

CAMPBELL COUNTY HEALTH

Patient Financial Policies & Procedures

SUBJECT: COLLECTION OF PATIENT BALANCES

PURPOSE:

The purpose of this policy is to set forth CCH Billing and Collection of patient balances. This policy also sets forth the measures that CCH will undertake to ensure that reasonable efforts are made to determine whether a patient is eligible for financial assistance under the Campbell County Health Financial Assistance Policy, prior to commencing any extraordinary collection actions in an effort to collect the account.

DEFINITIONS:

Application Period – The period during which the Hospital must accept and process an application for financial assistance pursuant to the Campbell County Health Financial Assistance Policy. The Application Period begins on the date that the healthcare services are provided and ends on the 240th day after the Hospital provides the first post-discharge Billing Statement for the care.

Extraordinary Collection Action (ECA) – Any action against the patient related to obtaining payment of a patient balance where such action requires a legal or judicial process. By way of example, ECA's include most types of liens, foreclosure on real estate, attachment or seizure of bank accounts or personal property, commencing a civil action, causing arrest or a writ of body attachment, or garnishment of wages or other income. The term ECA also includes the reporting of a patient debt to a credit bureau or agency. However, ECA's do not include liens asserted by the Hospital on the proceeds of a personal injury judgment, settlement, or compromise, nor the filing of a claim in a bankruptcy proceeding. ECA's also include selling a debt, delaying, or denying medically necessary care because a person hasn't paid prior bills, or requiring pre-payment for medically necessary care because a person hasn't paid prior bills.

Plain Language Summary – The written summary of the Campbell County Health's Financial Assistance Policy. The Plain-Language Summary will be publicized as described in the Financial Assistance Policy.

POLICY:

Non-Discrimination of Services: In compliance with all EMTALA (Emergency Medical Treatment & Labor Act) rules and regulations, Campbell County Health (CCH) will provide Emergent medical services regardless of a patient's ability to pay. CCH will provide emergency medical screening examinations and stabilizing treatments to patients regardless of their ability to pay. CCH will not discriminate based upon the individuals' ability to pay. CCH does not discriminate against any one individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Measures to Widely Publicize the Financial Assistance Policy: To serve the community, Campbell County Health takes the following measures to widely publicize the availability of financial assistance.

- Patients and members of the public may obtain copies of the financial assistance policy, the application and a plain language summary of the financial assistance policy, free of charge:
 - On the website, at www.cchwyo.org/as-our-patient/paying-for-care/financial-assistance
 - By phone, call 307-688-1482
 - In person, at any registration desk and the customer service office at 501 S. Burma Ave., Gillette, WY 82716
 - By mail, by writing “Attention: Financial Assistance,” PO Box 3011, Gillette, WY 82717
- Three billing statements will be sent to the address of record. Accounts paid in full or approved for free care under the Financial Assistance Policy will not receive additional statements.
- Each billing statement will contain a conspicuous notice informing the patient about the availability of financial assistance, including telephone contact information and website address to obtain a copy of the Financial Assistance Policy (including the Plain Language Summary) and the application.
- At least one attempt will be made to notify the patient orally regarding financial assistance availability, including during: customer service, financial counseling, or aged account balance conversations.
- A copy of the Plain Language Summary, describing the financial assistance policy, will be provided before pursuing ECAs.

Patient responsibilities: Patients are expected to know and understand their insurance benefits, and cooperate with any insurance claim submission, referral procedures, authorization requirements. Patients are encouraged to contact their health plan prior to their appointment with any questions regarding their benefits, coverage and out of pocket costs.

- Patients are required to provide an accurate mailing address for financial notifications and billing statements. Accounts whose statements are returned by the United States Postal Service as undeliverable will not receive additional statements or notifications if a reasonable effort to identify an updated address was not successful.
- Patients are expected to present their insurance card(s) when requested at registration. Insurance cards are scanned or photocopied for reference.

Payment Expectations: Payment for non-emergency medical care may be requested prior to or at the time of service, if determinable. Payment requests may include copayments, coinsurance, deductibles, non-covered services, or a down payment toward the expected patient balance amount.

- Payment for cosmetic services, over the counter items, and not-medically necessary services is required prior to the service and is not eligible for financial assistance.
- Advance payment is required for services offered at a discounted price.
- Payment for specific elective procedures may be requested in advance if patients have not been determined financial assistance eligible.
- Payment of all other patient balances is due 30 days from the statement date.
- Short-term payment plans are accommodated for balances above \$250.00 and may be established by contacting a patient account representative.
- Long term payment plans may be offered using a bank loan through CCH’s financing partner.

Prompt Pay Discount: Uninsured patients may receive a 10% prompt pay discount when the total balance is paid within 30 days from the first billing statement. The prompt pay discount may be obtained by calling Customer Service at 307-688-1482 or visiting a patient account representative in person at 501 S. Burma Ave., Gillette, WY 82716.

Debt Collection Agencies: If all attempts to resolve the patient balance under this policy and the Financial Assistance policy are unsuccessful, accounts may be sent to a third-party debt collection agency. The collection agency will use routine collection measures to collect amounts due, subject to the limitations described below.

Extraordinary Collection Actions (ECAs): The Hospital 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 under the Campbell County Health Financial Assistance Policy. Before initiating one or more ECAs, a written notice will be mailed with a copy of the Plain Language Summary of the financial assistance policy. The notice will describe the ECA(s) that CCH intends to take in order to obtain payment for services. Patient will have a minimum 30-day opportunity to avoid the ECAs. No ECA will occur prior to 120 days from the date of the first billing statement. CCH may authorize external collection agencies, functioning on its behalf, to undertake ECAs consistent with the provisions set forth above and applicable law.

ECAs may include:

- a) Reporting to consumer credit reporting agencies;
- b) Pursuing legal judgments;
- c) Filing liens;
- d) Garnishing wages;
- e) Requiring prepayment for non-emergency services (notification may occur with less than a 30-day notification).

If the patient is approved for financial assistance, reasonable measures will be taken to reverse any ECA already in place.

Initiated: December 10, 1996

Revised: 06-21-2023 Jeff Tanner, Christine Feucht

Approved: 06-22-2023 Adam Popp, CFO