



Policy and Procedure Manual

Policy # 13.2
Approved: February 2016
Reviewed:
Revised:
Section: 13.0 – Billing and Collections

Patient Payment and Collections Policy and Procedure

Purpose

The South Boston Community Health Center (SBCHC) is committed to offering discounted and affordable services for all of our patients. SBCHC maintains a sliding fee discount program that provides discounts on patient out-of-pocket expenses, that meet state, local and federal requirements, including those promulgated by HRSA as part of the Health Center Program pursuant to Section 330 of the Public Health Service Act and related regulations and policies (collectively, Section 330). In addition, SBCHC has committed to designing and implementing patient-focused billing and collection practices that seek to minimize financial barriers patients may face in paying for services.

Policy Statement

The SBCHC Board of Directors is committed to ensuring a patient-centered focus for the health center, including improving access to care and assuring that no patient will be denied health care services due to an inability to pay. As with other SBCHC policies and procedures, the Board is responsible for reviewing and approving the Patient Payment Policy and Procedure to ensure it supports this focus and the health center's mission.

The majority of patients who present for care at SBCHC will have third party insurance coverage as Massachusetts requires health care coverage for all residents and has a Health Safety Net program that provides coverage to low-income patients whose incomes exceed the Medicaid threshold.

All SBCHC patients are eligible to apply for SBCHC's sliding fee discount program to pay for out-of-pocket expenses associated with services provided. In the event patients are uninsured or under-insured and are not willing to apply for discounts on services, they will be expected to pay for the full costs of services and out of pocket expenses. SBCHC offers several vehicles to assist patients with the payment on their balances, including grace periods and payment plans. In addition, all patients will have the opportunity to work one-on-one with SBCHC's Financial Counselors to

determine a payment program that best suits the patient's needs. SBCHC does not refuse to treat patients due to an inability to pay for services.

Procedure

Patient Billing and Collections

SBCHC bills patients for balances on their accounts as follows:

- The Billing Department will send a statement to the patient noting balances owed, 30, 60 and 90 days out from the date of service. Statements will include information on prompt pay discounts and the options for applying for a payment plan and requesting a grace period, all of which are detailed below.
- Outstanding balances will be transferred to an outside collection agency, Transworld, after 90 days.
- Transworld will send out letters and make phone calls to patients whose accounts SBCHC forwards to them. They will attempt to collect these balances for a six month period. After six months, they will return the claims to SBCHC and, depending upon the amount owed, SBCHC make may further attempts at collection.
- Any balance that is under \$100.00 and older than a year from the date of service will be recorded as Self Pay Bad Debt.

Payment Plans

Patients who are unable to pay for their full balances upon receiving an invoice from SBCHC are eligible to participate in a payment plan that allows them to structure payments for the balance of services as follows:

- Recurring – Patients can make recurring payments on a regularly scheduled interval that enables him/her to pay for the entire balance of services within a time-frame of up to one year.
- Installments – Patients can choose to make payments over a certain number of installments to pay for the full balance of services, within a time-frame of up to one year.

Patients who have opted for a payment plan and whose circumstances change preventing him/her from submitting timely payments, should contact the Billing Department immediately via phone to discuss their options. The contact information is as follows: 617-269-7500 and ask for the Billing Department.

Grace Periods

Patients who are unable to pay for the full balance of services within a one year period from the Date of Service may be offered a one-time grace period of up to an additional 60 days.

Written Appeals

Patients who are unable to make required payments after completion of the grace period can submit a *Waiver of Fees Application* and submit to the health center's CFO. While there are numerous scenarios that may result in a patient's inability to pay, the overall criteria that would be considered is whether the services the patient is seeking are essential to maintaining his/her overall health and if inability to access these services would result in an immediate impact upon their health. In addition, unanticipated situations such as a loss of employment and/or housing, or other hardships, including financial hardships, that patients may be facing will be taken into consideration. SBCHC will submit a response to the patient within fourteen days indicating the decision and will include a copy of the application, along with indication of whether any balances were waived and the amount, in the patient's record. The CFO's contact information is as follows:

South Boston Community Health Center
409 West Broadway South Boston, MA 02129
Attn: Chief Financial Officer

Refusal to Pay

SBCHC reserves the right to terminate patients who refuse to pay for services, as defined by meeting all of the criteria below:

- Not making a payment on their balance within six months of the date of service and not responding to SBCHC's requests for communication,
- Refusing requests by SBCHC to meet with a Financial Counselor to discuss and participate in one of the payment options described above; and
- Not having submitted a written appeal to SBCHC to request an extension of 60 days in which they can meet with a Financial Counselor.

If these criteria are met, SBCHC will make at least two documented attempts to contact the patient to explain the patient's obligations and offer a meeting with either a Financial Counselor or a Billing Department representative. These attempts will be made via telephone and in writing. If SBCHC is unable to reach the patient and either encourage them to meet with a financial counselor or make a payment directly, then as an option of last resort, SBCHC will terminate the patient and they will no longer be able to receive additional services at SBCHC (except in the case of emergencies) until they are willing to meet the patient obligations described herein.

This does not apply to patients who have applied for the SFDS, whose incomes are below 100% of the Federal Poverty Guidelines and are thus eligible to pay a nominal fee only for services.

Payment Types

SBCHC accepts payments made by cash, check or credit card.