


Title: Revenue Cycle - Patient Financial Guidelines - Policy

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I. Policy Statement

- a. University of Missouri Health Care (UMHC), Patient Accounts will provide fair and equitable billing and collection practices to all that seek care at our facilities.
- b. In keeping with the mission of UMHC, Patient Accounting is committed to assuring all practices will follow and respect the values of UMHC for fair and equitable business practices and provide caring services to all of our patients and their family members.

II. Definitions

- a. Uncompensated Care: Financial assistance from UMHC for patients with income up to 400% of the federal poverty level and resources within allowed, for services provide to patients meeting criteria. (Uncompensated Care Policy – Revenue Cycle)
- b. Self-Pay: person that it not covered by any type of medical insurance or indemnity and for which the patient or guarantor is liable for payment in full

III. Process/Content

- a. Billing and collection procedures will be done with respect for the actual financial situation of the patient and/or the patient’s family. This practice will include justice and fairness in our organization’s collection of charges, which reflect fair and reasonable charges for services delivered, including in some cases, interest charges at an equitable rate on delinquent accounts.
- b. All collection agents will be adequately oriented to the mission, philosophy and values of UMHC and its expectations regarding collection practices.
- c. All statements of charges and payments due will communicate in a clear, concise and accurate manner.
- d. Admission and Patient Registration
 - i. Pre-Admission/Admission for non-emergency patients

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1. UMHC will pre-admit all non-emergency patients when possible. We will verify the responsible party's method of payment prior to the patient's admission. Any patient who does not have verifiable third-party (insurance) coverage or whose coverage may be inadequate will be asked to pay deposit toward their care upon admission.
 2. Should a patient have presented coverage within the last 30 days that current insurance information may be used if the patient verifies that the coverage is still in effect.
- ii. Patient/Responsible party signatures
1. Patients and/or their appropriate responsible party will be asked to electronically sign an admission form acknowledging their permission for medical treatment, authorization to release information to third party payers and accepting responsibility for payment of their charges. The form and its contents will be fully explained to the patient and/or their responsible party. A copy will be provided to them at their request. Patients with Medicare will receive both the advance directives and the "Important Message from Medicare" statements.
- iii. Medicare, Medicaid and other governmental admission and billing requirements
1. UMHC will adhere to all admission and billing requirements as detailed in all federal and state regulations
- iv. Estimated Patient Responsibility and Balances Due
1. In an effort to keep our patients informed about the costs of their services, patients may inquire about the estimated amount they may owe after payment by any third party payor for given service. Patient Price Estimate will typically include deductible, co-pay and/or co-insurance and patient responsibility based on their benefit plan. Patient Price Estimate for self-pay patients will include self-pay discounts. Self-pay patients seen for services deemed elective in nature will be required to make payment of half (50%) of their estimated charges prior to service. If the patient is self-pay and has prior balances due, payment or resolution on prior balance will be required prior to admission for elective care. Prior balance payments may not be required for non-elective admission. By making patients aware of these

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estimated costs, we hope to help both patients and/or their families plan for the cost of their services.

- v. Indigent Care
 - 1. UMHC will provide emergency care to all patients regardless of the source of payment or the patient's ability to pay. Emergency patients who qualify for full or partial financial assistance should be identified prior to discharge. All other non-emergency patients who qualify for full or partial financial assistance should be identified prior to or at admission and/or discharge, if possible
- vi. Care Deferral
 - 1. With the concurrence of the patient's physician, the University of Missouri Health Care may postpone or defer non-emergency medical services, including hospital admission, to patients who have current bad debt accounts. Prior to providing services or admitting the patient, the specific entity will give the responsible parties an opportunity to pay the bad debt account(s) or make other arrangements to meet the requirements for the current admission.
- vii. Non Emergent Services
 - 1. Non emergent services are to be paid at 50% of estimated charges prior to or at the time medical services are provided unless acceptable third party (insurance) coverage is presented. A monthly payment plan not to exceed eighteen (18) months can be established for payment of the balance, anything beyond eighteen (18) months requires the Manager, Financial Counseling approval for hospital charges, and the Associate Director, Financial Services – University Physicians for physician charges.
- viii. Emergency Service
 - 1. UMHC will provide emergency medical services to patients regardless of the source of payment or the patient's ability to pay. The patient's physician or a University of Missouri Health Care emergency department physician will determine emergency inpatient admission. Such inpatient services will also be provided regardless of the source of payment or the patient's ability to pay. Emergency Department patients will ordinarily be asked to settle their accounts before leaving the hospital unless acceptable third party insurance is presented **only after** a medical screening examination has been completed and any emergency medical

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condition has been stabilized. UMHC will perform diagnostic services for patients regardless of their ability to pay when referred to the hospital by a member of the Medical Staff on an emergency basis.

- ix. Vehicle Accident and Public Liability
 - 1. Any charges incurred as the result of a vehicle accident or public liability remain the ultimate responsibility of the patient even when the patient's injuries were caused by the fault of others. UMHC will not become involved in third party disputes.
 - 2. If the third party liability claim, as researched by Continuum, is denied through the administrative process the patient will be treated as a self-pay patient.
- x. Worker's Compensation
 - 1. If the patient's admission arose out of a work-place injury, the charges may be covered by Worker's Compensation and we should bill the employer or their insurance carrier. In these cases, we will require a letter or other documentation from the patient detailing the name of the employer, the name of the employer's Worker's Compensation insurer, if known, and if a Worker's Compensation claim has been filed, the claim number. It is the patient's responsibility to supply MUHC with the billing information.
 - 2. Those patients who will not or cannot give us appropriate billing information will be designated as patient fee for service. If the Worker's Compensation claim is denied through the administrative process the patient will be treated as a self-pay patient.
- xi. Questions Regarding Children's Accounts
 - 1. Divorce, separation and remarriage often lead to difficult questions regarding financial responsibility. The family member bringing the child to our facilities and signing the child's admission forms will be the person identified as the responsible party. In most cases, both parents are ultimately responsible for the payment of their child's healthcare regardless of custody arrangements.
- e. Third Party Billing
 - i. Submission of Third Party Claims

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1. As a courtesy to our patients, University of Missouri Health Care bills the third party insurance. However, it is the patient's responsibility to see that an account is paid in full. The filing of claims with third party carriers in no way relieves the patient of their obligation.
- ii. Billing Information
 1. It is the patient's responsibility to supply UMHC all the necessary billing information at the time of service.
- iii. Pre-Certification of Third Party Benefits
 1. Pre-certification of non-contracted third party benefits is done as a courtesy to the patient. Failure to secure these pre-certifications does not relieve the patient of financial responsibility. UMHC will follow all applicable conditions of any managed care contract that we participate in.
- iv. Assignment of Benefits
 1. UMHC will file third party claims for patients without an assignment of benefits only when an account is paid in full.
- v. Allowance for Time of Payment
 1. UMHC will monitor receipt of payments to assure third parties make payments timely and in accordance to State law or contract between CMS and MA organizations.. Prompt and regular follow-up will be performed on all accounts.
- vi. Account Payment
 1. Patients will be allowed 4 billing cycles (120) days from the time of billing to satisfy their financial obligations to UMHC. Accounts not paid within 120 days from the first statement are considered delinquent, unless payment plans have been arranged. Delinquent accounts may be referred to external collection agencies.
- vii. Time Payments
 1. UMHC may accept time payments subject to the patient's ability to pay and with approval from management. UMHC are under no obligation to accept time payments without prior approval. Patients requesting time payments may be asked to complete a financial assistance application.
- viii. Processing of Patient Accounts and Collections
 1. UMHC will process the collection of patient accounts through the computer system and on a personal approach based on the size,

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age and type of account. This combination of personal and computer processing will ensure that our patients are handled with dignity and respect as individuals. Accounts that are deemed to be bad debts will be placed for collection with a professional collection agent and/or attorney. Legal action may be initiated by UMHC to expedite the collection of charges for services rendered.

- ix. Confidentiality of Medical Records
 - 1. Medical Records are confidential and are only released upon receipt of proper authorization and may require pre-payment of a fee for copying and processing costs.
- x. Usual and Customary Charges
 - 1. Occasionally an insurance carrier will determine that our charges are above their usual and customary rates. We will not allow the insurance carrier to set the amount we charge for our services. Great care is taken in determining the amount of charges and they will not be reduced to non-contracted insurance carriers unless the reduction is agreed to in advance.
- xi. Patients with out of state Medicaid
 - 1. UMHC does not accept out of state Medicaid for non-emergent services. Patients who are not residents of the State of Missouri will ordinarily not be eligible for assistance through the financial assistance program.
- xii. UMHC embraces the Patient's Bill of Rights
- xiii. All patient billing records and documents will be made available to the patient and/or their responsible party upon proper authorization.
- xiv. Note: Patients may receive additional billings from their personal physician, surgeon, other consulting physicians, anesthesiologist's, pathologists, emergency medical physicians, and radiologists. These professional billings may or may not be included in the hospital's charges and, if not included in the hospital's charges, payment must be arranged with these separate offices.

IV. Attachments

- a. Not applicable.

V. References, Regulatory References, Related Documents, or Links

- a. Regarding Allowance for Time of Payment
 - i. Fully insured

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1. The State prompt pay regulation mandates timely payment for plans that are fully insured in Missouri.
<http://www.moga.mo.gov/mostatutes/stathtml/37600003831.HTML>
- ii. MC+
 1. The State law also directs MC+ payment timelines
- iii. Medicare Advantage:
 1. The contract between CMS and the MA organization must provide that the MA organization will pay 95 percent of the "clean claims" within 30 days of receipt if they are submitted by, or on behalf of, an enrollee of an MA private fee-for service plan or are claims for services that are not furnished under a written agreement between the organization and the provider; • The MA organization must pay interest on clean claims that are not paid within 30 days; and • All other claims from non-contracted providers must be paid or denied within 60 calendar days from the date of the request for payment.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c11.pdf>
- b. Uncompensated Care Policy – Revenue Cycle