


Name of Policy: <u> Billing and Collections </u> Policy Number: 3364-142-17 Department: Patient Financial Services Approving Officer: Chief Financial Officer Responsible Agent: Director Patient Financial Services Scope: Patient Financial Services	
Effective Date: 8/1/2023 Initial Effective Date: 8/1/2014	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

After our patients have received services, it is the policy of University of Toledo Medical Center ("UTMC") to bill patients and their applicable payers on a timely and accurate basis. During this billing and collection process, staff will be committed to providing quality customer service and timely follow-up on all outstanding accounts.

(B) Purpose of Policy

It is the goal of UTMC to bill all claims accurately and on a timely basis. Although dependent on information and communication from patients and payers, UTMC will provide sufficient follow-up service to ensure that patients receive accurate account and billing information and have the opportunity to make payment and/or apply for Financial Assistance. The billing process will be assisted by the following guidelines:

(C) Billings and Collections

The billing process will be assisted by the following guidelines:

1. For all insured patients, UTMC will bill all third-party payer information (as provided by or verified by the patient) on a timely basis.
2. If a claim is denied (or is not processed) by a payer due to a UTMC error, UTMC will not bill the patient for any amount in excess of that for which the patient would have been liable had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside UTMC's control, hospital staff will follow up with the payer and patient as appropriate to facilitate the resolution of the claim. If resolution of the claim does not occur after reasonable follow-up efforts, UTMC may bill the patient or take other actions consistent with current industry standards.
4. After claims are processed by payers, UTMC will bill patients on a timely basis for their respective liability amounts as determined by their payers.
5. All uninsured patients will be billed directly on a timely basis. All patients may request an itemized statement for their accounts at any time.
6. All billed patients will have the opportunity to contact UTMC regarding Financial Assistance for their accounts. Financial assistance may include charity care, payment plan arrangements, medical assistance or other applicable programs.

7. UTMC will approve payment plan arrangements for patients whereby the patient pays the greater of \$25 or 10% of the original patient balance per month bringing the account to resolution within 24 months from first billing. UTMC's Patient Financial Services Supervisors and Directors have the authority to make exceptions to this policy on a case-by-case basis for special circumstances. UTMC is not required to accept patient-initiated payment arrangements and may refer accounts for collection if the patient is unwilling to make acceptable payment arrangements or has defaulted on the UTMC-approved payment plan.
8. Through the use of billing statements, letters and phone calls, UTMC will take diligent follow-up actions to contact patients to resolve outstanding accounts. If accounts are not resolved during this process, the outstanding balances may be referred to a third-party agency or attorney for collection at the discretion of UTMC. Accounts may be referred for collection with the following caveats:
 - a. There is a reasonable basis to believe that the patient owes the debt.
 - b. All third-party payers have been properly billed by UTMC and the remaining debt is the financial responsibility of the patient.
 - c. UTMC will not refer accounts for collection while a claim on the account is still pending payer payment. However, UTMC may classify certain claims as "denied" if such claims are stuck in "pending" mode for an unreasonable length of time despite UTMC's efforts to facilitate resolution.
 - d. UTMC will not refer accounts for collection where the claim was denied due to a UTMC error. However, UTMC may still refer the patient liability portion of such claims for collection if unpaid.
 - e. UTMC will not refer accounts for collection where the patient has initially applied for Financial Assistance or other UTMC sponsored program and UTMC has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated by UTMC during the application process).

(D) Customer Service

During the billing and collections process, UTMC will provide quality customer service by implementing the following guidelines:

- a. UTMC will enforce a zero-tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees or associates working on behalf of UTMC
- b. UTMC will maintain a streamlined process for patient questions and/or disputes, which include a number patient, may call and a prominent business office address to which they may write. This information will remain listed on all patient bills and collection statements sent by UTMC.
- c. After receiving a communication from a patient (by phone or in writing), UTMC staff will return phone calls to patients as promptly as possible (but no more than one business day after the call was received) and will respond to written correspondence within 10 days.
- d. UTMC will maintain a complaint log of patient complaints (oral or written) that will be available for audit.

<p>Approved by:</p> <p><i>/s/</i></p> <hr/> <p>Troy Holmes Date Chief Financial Officer, UTMC</p> <p><i>/s/</i></p> <hr/> <p>Debra Carpenter Date Director, Patient Financial Services</p> <p><i>Review/Revision Completed By:</i> <i>Chief Financial Officer - UTMC</i> <i>Director, Patient Financial Services</i></p>	<p>Review/Revision Date: 08/02/17 12/30/19 8/1/23</p>
	<p>Next Review Date: 1/1/2026</p>
<p>Policies Superseded by This Policy: New</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.