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APPROVED BY: BMHD BOARD OF DIRECTORS	EFFECTIVE: 01/01/2020
REGULATION/REFERENCE:	REVISED: 6/28/2018; 6/27/2019, 11/21/2019
	KEY WORD: Billing

BILLING AND COLLECTION POLICY

PURPOSE

Blue Mountain Hospital District (BMHD) has established a strong mission to meet the medical needs of our patients and communities it serves; and sound Billing and Collection Policies are an important and fundamental component of this mission. Blue Mountain Hospital District maintains a policy of communicating financial responsibility prior to service with the request of payment at time of service. Blue Mountain Hospital District is committed to providing emergency and medically necessary care to all patients without regard to race, creed, sex, national origin, disability, age, sexual orientation or ability to pay.

The purpose of this Billing and Collection Policy is to ensure that, in connection with Blue Mountain Hospital District's efforts to bill and collect for healthcare services rendered, all patients are treated fairly, reasonably and given sufficient opportunity to apply for financial assistance (See BMHD's Financial Assistance Policy). BMHD will not deny emergency or medically necessary care based on the ability to pay, or on an individual's inability to provide a form of co-payment, past payment history, or outstanding balance.

This policy also provides direction to staff members in their interaction with Responsible Individual(s), and third party payers which will aid their efforts in ensuring customer service, accelerating cash flow, reducing bad debt expense, claim denial write-offs and finance assistance.

Patients without Health Coverage

Upon receipt of the first statement, a cash payment must be submitted within thirty (30) days. Monthly payments are acceptable according to the following terms:

1. Bills paid in full at time of service or within 30 days of the first statement will receive a 25% discount; or
2. A payment agreement made by speaking with one of our Collection Specialist who can be reached at 541-575-4156 or 541-575-1311 x2237.

Billing and Accounts Receivable:

Billing Processes

BMHD's billing procedures are as follows:

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1. If an account is not paid or a payment agreement reached, with payments being made, within one hundred twenty (120) days following the due date, the account is considered "Delinquent". See the Accounts Receivable Management section below for more details on how account status and collection actions are determined.

Accounts Receivable Management

BMHD performs the following processes for managing and monitoring aging accounts receivable:

1. 0-30 Day Accounts

- a. Self-pay account balances not collected at the time of service will be billed to Responsible Individual(s) monthly. Statements are sent until paid in full.
- b. Insurance claims will be billed if appropriate information is received. If information is incomplete, contact will be made with the Responsible Individual(s) to acquire the appropriate information. If not provided, the account will be identified as 'Self-pay' and billed accordingly.

2. 31-60 Days Accounts

- a. On Self-pay accounts, the Billing Office staff (Collection Specialist) will compile a list of Self-pay accounts, and begin establishing the next steps in the collection process.

3. 61-120 Days Accounts – Notification Period 120 Days

- a. Self-pay accounts/balances not having made agreed-upon payment agreements will receive a pre-collection letter or reminder sent by the Business Office Collection Specialist.
- b. If no payment agreement was made, the Collection Specialist will contact the patient via telephone.

4. 121-240 Days Accounts – Notification Period/Application Period 241 Days

- a. Self-pay accounts that have not made a previous payment agreement will receive a Final Notice letter along with Blue Mountain Hospital District's Summary of Financial Assistance Policy, and the Plain Language Summary from the Collection Specialist stating notification that the Self-pay account may be sent to collections.
- b. The Collection Specialist will review and recommend Self-pay accounts for final determination on whether or not the account should be sent over to the contracted Collection Agency. If necessary, the CEO will be brought in to make the final decision.

5. 241-360 Days Accounts

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- a. All Self-pay accounts not collected or having an acceptable payment agreement will be sent to the contracted collection agency when all internal means of collection of the account have been exhausted. Accounts assigned to collections will be referred to the Blue Mountain Hospital District's contracted collection agency for continued collection follow-up.
- b. After Self-pay accounts reach two hundred and forty-one (241) days delinquent, the contracted collection agency may perform extended collection actions outlined in the Collection Section below.

Collections:

Collection Practices:

At least three separate billing statements for collection of Self-pay accounts shall be mailed to the last known address of each Responsible Individual(s); provided, however, that no additional statements need to be sent after a Responsible Individual (s) submits a complete application for financial assistance under the FAP (Financial Assistance Policy) or has paid-in-full. At least 60 days shall have elapsed between the first and last of the required three mailings. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. All statements for Self-Pay Accounts will include but are not limited to:

1. An accurate summary of the hospital services;
2. The charges for such services;
3. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
4. A conspicuous, clearly noticeable, written notice that notifies and informs the Responsible Individual(s) about the availability of financial assistance under the hospital FAP including the telephone number of the department that can provide information about the FAP, and the FAP application process and direct website address where copies of documents (FAP, FAP Application, and PLS (Plain Language Summary) may be obtained.

At least one of the statements mailed will include written notice that informs the Responsible Individual(s) about the ECAs (Extraordinary Collection Actions) that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the billing deadline. Such statements must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. A Plain Language Summary will accompany this statement

Extended Collection Actions

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When an account becomes delinquent, the Responsible Individual(s) has not made a payment or an acceptable payment agreement, Blue Mountain Hospital District will take extended collection actions, including the use of a third-party collection agent. Such collection actions will be subject to compliance with the provisions of this Financial Assistance Policy, and federal and state regulations.

Extraordinary Collection Actions (ECA)

1. District may take any and all legal actions, including Extraordinary Collection Actions (ECA), to obtain payment for healthcare services provided. Extraordinary Collection Actions may include:
 - a. Placing a lien on an individual’s property;
 - b. Attaching or seizing an individual’s bank account or any other personal property;
 - c. Commencing a civil action against an individual;
 - d. Garnishing an individual’s wages; and/or
 - e. Reporting adverse information about the individual to consumer reporting agencies.

2. The District will not engage in any ECA’s, either directly or by any debt collection agency or other representative, before reasonable efforts are made to determine whether the patient is eligible for assistance under the Blue Mountain Hospital District’s Financial Assistance Policy. To that end:
 - (i) The District will not engage in any ECA’s during the Notification Period.
 - (ii) The District will publicize the availability of financial assistance through the methods specified in Blue Mountain Hospital District’s Financial Assistance Policy.
 - (iii) During the Notification Period, the District will provide each patient with at least three Billing Statements (although no further Billing Statements need be sent, once the patient submits a Financial Assistance Application), each of which includes a clear statement regarding the availability of financial assistance, including:
 - a. A phone number for information about the Financial Assistance Policy and the application process;
 - b. A direct website address where the Financial Assistance Policy, Financial Assistance Application, and Plain-Language Summary are available.
 - (iv) If any Responsible Individual contacts the District for information regarding possible financial assistance, the District will provide such patient, at no cost, with a copy of the Financial Assistance Policy, the Financial Assistance Application, and the Plain-Language Summary. In addition, the District will ensure that the Responsible Individual is referred to the Business Office staff or Collection Specialist for further explanation and assistance as needed.

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3. In the event that the District intends to undertake one or more ECA's, the Collection Specialist will mail the patient a Pre-Collection Letter at least 30 days prior to onset of the ECA(s). The Pre-Collection Letter will include all of the following:
- (i) A statement that the District intends to initiate one or more ECAs (identifying the specific ECAs to be undertaken) to obtain payment of the balance due.
 - (ii) A date (which must be at least 30 days following the date of the Pre-Collection Letter) by which payment must be made in order to avoid the specified ECAs;
 - (iii) A clear statement that financial assistance is available pursuant to the Blue Mountain Hospital District's Financial Assistance Policy; and
 - (iv) A copy of the Plain-Language Summary.

Under no circumstances may a Pre-Collection Letter be mailed to the Responsible Individual(s) earlier than 30 days prior to the end of the Notification Period. During the 30-day period following the mailing of the Pre-Collection Letter, the Reimbursement Specialist will continue to make reasonable efforts to orally notify the Responsible Individual(s) about the availability of financial assistance.

If an intended ECA will cover charges for multiple episodes of care, the timelines associated with the Notification Period (120 days) and the Application period (240 days) will be measured with respect to the most recent episode of care at issue (specifically, from the date of the first post-discharge Billing Statement for that care).

4. After the Notification Period has expired, the District may commence one or more ECAs as follows:
- (i) If the Responsible Individual(s) has not applied for financial assistance under the Blue Mountain Hospital District's Financial Assistance Policy by the last day of the Notification Period, the District may initiate an ECA, but only after the Pre-Collection Letter has been provided and a period of at least 30 days has elapsed thereafter.
 - (ii) If the Responsible Individual(s) has applied for financial assistance but a determination has been made that the Responsible Individual(s) does not qualify under the Blue Mountain Hospital District's Financial Assistance Policy, the District may initiate one or more ECAs.
 - (iii) If a Responsible Individual(s) submits an incomplete Financial Assistance Application prior to the expiration of the Application Period, then ECAs may not be initiated until the following process has been completed:
 - a. The District provides the Responsible Individual(s) with a written notice that describes the additional information or documentation required in order to complete the Financial Assistance Application, and who to contact when this information is complete.

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- b. The District provides the Responsible Individual(s) with at least 30 days' prior written notice of the ECAs that the District may initiate against the Responsible Individual(s) if the Financial Assistance Application is not completed or payment is not made by a specified date; *provided, however,* that the deadline for completion or payment may not be set prior to the end of the Application Period;
 - c. If the Responsible Individual(s) then completes the Financial Assistance Application and the District determines definitively that the Responsible Individual(s) is ineligible for any financial assistance, the District will give the patient an opportunity to establish a payment plan before initiating any ECAs; and
 - d. If the Responsible Individual(s) fails to complete the Financial Assistance Application by the specified date provided in the written notice, the District may initiate one or more ECAs.
- (iv) If a Financial Assistance Application (whether complete or incomplete) is submitted by a Responsible Individual(s) at any time during the Application Period, the District will suspend any ECAs underway for so long as the Responsible Individual(s) Financial Assistance Application is pending.
- a. If the completed application is approved for financial assistance, all ECAs will be reversed and removed from the Responsible Individual(s) credit report.
 - b. Any payments received on an account approved for financial assistance will be refunded or transferred to an account balance prior to the application approval time period.
5. The District may authorize external collection agencies functioning on its behalf to undertake ECAs consistent with the provisions set forth above and applicable to the law. However, any ECAs proposed to be undertaken by an external collection agency will require the prior approval of the District in each case specifically as to the particular patient and account.
 6. The account balances of Responsible Individual(s) who are able, but unwilling, to pay for the District services are considered uncollectable bad debts; such accounts will be referred to outside agencies for collection.
 7. Blue Mountain Hospital District or its affiliated debt collector(s) will comply with any and all interest rate requirements.
 8. Blue Mountain Hospital District will not collect from family members not responsible for responsible party's balance.

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The District will provide copies of this Billing and Collection Policy without charge to the public. Individuals may obtain these documents through the following means:

- Hard copies are offered as part of the discharge process.
- Hard copies can be provided in person or can be mailed to the Responsible Individual(s) upon request.
- Hard copies may be accessed, downloaded, and printed from the BMHD website under the patient info tab. (<http://www.bluemountainhospital.org/docs/finance.html>).

This policy generally will be posted, publicized, and otherwise available in the same manner as the Blue Mountain Hospital District's Financial Assistance Policy.