

ST. BERNARD HOSPITAL AND HEALTH CARE CENTER BILLING AND COLLECTION POLICY

326 West 64th Street
Chicago, Illinois 60621

PURPOSE:

The purpose of this policy is to set forth the actions that St. Bernard Hospital may take related to obtaining payment of a bill for medical care.

DEFINITIONS:

- AGB – Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- ECAs – Extraordinary collection actions that may be taken by a hospital against an individual related to obtaining payment of a bill for care covered under the hospital's FAP that require a legal or judicial process or involve selling an individual's debt to another party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- FAP – the Hospital's Financial Assistance Policy.
- Hospital – St. Bernard Hospital.

PROCEDURE:

I. Collection Actions

- a) It is the policy of the Hospital not to engage in any ECAs against an individual to obtain payment for care.
- b) Subject to the guidelines set forth herein, however, Hospital patient accounts may be subject to the following collection actions to be conducted by the Hospital or an authorized party thereof:
 1. Following the initial bill, monthly statements and collection letters are mailed and phone calls are completed in an effort to collect all outstanding balances due.
 2. The patient-responsible portion of an outstanding balance may be transferred to a bad debt collection agency.
 3. Payment plan arrangements may be made for patients who indicate they may have difficulty paying their balance in a single installment.

II. Processing FAP Applications

- a) Submission of Complete FAP Application:
 1. If an individual submits a complete FAP application, the Hospital will—

- a. Make a determination as to whether the individual is eligible for financial assistance and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.
 - b. If the Hospital determines the individual is eligible for financial assistance, the Hospital will refund to the individual any amount he or she has paid for the care (whether to the Hospital or any other party to whom the Hospital has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
2. If, upon receiving a complete FAP application from an individual who the Hospital believes may qualify for Medicaid, the Hospital may postpone determining whether the individual is eligible for financial assistance for the care until after the individual's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.

b) Submission of Incomplete FAP Application

1. If an individual submits an incomplete FAP application, the Hospital will provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAP application form that the individual must submit to the Hospital to complete his/her FAP application, and includes the Hospital contact information with the notice.

MISCELLANEOUS:

- *Anti-Abuse Rule* – The Hospital will not base its determination that an individual is not eligible for financial assistance on information that the Hospital has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
- *No Waiver of FAP Application* – The Hospital will not seek to obtain a signed waiver from any individual stating that the individual does not wish to apply for assistance under the FAP in order to determine that the individual is not eligible for financial assistance.
- *Agreements with Other Parties* – If the Hospital sells or refers an individual's debt related to care to another party, the Hospital will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care.

HOSPITAL CONTACT INFORMATION:

Patient representatives are available to answer questions about hospital bills or financial assistance between 8:30 a.m. and 4:00 p.m. Monday through Friday.

Last name A-M: (773) 962-4421

Last name N-Z: (773) 962-4011

Address:

Patient Financial Services
St. Bernard Hospital and Health Care Center
326 West 64th Street
Chicago, Illinois 60621

Website: <https://www.stbh.org/our-services/patient-financial-services/>

Policy approved: (Initial/date)

Director, PFS	<i>AK</i> 11/5/18				
CFO	<i>BCS</i> 11/5/18				
CEO	<i>AAA</i> 11/5/18				
Board of Trustees	11/19/2018				