Patient Responsible Balance Billing and Collection Policy

This Policy is Applicable to the following sites:
Spectrum Health Big Rapids Hospital, Spectrum Health Continuing Care (and subsidiaries), Spectrum Health Corporate, Spectrum Health Gerber Memorial, Spectrum Health Ludington Hospital, Spectrum Health Pennock, Spectrum Health Reed City Hospital, Spectrum Health GR Hospitals, Spectrum Health Medical Group, Spectrum Health United Hospital, Spectrum Health Kelsey Hospital, Spectrum Health Zeeland Community Hospital, Spectrum Health Lakeland

Applicability Limited to: N/A
Reference #: 13636
Version #: 3
Effective Date: 8/1/2019
Functional Area: Finance, Revenue Cycle
Department Area: CBO Call Center, Corporate Billing Office (CBO), Finance, Patient Access, Patient Financial Services (PFS), Post Acute Billing (PAB), Professional Billing Office (PBO)

Notice of Nondiscrimination: Spectrum Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Spectrum Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. See Attachment A for the complete notice of nondiscrimination as well as availability of language assistance.

1. Purpose
1.1. To ensure the fair and equitable treatment of all Patients with Patient Responsible Balances owed to Spectrum Health System or any of its subsidiaries ("Spectrum Health"). To that end, Spectrum Health will not engage in extraordinary collection actions against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under its Financial Assistance Eligibility Policy.

2. Definitions
2.1. Patient Responsible Balance: Any balance due which is the responsibility of the patient and/or guarantor. This includes uninsured balances, co-payments, deductibles, coinsurance, non-covered services, and any balance due after insurance payment that is deemed patient/guarantor liability.

2.2. Patient – An individual who receives services at Spectrum Health System or one of its subsidiaries ("Spectrum Health").

2.3. Guarantor - An individual who guarantees payment on services received by a Patient at Spectrum Health.

2.4. Extraordinary Collection Actions (“ECA”): Such actions include placing a lien on a patient’s property, attaching or seizing a bank account or other personal property, commencing a civil
action, garnishing a patient’s wages or reporting adverse information to a consumer reporting agency or credit bureau.

2.5. Default: A Patient Responsible Balance that has been attempted to be collected upon by Spectrum Health or a delegated third party which has not been paid in full or enrolled in an agreed upon payment plan after internal collections have been exhausted by Spectrum Health or a delegated third party.

2.6. Third Party Collection Vendor: A contracted company that collects a Patient Responsible Balance in Default on behalf of Spectrum Health but performs such collections under its own name following all Federal, State, and local laws and regulations.

3. Responsibilities
3.1. The Patient Responsible Balance Billing and Collection Policy will be administered by appropriately designated Spectrum Health personnel as outlined in relevant procedures.

4. Compliance
4.1. Violation of this policy by any Spectrum Health employee may be subject to potential corrective action.

5. Policy
5.1. Spectrum Health will work with Patients and/or Guarantors and any permissible authorized third party necessary, to properly determine and effectuate appropriate resolution for a Patient Responsible Balance. Preferential treatment shall not be given to any Patient and/or Guarantor to resolve a Patient Responsible Balance outside of this policy and any procedures referenced herein.

5.1.1. Deceased Patients - Empathy to a deceased Patient’s family during their time of loss is a priority of Spectrum Health. Spectrum Health will identify and resolve deceased Patient Responsible Balances as outlined in the Patient Responsible Balance Deceased Patient or Guarantor Procedure. As outlined in this procedure Spectrum Health will use public record to verify the date of death, Spectrum Health will evaluate qualification for financial assistance, Medicaid, and may evaluate filing a claim against the deceased estate.

5.1.2. Bankrupt Patients - Spectrum Health complies with the United States Bankruptcy Code. As such, Spectrum Health will identify and resolve bankrupt Patient Responsible Balances as outlined in the Patient Responsible Balance Bankruptcy Patient Procedure. Collection and billing activity will cease at the time of bankruptcy notification for all dates of service covered under the bankruptcy filing. Spectrum Health will monitor bankruptcy proceedings until the bankruptcy filing is final or dismissed.

5.1.3. Patients in Need of Financial Assistance - Spectrum Health has financial assistance options available to Patients for Patient Responsible Balances pursuant to the Financial Assistance Eligibility Policy.

5.1.3.1. Patients and/or Guarantors will be notified of the Financial Assistance Policy in writing as defined in the relevant procedures. Spectrum Health will accept financial assistance applications on accounts during all internal collection efforts and when referred to a Third Party Collection Vendor for a period of a minimum of two hundred and forty (240) days from the date of the initial post-discharge billing statement (“Application Period”).
5.1.3.1.1. Submission of Complete Financial Assistance Application. If a Patient or Guarantor submits a complete financial assistance application during the Application Period, Spectrum Health will: suspend any ECAs; make an eligibility determination as to whether the Patient is eligible for financial assistance and notify the Patient and/or Guarantor in writing of the eligibility determination (including, if applicable, the assistance for which the Patient is eligible) and the basis for this determination.

If the Patient is determined to be eligible for financial assistance for the care, Spectrum Health will: provide the Patient and/or Guarantor with a written notification that indicates the Patient and/or Guarantor's financial liability under the Financial Assistance Eligibility Policy; refund to the individual any amount he or she paid for the care that exceeds the amount he or she is determined to be personally responsible for paying under the Financial Assistance Eligibility Policy, unless such excess amount is less than $5 (or such other amount published in the Internal Revenue Bulletin); and take all reasonably available measures to reverse any ECA taken against the Patient and/or Guarantor to obtain payment for the care.

5.1.3.1.2. Submission of Incomplete Financial Assistance Application. If an individual submits an incomplete financial assistance application during the Application Period, Spectrum Health 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 Financial Assistance Eligibility Policy or the financial assistance application form that must be submitted to complete the application and that such information and/or documentation must be received within thirty (30) days from the date of the written notice or the application will be denied and collections activity will resume. This notice will include the Spectrum Health contact information. If additional information and/or documentation is subsequently received and the account is within the Application Period, the account will again be considered for financial assistance and collections activity will be held until such determination.

5.1.3.1.3. Failure to Submit Financial Assistance Application. When no financial assistance application is submitted during the Application Period, Spectrum Health may initiate ECAs to obtain payment for the care once it has notified the individual about the Financial Assistance Eligibility Policy as described herein.

5.1.4. Adjustment for Uninsured Patients. Notwithstanding anything to the contrary in this policy, for hospital services provided to uninsured Patients whose annual income is less than or equal to 250% of the Federal Poverty Guidelines (FPG) and who do not otherwise meet the Financial Assistance Eligibility Policy, Spectrum Health shall adjust any charges for such services to no more than 115% of Medicare rates for the same or similar services. Payment of the adjusted charges will be considered as payment in full for the services.

5.1.5. Payment Options- Spectrum Health will define and offer payment options available to the Patient and/or Guarantor with a Patient Responsible Balance to enable the Patient and/or Guarantor to resolve his or her balances as outlined in the Patient Responsible Balance
Payment Options Procedure. Options include payment in full, prompt payment discounts, and extended payment plans.

5.1.6. Collections - If a Patient Responsible Balance is still outstanding at Spectrum Health after all of the options set forth in 5.1.1-5.1.5 above have been exhausted, Spectrum Health may then refer the unresolved Patient Responsible Balance to a Third Party Collection Vendor as outlined in the Patient Responsible Balance Billing and Collection Procedure. A minimum of three billing statements will have been sent to the patient and/or guarantor prior to referral.

5.1.6.1. Spectrum Health will not authorize any ECA’s to occur within the first one hundred and eighty (180) days of placement with a Third Party Collection Vendor.

5.1.6.2. Spectrum Health will not engage in any ECA against the Patient and/or Guarantor without making reasonable efforts to determine the patient’s eligibility under the Financial Assistance Eligibility Policy. Specifically, if Spectrum Health intends to pursue ECAs, the following will occur at least thirty (30) days before first initiating one or more ECA: Spectrum Health will notify the Patient and/or Guarantor in writing that financial assistance is available for eligible individuals and will identify the ECAs Spectrum Health (or its Third Party Collection Vendor) intends to initiate to obtain payment. This written notice will include a deadline after which such ECAs may be initiated that is no earlier than thirty (30) days after the date that the notice is provided; the notice will include a plain language summary of the Financial Assistance Eligibility Policy; Spectrum Health will make a reasonable effort to orally notify the patient about the Financial Assistance Eligibility Policy and how the Patient and/or Guarantor may obtain assistance with the application process.

6. Revisions
Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

7. Final Authority
Final authority for determining that Spectrum Health has made reasonable efforts to determine whether a Patient is eligible for assistance under the Financial Assistance Eligibility Policy and may therefore engage in ECAs against the Patient and/or Guarantor rests with the Senior Vice President, Revenue Cycle or his/her designee.

8. References
Financial Assistance Eligibility Policy

9. Policy Development and Approval

Document Owner:
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Approver:
Christina Freese Decker, President & CEO, Spectrum Health System
Notice of Nondiscrimination:
Spectrum Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Spectrum Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Spectrum Health:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Spectrum Health Language Services at: 616.267.9701 or 1.844.359.1607 (TTY:711)

If you believe that Spectrum Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

  Director, Patient Experience  
  100 Michigan St NE, MC 006  
  Grand Rapids, MI 49503  
  616-391-2624; toll free: 1-855-613-2262  
  patient.relations@spectrumhealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

  U.S. Department of Health and Human Services  
  200 Independence Avenue SW, Room 509F, HHH Building  
  Washington, DC 20201  
  1-800-368-1019, 800-537-7697 (TDD).


Contact Us
Español (Spanish)  
ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-359-1607 (TTY: 711).
Policy Reference #: 13636  Policy Version #: 3  Effective Date: 02/17/2017

Policy: Language Assistance

Note: If you are deaf or hard of hearing, you can call 1-844-359-1607 (TTY: 711).

Chinese (Mandarin, Cantonese)
中文 (Chinese): 国语/普通话 (Mandarin), 粤语 (Cantonese)
请注意：如果您讲中文，你可以获得免费的语言辅助服务。请拨打1-844-359-1607（TTY 手语翻译：711）。

Vietnamese
Tiếng Việt (Vietnamese)

Serbian, Croatian or Bosnian
Ako govorite srpsko (Serbian, Croatian or Bosnian)

Amharic
አማርኛ (Amharic)

Nepali
नेपाली (Nepali)
ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईले निम्निन्त भाषा सहायता सेवाहरू निम्नलिखित रूपमा उपलब्ध हुनेछ। फोन गनुहोस् ।
1-844-359-1607 (टेलिफोन: (TTY: 711).

Dari
فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می شود. با تماس با 1-844-359-1607 (TTY: 711).

French
Français (French)

Haitian Creole
Kreyòl Ayisyen (Haitian Creole)
**Ikinyarwanda (Kinyarwanda)**
ICYITONDERWA: Niba uvuga ikinyarwanda, serivisi z’ubufasha ku byerekeye ururimi, urazihabwa, ku buntu.
Hamagara 1-844-359-1607 (ABAFITE UBUMUGA BW’AMATWI BIFASHISHA ICYUMA CYANDIKA - TTY: 711).

**Soomaali (Somali)**
DIGTOONI: Haddii aad hadasho Soomaali, adeegyada caawimada luqadda, oo bilaasha, ayaad heli kartaa. Wac 1.844-359-1607 (TTY: 711).

**Sudanese**
(اللغة السودانية)

**தமிழ் (Tamil)**

**ትግርኛ (Tigrinya)**
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