some cases, for example, when there is a stop in the adjudication of a claim due to the patient needing to provide additional information, where a statement will be sent to the patient and/or guarantor prior to claim processing.

RSFH representatives and/or their designees may attempt to contact the patient/guarantor (via telephone, mail, or email) during the statement billing cycle in order to pursue collections. Collection efforts are documented on the patient's account.

Statement Cycle:

The statement cycle will be measured from the first statement sent to the patient (date sent) and include the following:

- Subsequent statements sent to the patient/guarantor in 30 day increments to derive at the statement process:
 - 1st – Date of first billing
 - 2nd – 30 Days post
 - 3rd – 60 Days post
 - 4th – 90 Days post and notice of submission to Collection Agency if amounts left unpaid or the HFA application not received
 - 5th – 120 Days post – Submission to Collection Agency (letter sent from Collections), subject to the provisions of this policy.
 - A secondary or tertiary Collection Agency may be used, subject to the provisions of this policy.

Extraordinary Collection Actions (ECAs):

- It is the policy of RSFH not to engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under the HFA Policy.
- ECAs include reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- RSFH may pursue the ECAs outlined above in the collection of delinquent accounts. RSFH will not approve of any legal action being taken in the collection of delinquent accounts by any vendors working on behalf of RSFH. RSFH will not defer or deny, or require a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the HFA Policy.

Efforts to Determine HFA Eligibility:

- RSFH will allow patients to submit complete HFA applications during a 240-day Application Period (as defined herein).
- RSFH will not engage in ECAs against the patient or guarantor without making reasonable efforts to determine the patient's eligibility under the HFA Policy. Specifically:
 - RSFH will notify individuals about the HFA Policy as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement for the care.
 - If RSFH intends to pursue ECAs, the following will occur at least 30 days before first initiating one or more ECAs:
 - RSFH will notify the patient in writing that financial assistance is available for eligible individuals, identifies the ECAs the facility (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided;
 - The above notice will include a plain language summary of the HFA Policy;
 - RSFH will make a reasonable effort to orally notify the patient about the HFA Policy and how the individual may obtain assistance with the application process.
 - If RSFH aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

Processing HFA Applications:

- If an individual submits an incomplete HFA application during the Application Period, RSFH, will:
 - Suspend any ECAs to obtain payment for the care; and
 - Provide the individual with a written notice that describes the additional information and/or documentation required under the HFA Policy or HFA application form that must be submitted to complete the application and that includes the RSFH contact information set forth at the end of this policy.
- If an individual submits a complete HFA application during the Application Period, RSFH will:
 - Suspend any ECAs to obtain payment for the care;
 - Make an eligibility determination as to whether the individual is HFA-eligible for the care and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.

- If the individual is determined to be HFA-eligible for the care, RSFH will:
 - If the individual is determined to be eligible for assistance other than free care, provide the individual with the following:
 - A billing statement that indicates the amount the individual owes for the care as an HFA-eligible individual
 - How that amount was determined and
 - State, or describe how the individual can get information regarding, the AGB for the care; or
 - State, or describe how the individual can apply for more generous assistance under the HFA.
 - Refund to the individual any amount he or she paid for the care (whether to RSFH or any other party to whom RSFH has referred to sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as an HFA-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
 - Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.
- When no HFA application is submitted, unless and until RSFH receives a HFA application during the Application Period, RSFH, as applicable, may initiate ECAs to obtain payment for the care once it has notified the individual about the HFA as described herein.

Miscellaneous Provisions:

- **Anti-Abuse Rule** – RSFH will not base its determination that an individual is not HFA- eligible on information that RSFH has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
- **Determining Medicaid Eligibility** – RSFH will not fail to have made reasonable efforts to determine whether an individual is HFA-eligible for care if, upon receiving a complete HFA application from an individual who RSFH believes may qualify for Medicaid, RSFH postpones determining whether the individual is HFA-eligible for the care until after the individual's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.
- **No Waiver of HFA Application** – Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the HFA Policy or receive the notifications described herein, will not itself constitute a determination that the individual is not HFA-eligible.
- **Final Authority for Determining HFA Eligibility** – Final authority for determining that RSFH has made reasonable efforts to determine whether an individual is HFA-eligible and may therefore engage in ECAs against the individual rests with the RSFH Financial Assistance Department.
- **Agreements with Other Parties** – If RSFH sells or refers an individual's debt related to care to another party, RSFH will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is HFA-eligible for the care.
- **Providing Documents Electronically** – RSFH may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

V. Definitions

- **AGB** – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- **Application Period** – The period during which RSFH must accept and process an application for financial assistance under the HFA submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after RSFH provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
- **RSFH** – Roper St. Francis Healthcare

- **RSFH Healthcare Facilities** – Roper St. Francis Healthcare hospitals, Roper St. Francis Physicians Network, Roper St. Francis Ancillary Services.
- **ECAs** –Extraordinary Collection Actions taken by RSFH against an individual related to obtaining payment of a bill for care covered under the HFA
- **HFA** - Healthcare Financial Assistance
- **HFA Policy**– RSFH Healthcare Financial Assistance Policy.
- **HFA-Eligible Individual** – An individual eligible for financial assistance under the HFA Policy (without regard to whether the individual has applied for assistance under the HFA Policy).

VI. Contact Information

- Website: <https://www.rsfh.com/billing-financial-assistance/>
- Email: RSFFinancialAssistance@rsfh.com
- Telephone:
 - For bills with a date of service before August 1, 2022: 1-888-472-0042.
 - For bills with a date of service on or after August 1, 2022: 1-888-472-0043.
- Mail-In Applications (for all RSFH Healthcare Facilities):
 - Roper St. Francis Mount Pleasant Hospital
 - Post Office Box 602441
 - Charlotte, NC 28260-2441

VII. Related Policies

RSFH offers other options for uninsured or underinsured patients who do not qualify for financial assistance under the HFA Policy. For further information, please see the following RSFH policies:

- RSFH Healthcare Financial Assistance Policy
- RSFH Uninsured / Self-Pay Discount Policy