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

Applicability Limited to: N/A
Reference #: 13636
Version #: 3
Effective Date: 02/17/2017
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 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, but are not limited to, 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 set up on an agreed 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 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 relevant procedures.

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 relevant procedures.

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 placed with a Third Party Collection Vendor for a period of a minimum of 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 an individual submits a complete financial assistance application during the Application Period, Spectrum Health will suspend any ECAs to obtain payment for the care; make an eligibility determination as to whether the individual is eligible for financial assistance for the care and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination. If the individual is
determined to be eligible for financial assistance for the care, Spectrum Health will: provide the individual with a written notification that indicates the individual does not owe any amount for the care 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 (with the exception of the sale of debt) taken against the individual 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. This notice will include the Spectrum Health contact information set forth below:

Spectrum Health Butterworth Hospital
Financial Counseling Office
100 Michigan
Grand Rapids, MI 49503

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 FAP 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 and who do not otherwise meet the Financial Assistance Eligibility Policy, the Hospital 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 Patients and or Guarantor with a Patient Responsible Balance to enable Patients to resolve their balances as outlined in the relevant procedures.

5.1.6. Collections- If a Patient Responsible Balance is still outstanding 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 relevant procedures.
5.1.6.1. Spectrum Health will not authorize any ECA’s to occur within the first 180 days of placement with a Third Party Collection Vendor. These activities may include, but are not limited to, 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.

5.1.6.2. Spectrum Health will not engage in any ECA against the patient 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 30 days before first initiating one or more ECAs: Spectrum Health will notify the patient 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 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 individual 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 an individual is eligible for assistance under the Financial Assistance Eligibility Policy and may therefore engage in ECAs against the individual rests with the Corporate Controller or his/her designee.

8. References
Financial Assistance Eligibility Policy

9. Policy Development and Approval

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Approver:
Richard C. Breon, President & CEO, Spectrum Health System
Notice of Nondiscrimination:
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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).
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Ikinyarwanda (Kinyarwanda)
ICYITONDERWA: Niba uvuga ikinyarwanda, serivisi z’ubufasha ku byerekeye ururimi, urazihabwa, ku buntu.
Hamagara 1-844-359-1607 (ABAFITE UBUMUGA BW’AMATWI BIFASHISHAICYUMA 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

தமிழ் (Tamil)
கவனம்: நீங்கள் தமிழ் பேசினால், உங்களுக்கு இலவசமான மமாழி உதவிச் சாஸ்வாதத்தைக் கிட்டத்தட்டுத் தரும் இணைய எண்: 1-844-359-1607 (TTY: 711).

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1.844-359-1607 (TTY: 711)