

PATIENT FINANCIAL SERVICES DEPARTMENT

VMC BILLING & COLLECTION POLICY

Department: Patient Financial Services - Customer Service

Policy Heading: Financial Assistance

Policy Number: PFS.5000.1

Purpose: The procedure outlines a well-defined, industry standard protocol for pursuit of payment of patient responsibility balances. The procedure outlines a consistent process and audit trail of activities related to the collection of patient accounts and the referral of accounts to an outside collection agency.

Valley Medical Center will make reasonable efforts to collect balances that are the patient's (or responsible party's) personal financial responsibility. Accounts that remain unpaid after all possible hospital collection efforts are exhausted will be referred to external professional collection agencies for further pursuit of payment for care received.

Procedure:

General Self Pay Statement Schedule

First statement	Day 1
Second statement	Day 31
Third statement	Day 61
Final notice	Day 91
Bad debt offload	Day 120

General Business Principles:

1. Valley Medical Center recognizes the significant financial burden for patients without healthcare coverage or limited healthcare coverage. We will offer uninsured patients a discount similar to the discount taken by our contracted insurance carriers.
2. Uninsured patients will be offered prompt pay discount options for their remaining balance(s). (Please refer to Uninsured & Prompt Pay Discount policy).

3. Patients or responsible parties who express a hardship that results in them being unable to pay the entire balance at one time will be offered an extended payment arrangement for up to 12 months, interest free. The minimal payment due shall be \$50 on all hospital accounts and \$25 on all physician accounts, not to exceed 12 months in duration. If the patient or responsible party cannot meet the 12-month requirement to complete payment in full, bank financing may be offered for extended payment arrangements.
4. Valley Medical Center offers long term payment plan options through a banking partner.
5. If the patient indicates a problem paying the bill at all due to limited income, the patient or responsible party will be provided a Financial Assistance application, which must be completed and returned with appropriate supporting financial documentation for consideration of account balance adjustment to Financial Assistance. (Please refer to Financial Assistance Policy).
6. Valley Medical Center offers a Valley Tax Dividend adjustment to qualified King County Public Hospital District #1 homeowners for property taxes paid. The Valley Dividend credit may be applied to out-of-pocket expenses owed to Valley Medical Center after all third party and insurance payments have been made.

The amount of the adjustment will be determined based on the levied taxes paid for Hospital District Number #1 per the official King County Tax Records. The lifetime maximum amount of Valley Tax Dividend Adjustment for any Hospital District #1 residence is \$3,000.

7. Patients or responsible parties who make a payment via check / credit / debit card that is returned for insufficient funds will have an additional NSF fee applied to the account. Currently Valley Medical Center charges a \$35.00 Returned Check Fee for any checks or credit / debit card transactions returned for non-sufficient funding.
8. Valley Medical Center will charge an interest rate of 1%, 30 days following the first statement and every month thereafter on accounts in a self-pay status. Accounts on payment plans or that may be holding, or pending review do not accrue interest until released back into the self-pay cycle.
9. If Valley Medical Center receives return mail for the patient during the billing process, accounts will be researched utilizing appropriate resources to determine if an accurate address can be located. If new, correct information is identified, the account will be updated, and the collection cycle will continue. If a current address cannot be obtained, the account will be reviewed for proper handling based on the account status or referred to a collection agency for further collection efforts.
10. Valley Medical Center self-pay collection efforts are governed in accordance with WA State practices and Medicare / Medicaid regulations.
11. Medical Liens:

When a patient is a victim of an accident or other wrongful act, their health insurance company will generally not pay for medical services once it is determined that another party will ultimately be liable. In addition, a patient may not have insurance but may be seeking settlement from the responsible party. In these situations, UW/Valley Medical Center may file a lien against the future settlement. A lien is a form of security interest over real or

personal property to secure the payment of a debt.

12. Account Placed in Collections May Include:

- Credit reporting occurs 180 days after the first post discharge billing.
- Lawsuits for past due balance may not be filed prior to 240 days after the first post discharge billing.
- Telephone calls
- Legal judgments with subsequent wage garnishment
- Medical liens
- Valley Medical Center must authorize any legal action taken on any account.
- Valley Medical Center will not authorize suit if there is not meaningful employment.
- Accounts will be placed with an agency for one year, and then a secondary placement will occur with the other agency unless payment arrangements have been made or legal judgment has been obtained.
- Secondary placements are returned after an additional year if they have had no activity within the preceding 90 days.
- Accounts returned after secondary placements are considered uncollectable and adjusted as Agency Uncollectible.
- Unpaid balances will remain on the guarantor's credit history for seven years, or for ten years if a legal judgment was obtained.

Patients without Healthcare Insurance Coverage

1. Valley Medical Center patients who do not have healthcare insurance coverage will be sent a summary statement of the charges for the care received approximately 5 days after discharge. Information to discuss financial options is provided on the statement along with contact information for the Customer Service department.

Note: Valley Medical Center offers Medicaid application assistance to patients who do not have healthcare coverage and are admitted to the hospital. Patients will be screened for Medicaid eligibility and will receive assistance with the application process if appropriate.

2. Patients are eligible to receive a 30% discount from charges as an uninsured discount.
3. Valley will notify the patient or responsible party of the remaining balance owed by sending 4 statement notifications. Based on billing preferences, patients may receive telephone calls, text messages, or MyChart notifications starting at 14 days after the first statement date.
4. If payment in full or payment arrangements have not been established, a final pre-collection notification will be sent to the responsible party stating that unless the balance is paid in full or payment arrangements are made within 10 business days from the statement date, we may have no other alternative but to refer the account for further collection efforts.
5. If payment in full has not been received, other arrangements made, the account has met the 120-day account lifecycle, and all qualifying criteria have been met, the account will be assigned to a professional collection agency.

Patients with Healthcare Insurance Coverage

1. Valley Medical Center will bill all insurance carriers identified. Valley Medical Center will await payment from the primary payer, and secondary payer when an insurance contract between Valley Medical Center and the payer exists before asking the patient to pay any outstanding balance on the account.
2. Valley Medical Center will generate a statement for patient balances after receiving response from the insurance companies(s). After all expected insurance payment(s) are received, Valley will notify the patient or responsible party of the remaining balance owed by sending 4 statement notifications. Based on billing preferences, patients may receive telephone calls, text messages, or MyChart notifications starting at 14 days after the first statement date.
3. If payment in full or payment arrangements have not been established, a final pre-collection notification will be sent to the patient or responsible party stating that unless the balance is paid in full or payment arrangements are made within 10 business days from the statement date, there may be no other alternative but to refer the account for further collection efforts.
4. If payment in full has not been received or other arrangements made, the account has completed the 120-day account lifecycle, and all other qualifying criteria has been met, the account will be assigned to a professional collection agency with which the hospital contracts.