

RHS - GB - Payment Collection Process Acute Policy		rPolicies# 617
Riverside Health System (System Wide (RHS), RBHC, RDHW, RMG, RRM, RSMH, RWRH)		
Chapter Category: Governing Body (GB), Revenue Cycle - Patient Accounting	Distribution Group: All RHS Employees	
Policy Approver: VP of Revenue Cycle	Content Owner, VP of Revenue Cycle	
Effective Date: 11/13/2019		Page 1 of 3

Revision Description
11/8/2019 - Updated dunning levels

PURPOSE:

The purpose of this policy is to outline the collection process for acute facilities.

DEFINITIONS:

None.

POLICY:

If the patient does not qualify for charity and is a single visit, the patient liability is established either from discharge date for uninsured patients or insurance payment post date for insured patients. The following collection cycle is initiated and continues until the balance is paid or the patient establishes a payment plan with RHS.

PROCEDURE:

Patient Liability Date:	Dunning Level Examples:	Description:
Day 1	Level 1	Level 1 – Riverside Statement
Day 30	Level 2	Level 2 – Riverside Statement
Day 60-120	Level 3-4	Placed with pre-collection agency.
Day 121	Level >4	Acute Care account is returned from pre-collection agency. Both Acute and RMG are written off to bad debt.

If the patient does not qualify for charity and is a recurring account or the guarantor is an institution, the guarantor/patient will receive the below statements

Patient Liability Date:	Dunning Level Examples:	Description Examples:
Day 1	1	Initial patient statement
Day 30	2	Second patient statement
Day 60	3	Third patient statement
Day 90	4	Fourth patient statement
Day 120	5	Fifth patient statement
Every 30 Days	6+	Fifth patient statement is re-sent

Both Acute and RMG are written off to bad debt and the debt is placed with a third party collection agency. The bad debt agency works accounts with statements and phone calls.

EXTRAORDINARY COLLECTION ACTIONS:

Riverside Health System may utilize a collection agency that may engage in Extraordinary Collection Actions (ECAs) after Day 120 of patient liability via national credit agency reporting. Patients will be notified at least 30 days prior to the use of ECAs. No ECAs will be initiated until a reasonable effort has been made to determine if a patient is eligible for financial assistance.

A Financial Assistance Application may be requested in order to determine financial assistance eligibility. The results will be used to clarify the patient's FPL. This form can be found at: https://www.riversideonline.com/patients_guests/financial-assistance.cfm and must be completed and submitted within 240 days after first post discharge bill. An incomplete application will be returned for completion. A call center representative can assist patients by providing someone to help fill out the form. They can be reached at 1-800-621-7677 or 757-989-8830; option #3.

If the completed Financial Assistance Application is submitted within 240 days of first post discharge bill, but after a debt has been referred to a collection agency, all ECAs will cease until a determination can be made based on the information provided. If the patient is determined to be eligible, debts will be written off to charity and all ECAs reversed.

STATEMENT BILLING PROCESS:

The System Director of Patient Accounting has final authority to determine when reasonable efforts have been made to determine if a patient is eligible for financial assistance. Once determination is made then extraordinary collection efforts can begin against the individual as necessary. The messages on statements become stronger as the patient liability becomes older. For balances less than \$5.00, no statements will be sent and the account will be adjusted as a small balance write-off.

MONITORING:

Outcomes Monitoring – The Patient Accounting System Director shall be responsible for confirming that the policy is being carried out appropriately.

Document Management – The Patient Accounting System Director shall be responsible for developing, communicating and maintaining this policy and related procedures and job aids necessary for the implementation and continuance of the policy. This policy shall be reviewed at least every 3 years for repeal or amendments appropriate.

JOB AID(S):

None.

RELATED INFORMATION:

<i>Content References</i>	<ul style="list-style-type: none">•
<i>Related Policies</i>	<ul style="list-style-type: none">• Financial Assistance Policy• Patient Liability Assistance Policy
<i>Related Forms</i>	<ul style="list-style-type: none">•

POLICY DATES:

Last Date Reviewed:	11/13/2019
Date Created:	04/01/1991