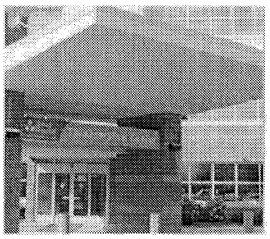
Bristol Hospital Uncompensated Care Policies & Procedures

Statement of Financial Policy

Bristol Hospital expects payment in full for all services rendered within 3 months of service date, unless other arrangements are made. All claims with verified insurance coverage and assigned benefits will be billed by the Hospital to the insurance company as a service to its patients. The patient is always ultimately responsible for payment of services received.

Bristol Hospital



Policy & Procedure

Title:	Financial Assistance	Effective Date:	10/01/2009
Dept:	Patient Financial Services	Review Dates:	10/01/2010
Policy No.	002	Revised Dates:	
		Page:	1 of 3

Financial Assistance

Policy:

Bristol Hospital is committed to providing financial assistance to the community by reducing fees to qualifying patients.

Definition:

The following definition is applicable to all sections of this Policy:

Patient Assets: All interests of the Obligor in property other than income that is readily convertible into cash including, but not limited to, bank accounts; trust accounts; tax refunds; investment accounts; stocks and bonds; bankruptcy, probate and insurance claims; and accounts receivable, but excluding any retirement plan such as a 401(k) plan, Keogh plan, and profit sharing plan, established and maintained to provide for retirement benefits through yearly tax deductible contributions to the plan. Also included for consideration are owned homes and vehicles (the primary residence and one car will be excluded).

GUIDELINES AND ALLOCATION PLAN

Reduction will be based on family income and size (see Addendum). 100% financial assistance will be provided to patients whose income is 100% (1x) of the Federal Poverty Guidelines (FPG) or lower. Patients above 100% of the FPG and up to 250% of the FPG are eligible for a sliding scale discount. In calculating family income, considerations will be given to patient assets, income and current indebtedness.

Family members consist of patient, spouse, biological children, adopted children, or other verifiable dependents. The Federal Income Tax Return will confirm dependent status for self-employed individuals. If the dependent's guarantors are divorced, a birth certificate may be used for confirmation of dependent status.

All applicants are required to secure benefits from any third party coverage plan and/or apply and receive determination for State assistance available before requesting a reduction. No applications will be accepted until the Hospital receives proof of benefits or lack thereof.

All applicants are required to complete the application process according to the Hospital policy. Eight (8) weeks of pay stubs, a single stub with year-to-date total, or a notarized statement of unemployment are required. Patients receiving Social Security Income will need to submit the letter they receive from Medicare stating their benefits or a full month's worth of bank statements. Each applicant completing the application process will receive a written letter of eligibility determination.

All outstanding patient balances that are 90 days or younger that are active on the receivable at the time of determination will be considered for reduction. Accounts previously placed in bad debt or that may have other income adjustments will not be considered for reduction. All reductions will be applied to balances after any third party activity has occurred (i.e., insurance payment or denial).

All patients with services other than outpatient mental health and other recurring services will be required to reapply for each new service episode. Approved reductions will be re-evaluated every six months for outpatient mental health patients and other recurring services. It is the patient's responsibility to inform Bristol Hospital of any changes, including coverage issues. If the level of assistance is changed, it will only apply to balances from the re-application period onward.

ADMINISTRATIVE RESPONSIBILITY

It is the responsibility of the Manager of Patient Financial Services to comply with the Hospital policy guideline governing the distribution of financial assistance reductions.

The Manager of Patient Financial Services is responsible for all application determination and allowance procedures.

Allowances will be administered via monthly log and will be submitted timely to the Director of Patient Financial Services and Revenue Cycle.

Reductions over $5,000 will require the approval of the Chief Financial Officer.

The Hospital will annually report the number of applicants for financial assistance, the number of approved applicants, and the total and average charges and costs of the amount of financial assistance provided to the Office of Health Care Access (OHCA).

The Director of Patient Financial Services and Revenue Cycle will review and approve any requested exceptions in the administration of changes in the reduction process in conjunction with the Chief Financial Officer.

The Hospital Controller, along with the Director of Reimbursement, is responsible for all calculations required by this policy including fee scales and financial assistance allocation, and the monitoring and quarterly written communication of compliance standards to OHCA. The hospital shall make available and prominently post in a place and manner allowing individual members of the public to easily obtain it, a one-page summary in English and Spanish describing hospital bed funds and how to apply for them. This summary is available and prominently posted in all patient registration areas (including the emergency room waiting room), the billing office and from any collection agents.

Bristol Hospital	
Title: Charity Care and Patient Assistance Policy	Approved by: Revenue Cycle Committee Date approved: January 19, 2012 Responsible Party: Finance

Applies to:

☒ All

☐ Inpatient ☐ Peri-op ☐ OP/Amb Care ☐ Home Care ☐ Psych

☐ Department: _____

All policies and procedures represent our current knowledge and judgment regarding the issue covered by this policy. If you can think of a better way to handle the issue covered in this policy and procedure, or if this policy and procedure needs to be revised to reflect changes that have occurred, please bring your issues/concerns forward so that we may consider improving this policy and procedure accordingly.

PURPOSE

The purpose of this Plan is to define a process for ensuring that patients pay amounts for their care, which they can afford

POLICY STATEMENTS

BHHCG recognizes that the burden of health care costs on individuals is a national crisis. Decades of Hospital pricing, distorted by the unique billing requirements imposed by private and governmental payers and regulations, has resulted in a charge structure which unfairly burdens the individuals and families without or with limited insurance. BHHCG wishes to correct this unfairness by ensuring that all uninsured patient's charges are limited and capped at Medicare's payment levels. That discount level is defined as the ratio of Medicare Charge to Payments and listed on the most recent OHCA filing. The most current discount is 71%. When a patient has no insurance, their bill will be immediately reduced by that percentage discount, using the charity care uninsured allowance code.

Patients, who have balances after insurance and require assistance in paying those bills, will be entitled to a Charity Care Patient Assistance discount, based on their income and family size, using the approved sliding financial assistance scale. The state of Connecticut has set recommended levels of charity care discounts which are stipulates that for families at or below 200% of federal poverty levels should be discounted to cost and that for families between 200% and 400% should be discounted to the commercial and or Medicare rate. BHHCG sliding scale will have greater discounts applied at lower levels of the Federal Poverty Income Levels.

Requirements

For Charity Care Uninsured Discount: Only requirement is that they have no access to insurance. The discount will be immediate and applied to all uninsured patients.

For Charity Care Patient Assistance: To qualify, the patient or family must owe a balance to the hospital after insurance. They must request assistance in paying their balance. They must submit their most recent pay stub and declare the number of family members living in their household.

Notification: We will post a notice of our financial assistance policy at all registration points and other visible locations throughout the hospital. We will also print a notice on all bills and statements informing patients and families to call us if the need financial assistance.

Published Statements: The following statement will be posted at all registration areas, in a highly visible manner, and be posted on all patient statements and bills.The statement will be published in English and Spanish.

"Bristol Hospital provides financial assistance to patients who are uninsured or need assistance in paying their balances after their insurance has paid. If you have no insurance, Bristol Hospital will apply an **"Uninsured Discount"** to your bill down to what the Hospital gets paid by Medicare, on an average basis.

If after that **"Uninsured Discount"** the patient still has difficulty in paying the bill, the patient may apply for a **"Patient Assistance Discount".** That discount is based on household income and family size. A sliding scale will determine the ultimate discount based on those factors. Please provide the most recent pay stub and declare the number of family members in the household.

If the Patient needs assistance in paying their balances after their insurance has paid, for coinsurances, co-pays or deductibles, the patient may apply for a **"Patient Assistance Discount".** That discount is based on household income and family size. A sliding scale will determine the ultimate discount based on those factors. Please provide the most recent pay stub and declare the number of family members in the household.

To apply for the **"Uninsured Discount"** or **"Patient Assistance Discount".** please call **860-585-3035** to speak with the Financial Counselor or visit **Bristol Hospital's Brewster Rd. Bristol, Connecticut 06010 Level C**.

REDUCED FEES APPLICATION PROCESS

PLEASE READ THIS CAREFULLY

Attached please find the Reduced Fees application.

If you feel you may be eligible, please bring in the following information, along with your completed application, to the Bristol Hospital Financial Assistance Department. This income verification applies to all family members residing at your legal address.

- If Self Employed Last Income Tax Return Filed.
- Statement of wages from Unemployment Compensation showing date unemployment started, if applicable.
- Payroll stubs for the last eight- (8) consecutive weeks.
- If there is no income for the last eight – (8) weeks, a notarized letter stating that no income has been received in the last eight weeks is required.
- State of Ct determination letter for Medicaid Services.
- Current bank statement for Savings and Checking Account(s).
- If you receive Social Security Benefits please provide the current letter from Social Security or a most recent bank statement showing the direct deposit of the funds.
- If you receive a monthly pension check please provide proof either by providing a copy of the check or if direct deposited please provide a copy of the bank statement showing the deposit amount.
- If you have any stocks/bonds or investment accounts please provide current documentation including value.

This information is required to process your application. If you have any questions or concerns regarding this process, please contact our Financial Assistance representative at (860) 585-3534, or come in and we will be happy to assist you with this process. The Financial Assistance Department is open Monday through Friday 8:00 a.m. to 4:30 p.m. Thank you for your prompt attention to this matter.

Date App. Sent:_____

BRISTOL HOSPITAL, INCORPORATED
APPLICATION FOR REDUCED FEES

Date of Request:_____

Name: _____
Last First M.I.

Address: _____
Number and Street City State Zip

Social Security Number: _____Home Telephone:_____

Account #('s)_____

- Please list any property you may own this includes, homes, vehicles, recreational vehicles, etc:_____
  _____
- Please list any assets you may have this includes, stock or bonds, investment accounts, tax refunds, etc.

_____

_____

List of Household Members and Their Relationship, only children under 18 years of age will be considered:

Name	Relationship	Age

I certify that the above information is true and accurate to the best of my knowledge. Further, I will make application for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my hospital charge and I will take any action reasonably necessary to obtain such assistance and will assign o pay to the hospital the amount recovered for hospital charges.

I understand that this application is made so that the hospital can judge my eligibility for services on a reduce fee scale based on the established criteria on file. Further, I agree to make re-application based on the institutions policy. The hospital is required to re-evaluate my financial information every six months, consistent with hospital policy. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

I understand that should I be determined to be eligible for a reduced fee, I must comply with the payment schedule deemed appropriate for my financial circumstances.

Applicant's Signature: _____

The Financial Assistant Department will respond to your request accordingly.

_____Approved: Reduction Rate: _____% of service not covered by insurance

_____Denied: _____

_____,Coordinator, Financial Assistance Date_____

BRISTOL HOSPITAL, INC.
REDUCED FEE
ELIGIBILITY DETERMINATION

Date: _____

Applicant's Name: _____

Address: _____

Account Number(s): _____

Dear Client:

Your application for reduced fee has been processed. Your eligibility has been determined as follows:

Date Completed Application Received: _____

Date Application Processed: _____

_____**Approved:** Reduction Rate_____**%** of services not covered by insurance.

Your new balance is $_____

_____

_____

_____**Denied: Reason For Denial**_____

_____

_____ 860 585 3036
Coordinator, Financial Assistance

_____ _____
Maria Simmone Director Revenue Cycle Chief Financial Officer

Bristol Hospital
Fee Schedule as of 01/20/11
@ 2 Times Poverty Guidelines

For family size over 8 add: **$7,640**

Family Size	Annual Gross Family Income From	Annual Gross Family Income To	Weekly Gross Family Income From	Weekly Gross Family Income To	Percentage of Free Care
1	$0	$10,889	$0	$209	100%
	$10,890	$12,099	$210	$233	90%
	$12,100	$13,309	$234	$256	80%
	$13,310	$14,519	$257	$279	70%
	$14,520	$15,729	$280	$302	60%
	$15,730	$16,939	$304	$326	50%
	$16,940	$18,149	$327	$349	40%
	$18,150	$19,359	$350	$372	30%
	$19,360	$20,569	$373	$396	20%
	$20,570	$21,780	$397	$419	10%
2	$0	$14,709	$0	$283	100%
	$14,710	$16,343	$284	$314	90%
	$16,344	$17,978	$315	$346	80%
	$17,979	$19,612	$347	$377	70%
	$19,613	$21,247	$378	$409	60%
	$21,248	$22,881	$410	$440	50%
	$22,882	$24,516	$441	$471	40%
	$24,517	$26,150	$472	$503	30%
	$26,151	$27,785	$504	$534	20%
	$27,786	$29,420	$535	$566	10%
3	$0	$18,529	$0	$356	100%
	$18,530	$20,588	$357	$396	90%
	$20,589	$22,647	$397	$436	80%
	$22,648	$24,706	$437	$475	70%
	$24,707	$26,765	$476	$515	60%
	$26,766	$28,823	$516	$554	50%
	$28,824	$30,882	$555	$594	40%
	$30,883	$32,941	$595	$633	30%
	$32,942	$35,000	$635	$673	20%
	$35,001	$37,060	$674	$713	10%

Bristol Hospital
Fee Schedule as of 01/20/11
@ 2 Times Poverty Guidelines

For family size over 8 add: **$7,640**

	Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
	From	To	From	To	
4	$0	$26,169	$0	$503	100%
	$26,170	$29,077	$504	$559	90%
	$29,077	$31,985	$560	$615	80%
	$31,985	$34,892	$616	$671	70%
	$34,892	$37,800	$672	$727	60%
	$37,800	$40,708	$728	$783	50%
	$40,708	$43,616	$784	$839	40%
	$43,616	$46,523	$840	$895	30%
	$46,523	$49,431	$896	$951	20%
	$49,431	$52,340	$952	$1,007	10%
5	$0	$26,169	$0	$503	100%
	$26,170	$29,077	$504	$559	90%
	$29,078	$31,985	$560	$615	80%
	$31,986	$34,892	$616	$671	70%
	$34,893	$37,800	$672	$727	60%
	$37,801	$40,708	$728	$783	50%
	$40,709	$43,616	$784	$839	40%
	$43,617	$46,523	$840	$895	30%
	$46,524	$49,431	$896	$951	20%
	$49,432	$52,340	$952	$1,007	10%
6	$0	$29,989	$0	$577	100%
	$29,990	$33,321	$578	$641	90%
	$33,322	$36,653	$642	$705	80%
	$36,654	$39,986	$706	$769	70%
	$39,987	$43,318	$770	$833	60%
	$43,319	$46,650	$834	$897	50%
	$46,651	$49,982	$898	$961	40%
	$49,983	$53,315	$962	$1,025	30%
	$53,316	$56,647	$1,026	$1,089	20%
	$56,648	$59,980	$1,090	$1,153	10%

Bristol Hospital
Fee Schedule as of 01/20/11
@ 2 Times Poverty Guidelines

For family size over 8 add: **$7,640**

	Annual Gross Family Income		Weekly Gross Family Income		Percentage of Free Care
	From	To	From	To	
7	$0	$33,809	$0	$650	100%
	$33,810	$37,566	$651	$722	90%
	$37,567	$41,322	$723	$795	80%
	$41,323	$45,079	$796	$867	70%
	$45,080	$48,836	$868	$939	60%
	$48,837	$52,592	$940	$1,011	50%
	$52,593	$56,349	$1,012	$1,084	40%
	$56,350	$60,106	$1,085	$1,156	30%
	$60,107	$63,862	$1,157	$1,228	20%
	$63,863	$67,620	$1,229	$1,300	10%
8	$0	$37,629	$0	$724	100%
	$37,630	$41,810	$725	$804	90%
	$41,811	$45,991	$805	$884	80%
	$45,992	$50,172	$885	$965	70%
	$50,173	$54,353	$966	$1,045	60%
	$54,354	$58,535	$1,046	$1,126	50%
	$58,536	$62,716	$1,127	$1,206	40%
	$62,717	$66,897	$1,207	$1,286	30%
	$66,898	$71,078	$1,287	$1,367	20%
	$71,079	$75,260	$1,368	$1,447	10%

Bristol Hospital and Health Care Group
Charity Care and Patient Assistance Policy Sliding Scale
Fiscal Year 2012
as of 1/19/12

Increments of Discount %	
$0 > 2 x FPL	100%
2.5x FPL - $75k	-2%
$75k - $90k	-4%
$90k>	-6%

Increment % of Family Inc	
$0 > 2.5 x FPL	4%

Income by Family Size and Percentage Discount Off of Remain Balance After Ins Payment or Charity Care Uninsured Discount

% Of FPL	Family Size 1	Discount %	Family Size 2	Discount %	Family Size 3	Discount %	Family Size 4	Discount %	Family Size 5 and up	Discount %
FPL	10,889	100%	14,709	100%	18,529	100%	22,100	100%	26,169	100%
2.5 X FPL	27,223	100%	36,773	100%	46,323	100%	55,250	100%	65,423	100%
	28,311	98%	38,243	98%	48,175	98%	57,460	98%	68,039	98%
	29,444	96%	39,773	96%	50,102	96%	59,758	96%	70,761	96%
	30,622	94%	41,364	94%	52,107	94%	62,149	94%	73,591	94%
	31,846	92%	43,019	92%	54,191	92%	64,635	92%	76,535	90%
3 X FPL	33,120	90%	44,739	90%	56,358	90%	67,220	90%	79,596	86%
	34,445	88%	46,529	88%	58,613	88%	69,909	88%	82,780	82%
	35,823	86%	48,390	86%	60,957	86%	72,705	86%	86,092	78%
	37,256	84%	50,326	84%	63,396	84%	75,613	82%	89,535	72%
	38,746	82%	52,339	82%	65,931	82%	78,638	78%	93,117	66%
	40,296	80%	54,432	80%	68,569	80%	81,783	74%	96,841	60%
	41,908	78%	56,610	78%	71,311	78%	85,055	70%	100,715	54%
	43,584	76%	58,874	76%	74,164	74%	88,457	64%	104,744	48%
4 X FPL	45,327	74%	61,229	74%	77,130	70%	91,995	58%	108,933	42%
	47,141	72%	63,678	72%	80,216	66%	95,675	52%	113,291	36%
	49,026	70%	66,225	70%	83,424	62%	99,502	46%	117,822	30%
	50,987	68%	68,874	68%	86,761	58%	103,482	40%	122,535	24%
	53,027	66%	71,629	66%	90,232	52%	107,622	34%	127,437	18%
	55,148	64%	74,494	62%	93,841	46%	111,926	28%	132,534	12%
	57,354	62%	77,474	58%	97,595	40%	116,403	22%	137,835	10%
	59,648	60%	80,573	54%	101,498	34%	121,060	16%	143,349	10%
	62,034	58%	83,796	50%	105,558	28%	125,902	10%	149,083	10%
	64,515	56%	87,148	46%	109,781	22%	130,938	10%	10% thereafter	
	67,096	54%	90,634	40%	114,172	16%	136,176	10%		
	69,780	52%	94,259	34%	118,739	10%	141,623	10%		
	72,571	50%	98,029	28%	123,488	10%	147,287			
	75,474	46%	101,951	22%	128,428	10%	10% thereafter			
	78,493	42%	106,029	16%	133,565					
	81,632	38%	110,270	10%	10% thereafter					
	84,897	34%	114,681	10%						
	88,293	28%	119,268	10%						
	91,825	22%	10% thereafter							
	95,498	16%								
	99,318	10%								
	103,291	10%								
	107,422	10%								
	10% thereafter									

Statement of Collection Policy

Failure to make payment for services rendered, in accordance with the financial policies of Bristol Hospital, will result in referral to an outside collection agency. Collection action will be taken by the agency, on behalf of the Hospital, to secure payment, not excluding legal action when appropriate.

Bristol Hospital
a SAINT FRANCIS *Care* Partner

P.O. Box 977
Bristol, CT 06011-0977
860-585-3000

http://www.bristolhospital.org

CREDIT COLLECTION POLICY
BH MEDITECH SYSTEM

Detailed Collection Placement Procedure

IN PT/OUT PT

Uninsured/Self Pay Patient Balances

VIA Health Care (Bristol Hospitals early out self pay collector service) works the account to recover balances owed. VIA Health returns outstanding patient accounts after two monthly statements and a Final Notice if payment recovery has not been met.

Via Health returns patients that have not paid on balances and submits to BH as Exhausted Efforts on a weekly time frame. BH Credit Collection Rep reviews VIA Health's report of returned accounts and in Meditech, change the Collection status from VIA to either American Adjustment (alpha A-L) or Medconn Collection (alpha M-Z).

Once the process of placing the accounts are complete they are passed to Pt Receivable Manger who sends the files of accounts to the password protected encrypted files to each agency.

Effective: 6/01/2011 MaL
Rev -01c 10-12 MAL

CREDIT COLLECTION - Series

Detailed Follow-up Procedure

In-Pt/Out Pt/Hospital I & II
Uninsured/self pay accounts

TIME FRAME:	ACTION	RESPONSIBILITY
First week of each month "Pending W/O to B/D report. 60 days w/out activity (COMENU-ARAD)		CREDIT MNG

Receipt of report from Data to Credit Rep — CREDIT REP.

Credit Rep researches each account via the system using:

a. CNI- checking for notes as to why acct should not go to collection
b. ARPT-at least two statements have been previously sent to guarantor all Insurance's have been billed, amounts owed are in the correct buckets.
c. Guarantor Inquiry- No payments have been received within 60 days, No credits are due on guarantor.
d. PLM2- Accounts going to collection. Change/review correct agency code to be sent to agency.

Removing accounts not being sent a Final Letter — CREDIT REP.

a. PLM2- (Pending Letter Maintenance) delete this record- **YES**
b. WOBDM (Write off Bad Debt Maintenance) delete from B/D file- **YES**

Final Notices are produced by the 18th of the month. — DATA

a. The Credit Mng will contact Data(produces letters) and Payroll(they mail The Final Notices
b. The Final Notice Letters are reviewed and duplicates are mailed manually by Credit Rep.

End of Month W/O to Bad Debt

a. All accounts that received a Final Notice Letter are Placed in B/D (WOMENU-Update W/O to B/D — CREDIT MNG
c. Files are produced on tape and sent to appropriate collection agency Within first/second week of the month.

Revised: 10/02/2002
Rev. 3-4 Mail
Rev. 2-8 Mail
Reviewed 10-11 Mail
Rev 10-12 MAL

Bristol Hospital
a SAINT FRANCIS *Care* Partner

P.O. Box 977
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860-585-3000

http://www.bristolhospital.org

PAYMENT PLAN PROCEDURES

EFFECTIVE 6/1/2011, PATIENT PAYMENT PLANS ARE NORMALLY HANDLED BY VIA HEALTHCARE. PATIENTS SHOULD CONTACT VIA TO DISCUSS PAYMENT ARRANGEMENTS BY CALLING, 860 585 3691.

ANY PATIENT THAT IS REQUESTING A PAYMENT PLAN BY BRISTOL HOSPITAL MUST FOLLOW OUR POLICY OF 3 MONTLY PAYMENTS PER INDIVIDUAL ACCOUNTS WITH THE CLAIM BEING PAID IN FULL ON THE LAST MONTH. .

VIA HEALTHCARE WILL RECEIVE AND HANDLE ALL PAYMENT PLAN ACCOUNTS WITH THE PATIENT AND MONITOR ALL PAYMENT ARRANGEMENTS. ANY PAYMENT ARRANGEMENT IS CONTINGENT ON PAYMENTS BEING RECEIVED TIMELY PER THE AGREEMENT.

EFFECTIVE:6/1/2011 Mah
Rev. 10/12 MAL

COLLECTION EXHAUSTED EFFORTS

POLICY AND PROCEDURES

J Series

STEP:

1. **COLLECTION AGENCY WILL RETURN ACCOUNTS TO HOSPITAL QUATERLY THAT ARE NO LONGER COLLECTABLE.**

2. **IN HOSPIAL SYSTEM UNDER A/R PAYOR TRANSFER (ARPT) CHANGE COLLECTION AGENCY CODE TO EITHER (20) OR (19) MEDICARE ACCOUNTS WITH PT CO PAY/DED ONLY.**

3. **BEFORE COMPLETING W/O FROM BAD DEBT FUNCTION RUN OPTION 11 W/O FROM BAD DEBT SELECTION (W/OFBDS) FOR REIMBURSEMENT REPORT TO MEDICARE ON ONLY AGENCY (19).**

3. **TO REMOVE FROM BAD DEBT FILE TAKE OPTION 14 (UW/OFBD) ****CHOOSE ONLY EITHER AGENCY CODE 19 AND/OR 20***. NEVER LEAVE BLANK OR ENTER ANY OTHER AGENCY CODE OR BALANCES WILL BE PURGED FROM BAD DEBT FILE.**

4. **ANY RECOVERIES ON PURGED BAD DEBT ACCOUNTS ARE EITHER REINSTATED UNDER (RAA) FUNCTION OR PLACED IN " RECOVERY TO BAD/DEBT "BY ACCOUNTS RECEIVABLE DEPARTMENT.**

5. **OTHER REASONS FOR W/O BAD DEBT ACCOUNTS ARE AS FOLLOWS: BANKRUPTCY ACCOUNTS, NO ESTATE, BRISTOL HOSPITAL SETTLEMENTS (ONLY WITH DIRECTORS APPROVAL)**

Reveiwed Mar 04

Rev 2.08

Reveiwed 10.1.11 Mad

Rev 10/12 MAL

Bristol Hospital
a SAINT FRANCIS *Care* Partner

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COLLECTION AGENCY EXHAUSTED EFFORTS POLICY AND PROCEDURES MEDITECH SYSTEM

#1 COLLECTION AGENCIES RETURN ACCOUNTS BACK TO BRISTOL HOSPITAL THAT THEY CONSIDER ARE NO LONGER COLLECTABLE.

#2 LISTED OF PATIENTS REFLECTING ACCOUNT NUMBER, PT NAME, DOS AND TOTAL AMOUNT OUTSTANDING ARE EMAILED FROM THE AGENCY ENCRYPTED TO BH PATIENT RECEIVABLE MANAGER.

#3 THE EMAIL IS THEN HANDLED BY THE BH CREDIT COLLECTION REP WHO CHANGES THE COLLECTION AGENCY CODE TO THE EXHAUSTED COLLECTION AGENCY CODE IN MEDITECH SYSTEM.

#4 ACCOUNT REMAIN MEDITECH AND DO NOT GET PURGED BUT ARE NOT WORKED AFTER THIS POINT.

#5 ANY PAYMENTS THAT POSSIBLE ARE RECOVERED ON EXHAUSTED EFFORT ACCOUNTS IS POSTED ON THE ACCOUNT WITHOUT ANY COMMISSION BEING SENT TO THE AGENCIES.

EFFECTIVE 6/1/2011

Rev 10/12 MAL

SMALL BALANCE W/O PROCEDURE

JERIES

THIS PROCEDURE IS USED TO AUTOMATICLY SELECT SMALL BALANCES THAT ARE $9.99 AND UNDER FROM THE ACTIVE A/R. ***FOLLOW THE STEPS BELOW UNDER HOSPITAL I, II AND III.***.

****PLEASE NOTE SMALL BALANCE CREDITS WILL NOT APPEAR ON THIS SMALL BALANCE W/O LIST. ALL CREDITS ARE FOLLOWED- ON UP BY THE ACCOUNT RECEIVABLE DEPARTMENT.**

1. OPTION 21 TO CLEAR OUT FILE CB/DSBWF
   ENTER OPTION #1 (SM BALANCE W/O FILE)
   AND ENTER

2. OPTION 16 (PENDING SM BAL. W/O LIST
   DATE STAYS TO TODAYS DATE
   PRINTER NAME: QPRINT
   CALL I.S. TO PRINT REPORT

3. OPTION 19 (UPDATE SM BAL. W/O LIST
   CALL I.S TO PRINT UPDATED REPORT AND SAVE
   TO LASER VAULT.

EFFECTIVE: 9/18/1997
Lin Pierce

Rev. Mark 3.4

Rev 2.8 Mark

Rev. 9-1-11 Mark

Rev 10/12 MAL

Bristol Hospital
a SAINT FRANCIS *Care* Partner

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SMALL BALANCE W/O PROCEDURE
MEDITECH

This procedure uses an automatic selection and write off for balances $9.99 and under from the active Account Receivable.

There is a report that reflects all Small Balance write offs under the "Process Batches" in B/AR Meditech.

Effective 6/1/2011 Mad
Rev 10/12 MAL

W/O OR REINSTATEMENT FROM B/D PROCEDURE

Series

This is used to transfer a balance back to the active A/R that had already been placed onto the B/D side of the system. It can also be used to transfer a balance from the A/R to B/D.

Select option # 26 (W/O or Reinstate Acct Balances) from the Bristol Hospital Write Off Menu.

The following screen will appear.

- Acct # — number of the account who's balance is to be transfered .
- Type — enter a R if the balance of the account is to be transfered from B/D to the
  enter a B if the balance of the account is to be transfered from the A/R to B
- Item # — enter the CDM 990 5257 this number is for General ledger reporting
- Date — enter todays date for accounts being reinstated to the A/R.
- press enter
- print screen
- press CMD 6 to record this information into the online system.

Rev. 3.4 Mah
Rev 3.8 Mah
Reviewed 1-1-12 Mah
Rev 10/12 MAL

UNCOLLECTABLE W/O PROCEDURES

Series

ITEMS THAT MAY FALL UNDER WRITE OFFS:

UNCOLLECTABLE-TIMELY FILING	**990 8050**
UNCOLLECTABLE-NON COV/REIM	**990 9782**
UNCOLLECTABLE-TO OLD TO BILL	**990 8060**
UNCOLLECTABLE-NO REFERRAL	**990 8065**
UNCOLLECTABLE-BANKRUPTCY	**990 8070**
UNCOLLECTALBE-NO ESTATE	**990 5249**
SMALL BALANCE W/O	**990 5252**

BEFORE MONTH END ANY ACCOUNTS THAT QUALIFY FOR THE ABOVE TYPE WRITE OFF IS SUBMITTED TO THE PATIENT RECEIVABLE MANAGER TO REVIEW. THE ACCOUNT IS THEN, SUBMITTED TO THE DIRECTOR OF THE BUSINESS OFFICE BY THE PT REC MNG FOR HER APPROVAL. SHE WILL SIGN HER AUTHORIZATION BEFORE THE ACCOUNT MAY BE WROTE- OFF AS UNCOLLECTABLE.

THE PT. REC. MANAGER WILL ADJUST OFF THE ACCOUNT UNDER "MCP" MISCELLANOUS CHARGE POSTING". ALWAYS PRINT THE SCREEN BEFORE F3 ACCEPT. COPIES OF ALL WRITE OFFS ARE FILED IN THE TWO PT RECEIVABLE MANAGERS OFFICE.

PT RECEIVABLE MANAGER: MARYLOU HORVATH

Jennifer Salomone

Rev Cycle Dir. Maria Iannone

REVIEWED 2/~~05~~ 08

Series Rev. 9.1.11 MaL

Rev 10/12 MaL

UNCOLLECTABLE W/O PROCEDURES

BEFORE MONTH END ANY ACCOUNTS THAT QUALIFY FOR WRITE OFF IS SUBMITTED TO THE PATIENT RECEIVABLE MANAGER FOR APPROVAL. THE ACCOUNT IS THEN, SUBMITTED TO THE VP OF IM FOR HER APPROVAL. IF THE ACCOUNT IS $5000.00 OR HIGHER IT ALSO MUST BE SIGNED BY BH CFO BEFORE THE ACCOUNT MAY BE WRITTEN OFF AS UNCOLLECTABLE. THERE MUST BE DOCUMENTATION SUPPORTING THE REASON FOR THE WRITE OFF AND DOCUMENTED IN THE SYSTEM.

ONCE THE ACCOUNT HAS BEEN APPROVED FOR THE WRITE OFF THEN THE ACCOUNT WILL BE ADJUSTED TO ZERO. COPIES OF ALL WRITE OFFS ARE FILED AND SAVED FOR FUTURE AUDIT NEEDS.

REVIEWED: MARYLOU L'ETOILE 1/2011

DIRECTOR OF REVENUE CYCLE: MARIE SIMMONE

REVIEWED 12/2011 Mad
Rev 10-12 MAL

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MONTH END UNCOLLECTABLE W/O MEDITECH

ALL UNCOLLECTABLE ACCOUNTS $5000 OR OVER MUST BE REVIEWED BY THE CFO FOR APPROVAL, SIGNED AND DATED BEFORE THE ACCOUNT BALANCE IS WRITTEN OFF.

ANY UNCOLLECTABLE PROVIDER LIABLE ACCOUNTS UNDER $5000 MUST BE APPROVED, SIGNED AND DATED BY THE DIRECTOR OF PATIENT ACCOUNTS.

ONCE THE ACCOUNTS HAVE BEEN APPROVED THEY ARE THEN PASSED TO THE ACCOUNTS RECEIVABLE STAFF TO ENTER ON MEDITECH THE ADJ/P/L.

BACK UP IS SAVED WITHIN THE BUSINESS OFFICE ON ALL DOCUMENTS.

ALL PROVIDER LIABLES ARE WRITTEN OFF AT MONTH END.

EFFECTIVE 6/1/2011 Mad
Rev 10.12 MAL

MEDICARE BAD DEBT

PROCEDURE- PART I
SERIES & MEDITECH

It is the responsibility of the Patient Receivable Manager to complete the online Medicare Bad Debt Excel Exhausted Collection Returns for Medicare Self-Pay Patient balances returned by the collection agencies and Medicare Secondary State Co-Ins/Deductible unpaid balances. The required information for the Medicare Bad Debt spreadsheet is as follows:

INFORMATION:		MEDITECH/ B/AR/ PROC ACCT SERIES FUNCTION
1.	PT NAME	ARI (Accounts Rec. Inquiry)
2.	PT MEDICARE ID #	IBM (Ins. Benefits Maint.)
3.	PT ADMIT/DISC DATE	ARI
4.	PT STATE ID #	IBM
5.	DATE FIRST BILLED TO PT	CNI (COLLECTION NOTE INQ)
6A.	WRITE OFF DATE FROM B/D	LETTER DATE ON RETURNED ACCTS FROM AGENCIES NEVER LESS THEN 120 DAYS
6B	WRITE OFF DATE (state)	ARI (DATE OF STATE CROSS-OVER ADJ.)
7.	REMITTANCE ADVICE DATE	ARI (DATE OF THE MEDICARE PAYMENT)
8.	DED/CO-PAY	CNI (POSTED FROM MEDICARE REMITTANCES

Medicare Bad Debt Logs are submitted yearly to the Reimbursement Dept. for Cost Reporting.

OTHER FACTS:

- Only accounts with verified back up are to be reported on the log.
- Excel spreadsheets must be in format required by CMS.
- All logs must have a total line on each page for total Ded/Co-Pay amounts.
- All In-Pt, Out-Pt, State Ded/Co-Pay balances and Collection Agency returns are on separate Excel spreadsheets.
- All logs are emailed and printed and a copies maintained by the Pt. Receivable Mng.
- No part B charges are reported.
- Any accounts that have had payments refunded, recouped or late charges after initial billing will not be reported.

Rev 9.1.11 MaL
Rev 10/12 MaL

- Once accounts have been reported on the Excel Spreadsheet, the Agency Code is changed to "19" Medicare/Exhausted Efforts" in ARPT (ACCTS REC INQUIRY in Series- At END OF MONTH, Update Write Off From Bad Debt is completed by Pt Rec Manger. This purges the account balance from our Series System.

REVISED - JAN 1995
REVIEWED JAN 2004
REVIEWED JAN 2006
REVIEWED JAN 2008
REVIEWED & REVISED FOR MEDITECH JAN 2011

Rev 10/12 MAL

BRISTOL HOSPITAL, INC. BREWSTER RD. BRISTOL CT 06010

MEDICARE BAD DEBT MORTATORIUM AND CLARIFICATION OF BAD DEBT POLICY

DATE: 3/9/07

TO: MEDICARE PART A PROVIDER AUDIT

THE COLLECTION POLICY IN EFFECT ON AUGUST 1,1987, WAS EXPLICITLY APPROVED BY THE FI AND THE POLICY HAS NOT CHANGED FOR THE SUBSEQUENT CORRESPONDING COST REPORT PERIODS.

ATTACHMENT:
BRISTOL HOSPITAL'S MEDICARE BAD DEBT POLICY AND PROCEDURES.

Rec 2.8 Mah
Reviewed 12.10 Mah
Reviewed 10-1-11 Mah
Rec 10.12 MaL

(b) If the beneficiary has not incurred the full deductible applicable under Part B of Medicare before the dialysis treatment, the intermediary subtracts the amount applicable to the deductible from the facility's prospective rate and pays the facility 80 percent of the remainder, if any.

§ 413.178 Bad debts.

(a) CMS will reimburse each facility its allowable Medicare bad debts, as defined in § 413.80(b), up to the facility's costs, as determined under Medicare principles, in a single lump sum payment at the end of the facility's cost reporting period.

(b) A facility must attempt to collect deductible and coinsurance amounts owed by beneficiaries before requesting reimbursement from CMS for uncollectible amounts. Section 413.80 specifies the collection efforts facilities must make.

(c) A facility must request payment for uncollectible deductible and coinsurance amounts owed by beneficiaries by submitting an itemized list that specifically enumerates all uncollectable amounts related to covered services under the composite rate.

§ 413.180 Procedures for requesting exceptions to payment rates.

(a) *Outpatient maintenance dialysis payments.* All payments for outpatient maintenance dialysis furnished at or by facilities are made on the basis of prospective payment rates.

(b) *Criteria for requesting an exception.* If a facility projects on the basis of prior year costs and utilization trends that it will have an allowable cost per treatment higher than its prospective rate set under § 413.174, and if these excess costs are attributable to one or more of the factors in § 413.182, the facility may request, in accordance with paragraph (d) of this section, that CMS approve an exception to that rate and set a higher prospective payment rate. However, a facility may only request an exception or seek to retain its previously approved exception rate when authorized under the conditions specified in paragraphs (d) and (e) of this section.

(c) *Application of deductible and coinsurance.* The higher payment rate is subject to the application of deductible and coinsurance in accordance with § 413.176.

(d) *Payment rate exception request.* A facility must request an exception to its payment rate within 180 days of—

(1) The effective date of its new composite payment rate(s);

(2) The effective date that CMS opens the exceptions process; or

(3) The date on which an extraordinary cost-increasing event occurs, as specified (or provided for) in §§ 413.182(c) and 413.188.

(e) *Criteria for retaining a previously approved exception rate.* A facility may elect to retain its previously approved exception rate in lieu of any composite rate increase or any other exception amount if—

(1) The conditions under which the exception was granted have not changed;

(2) The facility files a request to retain the rate with its fiscal intermediary during the 30-day period before the opening of an exception cycle; and

(3) The request is approved by the fiscal intermediary.

(f) *Documentation for a payment rate exception request.* If the facility is requesting an exception to its payment rate, it must submit to CMS its most recently completed cost report as required under § 413.198 and whatever statistics, data, and budgetary projections as determined by CMS to be needed to adjudicate each type of exception. CMS may audit any cost report or other information submitted. The materials submitted to CMS must—

(1) Separately identify elements of cost contributing to costs per treatment in excess of the facility's payment rate;

(2) Show that the facility's costs, including those costs that are not directly attributable to the exception criteria, are allowable and reasonable under the reasonable cost principles set forth in this part;

(3) Show that the elements of excessive cost are specifically attributable to one or more conditions specified in § 413.182;