



<b>Title:</b>	Patient Billing and Collections Policy		
<b>Department/Service Line:</b>	Billing		
<b>Approver:</b>	Chief Financial Officer		
<b>Policy Number:</b>	TMI Billing Policy 2.0-T		
<b>Last Review/Revision Date:</b>	6/2016	<b>Origination Date:</b>	6/2016

## SCOPE

This document applies to all Touchstone centers and revenue cycle personnel. It is the responsibility of revenue cycle employees to follow this Policy and revenue cycle management to ensure compliance with this Policy.

## DEFINITIONS

**Extraordinary Collection Actions** - Include, but are not limited to: selling an individual's debt to another party; reporting to a credit agency; deferring or denying, or requiring payment before providing, medically necessary care because of nonpayment on previous bills; actions that require legal or judicial process, including placing a lien on individuals' property or foreclosing on patient's real property, causing an individual's arrest, garnishing an individual's wages. This does not include liens placed on proceeds of a judgment, settlement or compromise owed to an individual as result of a personal injury (e.g. car accident, etc).

## POLICY

Touchstone is committed to assisting uninsured or underinsured patients in meeting their payment obligations and to applying consistent and compliant patient billing and collection practices to all patients.

## PROCEDURE

Touchstone will request payment of billed charges from uninsured/underinsured patient unless the patient qualifies for financial assistance or other programs as outlined below. Ability to pay and eligibility for other funding sources will be taken into consideration at the time services are provided. Touchstone shall not engage in any Extraordinary Collection Actions before reasonable efforts (as outlined below) have been made to determine whether or not the patient qualifies for financial assistance under the Touchstone Financial Assistance Policy.

All uninsured patients may be screened for other funding sources (i.e. insurance, third party liability, current eligibility for governmental programs); potential eligibility for other funding programs (i.e. Medicaid, Crime Victims, County Indigent, etc.); financial assistance through Touchstone's Financial Assistance Policy; and, ability to pay. Patients who have no other source of funding and do not qualify for financial assistance may qualify for a private pay discount or a payment plan. All patients can obtain a Financial Assistance Policy plain language summary form before leaving a Touchstone facility.

Underinsured patients can be granted the same options for private pay discounts or payment plans on a portion of their charges if they have maxed out their benefits or the services are non-covered by their insurance plan.

Once a patient qualifies for financial assistance no further action shall be taken for amounts qualifying under the Financial Assistance Policy. However, the portion of the patient charges not qualifying for financial assistance will be subject to the same billing and collection actions with other patients as outlined below.

**Presumptive and Prior Eligibility Process:**

Touchstone will have made reasonable efforts to determine if a patient qualifies for financial assistance under the presumptive eligibility process outlined in the Touchstone Financial Assistance Policy or if the patient qualifies under prior eligibility determinations. Otherwise, the Notification Process should be followed to establish reasonable efforts.

Under these eligibility determinations, if the patient did not qualify for the most generous assistance available (financially indigent) then the patient shall be notified of ways to qualify as financially indigent and be given a reasonable amount of time before engaging in any Extraordinary Collection Actions.

**Notification Process:**

Once a patient account balance is established and Touchstone determines the portion of the patient's responsibility, Touchstone will send a minimum of three post-treatment billing statements over a 60-day period asking the patient to pay starting with the first billing statement. Each billing statement will notify that financial assistance is available for eligible individuals. The final billing statement sent to the patient will contain a plain language summary informing the patient about the Touchstone Financial Assistance Policy and will notify the patient that the account will be assigned to a collection agency and potentially reported to a credit agency no earlier than 30 days after the date of the final statement. Reporting to a credit agency will not occur until approximately 90 days after the first post-discharge billing statement is mailed to the patient.

In addition to the post-discharge billing statements referenced above, phone calls may be placed to patients asking for payment in full. Each time the patient is called the patient will be informed of the Financial Assistance Policy and how to apply. If payment in full is not possible and the patient does not qualify for financial assistance, then a payment plan will be offered.

Should services be related to an accident in which a third party may be liable Touchstone may file a "Lien" against any potential proceeds or coverage paid by the third party. Touchstone will not file any liens directly against any patient or their property.

Revenue cycle management has the final authority or responsibility for determining that Touchstone has made reasonable efforts to determine whether an individual is eligible for financial assistance and may therefore engage in collection actions against the patient.

**ATTACHMENTS**

None

**RELATED DOCUMENTS**

Financial Assistance Policy (BTDI.FA.1.0)

**REFERENCES**

None