Patient Credit Policy

Policy# GRL9040

Purpose of Procedure:

Establish guidelines for Geisinger and provide clarification related to 501(r) requirements associated with the Geisinger Financial Assistance Policy (FAP) requirements regarding patient payment and credit as they relate to a patient's access to medical services. This policy applies to all Geisinger patients receiving care at any Geisinger entity and all its subsidiary organizations.

Procedure Steps:

Geisinger is committed to providing medical services to patients regardless of their ability to pay. However, in those instances where services provided may be reimbursable, Geisinger requests patients to comply with Geisinger Financial Assistance Policy (FAP) (Exhibit A), in securing reimbursement for those services. Failure to do so will result in the patient assuming responsibility for payment of the services rendered.

DEFINITIONS:

FAP: Financial Assistance Policy

EMTALA: Emergency Medical Treatment and Labor Act

PFC: Patient Financial Counselor

CAC: Certified Application Counselor

RESPONSIBILITIES:
Revenue Management will administer this policy

EQUIPMENT/SUPPLIES:
Not Applicable

PROCEDURE:

I. Geisinger offers financial assistance through Patient Financial Counselors (PFC) and Certified Application Counselors (CAC) that provide financial counseling to patients prior to service, at time of service and after services are rendered. Financial Counseling assists patients with understanding their financial responsibility, financial assistance options, and payment options that meet their needs. Criteria will serve to:

A. Urgent and Emergent Services

Urgent and emergent services are defined as a service required when a physician within Geisinger determines that immediate care is required to avoid the loss of life, limb or disability. Urgent and emergent services will be provided to patients regardless of their ability to pay. Each clinical department will determine when urgent and emergent services are needed, consistent with the above stated definition.

In the event that a patient has an “emergency medical condition” as defined under the Emergency Medical Treatment and Labor Act (EMTALA) Policy (Exhibit B), a medical screening examination and appropriate treatment shall not be delayed due to an inquiry regarding the patient’s method of payment or insurance status.

If it is determined that urgent and emergent services are needed, and the patient is not covered by insurance, Geisinger, with the cooperation of the patient, will apply for Medical Assistance on behalf of the patient in an attempt to secure reimbursement for the services provided. A patient who has previously been determined ineligible for Medical Assistance will be asked to comply with this process if urgent and emergent services are needed. If a patient fails to cooperate with Geisinger, he or she will be billed for total charges.

B. Non-Urgent/Emergent services and Elective Services

Patients presenting for elective or non-urgent/emergent services who are uninsured or who have insurance coverage that does not cover the

elective or non-urgent/emergent services requested will be asked to apply for financial assistance through State Medicaid, Health Insurance Exchange and or Uncompensated Care and obtain approval for such elective or non-urgent/emergent services in advance of services being rendered. If approval for services cannot be obtained, the patient will need to provide a deposit to Geisinger equal to the following:

- Admissions – one hundred (100%) of the total room and board charges (based on a standard medical, semi-private accommodation rate) dependent upon the patient's anticipated length of stay and any associated charges. To review payment options patients can reach a financial counselor by calling Geisinger Patient Service Call Center 1-800-640-4206. Financial Counseling is also available through one of Geisinger's Patient Financial Counselors or Pre-Financial Clearance Representative's at time of scheduling. In-Person appointments are also available.

- Outpatient Services – one hundred percent (100%) of the total visit charge or of the procedure charge if the patient is not admitted or is ambulatory. To review payment options patients can reach a financial counselor by calling Geisinger Patient Service Call Center 1-800-640-4206. Financial Counseling is also available through one of Geisinger's Patient Financial Counselors or Pre-Financial Clearance Representative's at time of Scheduling. In-Person appointments are also available.

C. Emergency Department

Geisinger complies with the requirement of the Emergency Medical Treatment and Active Labor Act (EMTALA) and there is nothing contained in this policy, which will preclude such compliance. Pursuant to the EMTALA Policy, no medical screening exam or treatment shall be delayed due to an inquiry regarding the patient's method of payment or insurance status.

Subject to EMTALA requirements in the Emergency Department, all patients receiving Emergency Services will be triaged and registered. If it is determined that the patient is presenting with an urgent or emergent condition, Geisinger shall comply with the procedures for urgent and emergent services and treatment will be provided regardless of insurance

status. If it is determined that a patient is presenting with a non-urgent/emergent condition, and the patient does not have insurance coverage, the patient will be directed to follow-up in a non-urgent/emergent setting and Geisinger shall comply with the procedures identified for non-urgent/emergent services and elective services.

D. Point of Service Collections

All co-payments, deductibles and outstanding self-pay balances will be collected prior to the service being rendered for all non-urgent/emergent services. The patient will be informed at the time of scheduling and/or at the "point-of-service" as to any amounts owed. Those amounts will be collected at the "point-of-service" prior to the services being provided to the patient. If the patient expresses the willingness to pay, without the ability to pay the patient will be required to be transferred to a financial counselor prior to service to review payment options based on Income, Household Size, and Assets in coordination with current Federal Poverty Guidelines (FPG).

E. Discount Policy

When a patient presents for non-urgent/emergent services and does not possess insurance or the services in question are non-covered, a discount, based on gross charges, may be offered to the patient. The discount in question is determined based upon family size and household income. The determination and the appropriateness of the discounted amount is based upon utilizing the "Income Guideline Matrix". The following are the guidelines with respect to this policy:

- This policy will not be applicable to co-payments and deductibles.
- Package price programs are excluded with respect to this form of discounting.
- The agreement to discount services for non-urgent/emergent services must be determined before the services are rendered.
- If a patient is seeking treatment for urgent/emergent services and the patient does not have insurance coverage or the services are non-covered, the services in question will be rendered and a

determination of the various payment options will be performed later.

F. Collection Policy

This policy will also establish the collection process for self-pay patients and self-pay balances due after the primary insurance has paid (subject to risk management exceptions). The following outlines the collection process:

- All Patients will be notified via their billing statement of Geisinger's Financial Assistance Policy and Payment Options in addition to an explanation of Extraordinary Collection Actions that can take place.
- Inform individuals the application period for applying for Financial Assistance is 240 days after the date the first post discharge billing statement is sent for the care provided.
- After three (3) months, a bad debt pre-list will be supplied to management of all patients who will be eligible for transfer to bad debt within thirty (30) days. If no response is received from patient, then we will proceed to the next step. In the third billing statement include language to inform patients of the following: *You are hereby notified that a negative credit report reflecting on your credit record may be submitted to credit reporting agencies after 30 days from the date of this notice if you fail to fulfill your obligation of resolving unpaid amount owed.*
- A fourth (4) month pre-collection process consisting of four (4) patient statements from the "date of service" or from the time that the balance becomes the guarantor's responsibility.
- After the first four months, any unpaid balances would be transferred to "bad debt" and assigned to a first placement collection agency for a period not to exceed six (6) months and the patient will be reported to the various "credit reporting" agencies.
- Furthermore, if the balance remains unpaid after this timeframe, the balance would be assigned to a second placement agency for a period not to exceed six (6) months.
- Legal action may be considered on a case-by-case basis to establish a lien on any property the patient owns. We will not pursue the enforcement of any liens.

REFERENCES:
Exhibit A: Financial Assistance Policy
Exhibit B: EMTALA policy

Document Information

Developed	*Revised/Reviewed**	*Source*	*Approved By & Date*
08/18/2004	5/14/09 2/8/11 3/29/18	Dept Supervisor	VP, Revenue Cycle
File name: O:\home\C\Bs\PUB\RC Policies & Procedures\ADMINISTRATIVE\grl9040_patient_credit_policy020811.doc			