


Policy and Procedure

	ENTITY/HOSPITAL INTEGRIS Community Hospital	NUMBER SYS-RCM-116
	MANUAL System Revenue Integrity	EFFECTIVE DATE 02.06.2019
	SUBJECT Billing and Collections	REVIEWED/REVISED 02/19, 02/20,03/21, 07/22

1.0 PURPOSE:

To standardize the method of billing and collecting of services provided within INTEGRIS COMMUNITY HOSPITAL to insured and uninsured patients. This Policy outlines extraordinary collection actions (“ECAs”) that may be taken in the event of nonpayment. This Policy, along with the Financial Assistance Policy, ensures that INTEGRIS COMMUNITY HOSPITAL is compliant with Internal Revenue Code Section 501(r) and related state and federal laws and regulations, including the No Surprises Act of the 2021 Consolidated Appropriations Act.

2.0 POLICY:

INTEGRIS is committed to assisting insured and uninsured patients meet their payment obligations and to applying consistent and compliant patient billing and collection practices to all patients.

3.0 SCOPE:

This policy shall apply to all INTEGRIS COMMUNITY HOSPITAL caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS COMMUNITY HOSPITAL and specifically the CMS Providers and entities checked below:

- INTEGRIS COMMUNITY HOSPITAL – COUNCIL CROSSING
- INTEGRIS COMMUNITY HOSPITAL – DEL CITY
- INTEGRIS COMMUNITY HOSPITAL - MOORE
- INTEGRIS COMMUNITY HOSPITAL – OKC WEST

4.0 PROCEDURE:


4.1 INTEGRIS COMMUNITY HOSPITAL will not engage in ECAs, either directly or through its Authorized Vendors before reasonable efforts are made to determine whether a patient is eligible for assistance under the Financial Assistance Policy.

4.2 It is the obligation of the patient or guarantor (referred to herein as “patient”) to provide a correct mailing address and correct telephone number at the time of service or upon moving. If an account does not have a valid address or telephone number, this will impact the determination of reasonable effort.

4.3 As a courtesy to patients with insurance, the initial claim will be filed with their insurance company. Secondary and or tertiary payors will have claims filed by INTEGRIS COMMUNITY HOSPITAL or its Authorized Vendors on behalf of the patient after resolution of the claim has been completed with the primary insurance payor. Uninsured patients will be directly billed for their claim by INTEGRIS COMMUNITY HOSPITAL .


4.3.1 Patients receiving Emergency Medical Services at INTEGRIS COMMUNITY HOSPITAL facilities as a non-participating health care facility are protected under the No Surprises Act for any medically necessary services provided.

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- 4.4 Patients may at any time during the collection cycle, submit financial information for financial assistance or financial assistance consideration pursuant to SYS-RCM-100. All available avenues of assistance and available payments from third-party payors must be exhausted before such assistance is considered.
- 4.5 Once both primary and secondary claim resolution has occurred, and the account balance for hospital services is greater than \$24.99 and the professional balance is greater than \$4.99, all accounts whether insured or uninsured will complete the same collections process for the patient balance due INTEGRIS COMMUNITY HOSPITAL.
- 4.5.1 INTEGRIS COMMUNITY HOSPITAL or its Authorized Vendors will not engage in ECAs until 121 days after the date of the first post-discharge billing statement for the care at issue and before reasonable efforts have been made.
- 4.5.2 INTEGRIS COMMUNITY HOSPITAL or its Authorized Vendors will provide the patient with four (4) billing statements via mail and/or electronic notifications including notice indicating financial assistance is available.
- 4.5.3 At least thirty (30) days prior to initiating any ECAs, INTEGRIS COMMUNITY HOSPITAL or its Authorized Vendors will:
- 4.5.3.1 Provide the patient with notification of the ECAs INTEGRIS COMMUNITY HOSPITAL intends to initiate to obtain payment for the care.
- 4.5.4 In the event of nonpayment and after reasonable efforts have been made to notify the patient about the financial assistance available, INTEGRIS COMMUNITY HOSPITAL or its Authorized Vendors may commence collections at 121 days after the date of the first post-discharge billing statement. All INTEGRIS COMMUNITY HOSPITAL Authorized vendors abide by the Fair Debt Collection Practices Act.
- 4.5.5 In the event a completed Financial Assistance Application with supporting documentation is received during the Application Period, INTEGRIS COMMUNITY HOSPITAL will suspend ECAs while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under the Financial Assistance Policy. In the event an incomplete Financial Assistance Application is received during the Application Period, ECAs will be suspended for no more than thirty (30) days while INTEGRIS COMMUNITY HOSPITAL provides written notice to the patient that ECAs may be initiated or resume if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
- 4.5.6 In the event a notice of bankruptcy has been received by the INTEGRIS COMMUNITY HOSPITAL Business Office all collection efforts will cease on applicable accounts.
- 4.5.7 If a third-party vendor or collection agency identifies a patient as meeting INTEGRIS COMMUNITY HOSPITAL'S financial assistance eligibility criteria, the patient's account may be considered for financial assistance. ECAs will be suspended for no more than

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thirty (30) days while INTEGRIS COMMUNITY HOSPITAL provides written notice to the patient that ECAs may be initiated or resume if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.

- 4.6 Accounts will receive statements for a pre-determined period. At predetermined intervals during the collection cycle, a financial assistance decision will be made for patients with limited ability to pay.
- 4.7 To prevent collection efforts patients are required to make payment arrangements pursuant to SYS-RCM-101 and SYS-RCM-102 when payment in full is not feasible.

5.0 MEASURES TO PUBLICIZE THE BILLING AND COLLECTIONS POLICY:


Copies of the Billing and Collections Policy, the Plain Language Summary, the Financial Assistance Application, and the Financial Assistance Policy will be widely publicized in the following manner:

- 5.1 **Online** at the INTEGRIS COMMUNITY HOSPITAL website, www.integriscommunityhospital.com.
- 5.2 **By telephone** at the INTEGRIS COMMUNITY HOSPITAL Central Billing office at 1-877-516-0911.Option 1.
- 5.3 **By mail** at the IINTEGRIS COMMUNITY HOSPITAL Central Billing office, 8686 New Trails Dr., The Woodlands, TX 77381
- 5.4 **By posted signs and paper copies or brochures** in the emergency departments, and admitting areas of all INTEGRIS COMMUNITY HOSPITAL, in languages that are appropriate for the hospital's service area.
- 5.5 **In person** through Financial Counselor visits, as necessary, with patients at INTEGRIS COMMUNITY HOSPITAL, and discussions by designated staff, when appropriate.
- 5.6 **In patient billing statements**, a phone number and other contact information for inquiries about financial assistance will be included in clear and readable format.

6.0 DEFINITIONS:

- 6.1 **“Application Period”** means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240th day after INTEGRIS COMMUNITY HOSPITAL mails or electronically provides the individual with the first billing statement for the care but may be extended by INTEGRIS COMMUNITY HOSPITAL upon extraordinary circumstances.
- 6.2 **“Authorized Vendors”** means those vendors INTEGRIS COMMUNITY HOSPITAL may contract with to produce and send letters, notices, bills and/or other statements to patients regarding amounts owed by the patient and to contact the patient regarding payment of their unpaid bills.
- 6.3 **“Emergency Medical Services”** The condition of a patient requiring hospital services for a clinical condition that would require diagnosis and treatment within twenty-four (24) hours

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in order to avoid the likely onset of an emergency medical condition. The No Surprises Act defines emergency services to include any additional items and services that are covered and furnished by a nonparticipating provider or nonparticipating emergency facility after a participant, beneficiary, or enrollee is stabilized and as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the other emergency services are furnished.

- 6.4 “Extraordinary Collection Action (ECA)” means actions taken by INTEGRIS COMMUNITY HOSPITAL against an individual related to obtaining payment of a bill for care covered under INTEGRIS COMMUNITY HOSPITAL’S Financial Assistance Policy and may include the following: (a) selling an individual’s debt to another party except as expressly provided by federal law; (b) reporting adverse information about the individual to consumer credit bureaus; (c) deferring or denying, or requiring a payment before providing, Medically Necessary Care because of an individual’s nonpayment of one or more bills for previously provided care covered under the INTEGRIS COMMUNITY HOSPITAL Financial Assistance Policy; and (d) certain actions that require a legal or judicial process as specified by federal law, including some liens, foreclosures on real estate, attachments/seizures, commencing a civil action, causing an individual to be subject to a writ of attachment, and garnishing an individual’s wages. ECAs do not include any lien that a hospital is entitled to assert under state law on the proceeds of a judgment, settlement or compromise owed to an individual (or his or her representative) as a result of personal injuries for which a hospital provided care.
- 6.5

6.6 “Financial Assistance Policy” means the policy established by INTEGRIS COMMUNITY HOSPITAL for the provision of financial assistance for eligible patients who need financial assistance, specifically SYS-RCM-100.

6.7 “Internal Revenue Code 501(r)” includes regulations that apply to charitable hospitals.

6.8 “Medically Necessary Care” means healthcare services or supplies which meets all the following requirements: (i) ordered by a physician and appropriate and necessary for the symptoms, diagnosis, or treatment of the medical or mental health condition; (ii) provided for the diagnosis or direct care and treatment of the medical or mental health condition; (iii) meet the standards of good medical practice within the medical and mental health community in the service area; (iv) not primarily for the convenience of the patient or a provider; and (v) the most appropriate level or supply of service which can safely be provided.

“Plain Language Summary” means a summary of the financial assistance policy that is easy to read, easy to understand and easy to use.