



Billing and Collections Policy

UVP Management, LLC (UVP) provides administrative services including billing, patient account management, and collections to affiliated ophthalmology practices in Minnesota.

Purpose

This policy establishes reasonable procedures regarding collection of patient accounts, including actions that may be taken by UVP-affiliated practices, or contracted external collection agencies and law firms.

Scope

This policy applies to UVP-affiliated practices, including outpatient clinics and surgery centers, located in Minnesota.

Policy

It is the policy of UVP-affiliated practices to pursue collection of patient balances from patients who can pay for services. UVP-affiliated practices will make reasonable efforts to work with patients who may be eligible for financial assistance or hardship accommodations.

Collection processes will take place and be applied consistently, fairly and for all patients regardless of insurance status. Collection processes will comply with applicable laws and with the organizational mission. For patients who are unable to pay all or a portion of their bill, the applicable accommodation policy will be followed.

Collection agencies and law firms may be enlisted after collection efforts have been exhausted and payment options have been shared with the guarantor. Agencies may help resolve accounts where patients are non-compliant with financial agreements, are uncooperative in making payments, have not made appropriate payments, or have been unwilling to provide reasonable financial and other data to support their request for financial assistance or hardship accommodations. Collection agency and law firm staff will uphold the confidentiality and individual dignity of each patient. All agencies and law firms will comply with all applicable laws including HIPAA requirements for handling protected health information.



Policy Statements

Communication with Patients

Patients receiving services from a UVP-affiliated practice may receive the following types of communication concerning medical debt owed and collecting medical debt in the following ways:

- In person before, during and after services via the registration, scheduling and check in/check out processes.
- Written monthly statements delivered electronically via the patient portal or via U.S. mail, as elected by the patient.
- Written letters and notices through the patient portal or U.S. mail.
- Telephone calls to the patient.
- Text/ SMS if provided by the patient.
- Email if provided by the patient.

Outstanding Medical Debt

UVP-affiliated practices will not deny medically necessary health treatments or services to a patient or any member of the patient's family or household because of outstanding or previously outstanding medical debt owed by the patient or any member of the patient's family or household to the healthcare provider, regardless of whether the health treatment or service may be available from another healthcare provider. As a condition of providing medically necessary health treatments or services, UVP-affiliated practices may require a patient to enroll in a payment plan for the outstanding medical debt.

In this context, medically necessary care is defined as:

1. safe and effective;
2. not experimental or investigational, except as provided in Code of Federal Regulations, title 42, section 411.15(o);
3. furnished in accordance with acceptable medical standards of medical practice to diagnose or treat the patient's condition, or to improve the function of a malformed body member;
4. furnished in a setting appropriate to the patient's medical need and condition;
5. ordered and furnished by qualified personnel;
6. meets, but does not exceed, the patient's medical need; and
7. is at least as beneficial as an existing and available medically appropriate alternative.



Extraordinary Collection Actions (ECAs)

Actions that UVP-affiliated practices may take, or authorize a collection agency or law firm to take, related to obtaining payment of a bill for medical care include the following legal or judicial processes:

- commencing a civil action or lawsuit against the patient or responsible individual;
- garnishing an individual's wages after securing a court judgment;
- attaching or seizing an individual's bank account, other personal property, or other judgment enforcement action permissible under state law after securing a judgment;
- placing a lien on an individual's property after securing a judgment provided that placing a lien against an individual's personal injury recovery, settlement, compromise, or judgment is not considered an extraordinary collection action.

Placing a patient's account with a collection agency is not an extraordinary collection action.

Reasonable Efforts to Identify Patients Eligible for Financial Hardship Accommodation

UVP-affiliated practices will notify individuals that accommodation for financial hardship is available to eligible individuals at least 30 days prior to pursuing ECAs to obtain payment for the care provided by doing the following:

1. Provide written notice to the individual indicating that financial hardship accommodation is available to eligible individuals, indicating that a UVP-affiliated practice intends to initiate or have a third party initiate ECAs to obtain payment for the care, and provides a deadline after which ECAs may be pursued and which is no later than 30 days after the date of such written notice;
2. Provide the individual a plain language summary of financial hardship accommodation with such written notice; and
3. Make reasonable efforts to orally notify individuals about UVP-affiliated practices' accommodation for financial hardship.

Financial Hardship Application Period

The financial hardship application period begins on the date medical care is provided and ends 180 days after the first post-discharge billing statement or 30 days after the authorized third party provides written notice of ECAs the practice plans to initiate, whichever is later. Eligibility for hardship accommodation is determined on a case-by-case basis with an application process that includes, but is not limited to, review of income, debt, dependents, employment and housing status.



Identification of Reasonable Efforts Taken

Prior to engaging in ECAs, UVP's Revenue Cycle staff will identify whether reasonable efforts were made to determine whether an individual is eligible for financial assistance. The UVP Compliance Department will provide oversight for identification of reasonable efforts made.

Financial Expectations

Consistent with this policy and the Financial Assistance Policy, UVP-affiliated practices will clearly communicate with patients regarding financial expectations as early in the appointment and billing process as possible.

- Patients are responsible for understanding their insurance coverage and for providing needed documentation to aid in the insurance collection process.
- Pre-service deposits may be required for non-emergency services; however, none of the collection actions or practices referenced in this policy apply to pre-service deposits. Pre-service deposits are not considered a patient account under this policy.
- Patients are generally responsible for paying self-pay balances, including any amounts not paid by insurance companies or applicable third-party payers.

Insurance Collections

UVP-affiliated practices will maintain and comply with policies and procedures to ensure the timely and accurate submission of claims to all known primary health plans or insurance payers ("Payers" and each a "Payer") clearly identified by the patient. If the practice timely receives from the patient complete and accurate information about the Payer but does not timely submit a claim to the Payer, and the Payer denies the claim based on that untimely filing, the patient will be responsible for only the amount that the patient would be liable to pay had the Payer paid the claim. However, if the practice determines that it either timely filed the claims or was provided inaccurate or incomplete information, then the patient will be held responsible. Liability insurance is not covered by these Insurance Collections provisions. The practice shall not refer any bill to a third-party collection agency or attorney for collection activity while a claim for payment of the services is pending with a contracted payer. The practice may refer a bill to a third-party collection agency or attorney following an initial denial or untimely denial of the claim by a Payer. The practice will not refer any bill to a third-party collection agency or attorney for collection activity when a claim is denied by a third-party payer due to the practice's error and such error results in the patient becoming liable for the debt when the patient would not otherwise be liable. The practice reserves the right to substantiate that an error has been made and if the practice determines that it has not made an error, then the patient may be held liable. Patients must sign an authorization allowing the practice to bill the patient's health plan, insurance company, or any other third-party payer, and must cooperate with the practice in a reasonable manner by providing requested information to facilitate proper billing to a patient's health plan or insurance company. The practice makes every reasonable



attempt to collect from all known Payers with whom the practice has a contract, and non-contracted payers, for services provided to assist patients in resolving their bills.

Self-Pay Balance Resolution

UVP-affiliated practices will employ reasonable procedures in a fair and consistent manner to collect patient self-pay balances, maintaining confidentiality and patient dignity. Hardship accommodations will be offered to patients whose income and assets will not allow full payment of services within a reasonable time.

- Self-pay collection procedures and process flows are followed by UVP-affiliated practices and must fully comply with this policy. UVP and its affiliates have developed a streamlined process for patients to question or dispute bills, including a phone number patients may call and an address to which they may send written correspondence. The phone number and address shall be listed on all patient bills and collection notices sent by UVP-affiliated practices. UVP-affiliated practices will make reasonable attempts to return telephone calls made by patients to this number as promptly as possible, but in no event later than seven business days after the call is received.
- UVP-affiliated practices will consider reasonable payment plans, such as paying the balance over six months.
- Should a patient have additional services and additional self-pay balances are owed, UVP-affiliated will require increases to the patient's current payment plan, based on the patient's ability to pay.

Collection Agencies

Third-party debt collection agencies may be enlisted only after all reasonable collection and payment options have been exhausted. Agencies may help resolve accounts for services where patients are uncooperative in making payments, have not made appropriate payments, or have been unwilling to provide reasonable financial and other data to support their request for charity care.

- Collection agency staff will uphold the confidentiality and individual dignity of each patient. All agencies will meet all HIPAA requirements for handling protected health information.
- When reviewing the account for referral to a collection agency, the responsible person will confirm that:
 - There is a reasonable basis to believe that the patient owes the debt.
 - All known Payers have been properly billed such that any remaining debt is the financial responsibility of the patient. Where the patient has indicated an inability to pay the full amount of the debt in one payment, consideration of a reasonable payment plan is required, provided that the UVP-affiliated practice may require the patient to provide reasonable verification of the inability to pay the full amount of the debt in one payment.



° The patient has been given a reasonable opportunity to apply for Financial Assistance. Particular attention should be given when a patient is uninsured or is currently on Medical Assistance, or other relief based on need.

- If a patient submits a complete application for Financial Assistance after an account has been referred for collection activity, UVP-affiliated practices will suspend ECAs until the patient's application has been processed and the patient has been notified of the practice's determination.
- UVP-affiliated practices and their third-party partners do not credit report patient medical debt.
- UVP-affiliated practices do not sell outstanding patient medical debt.

Legal Action

UVP-affiliated practices may pursue legal action against patients who refuse to pay a bill while the patient retains insurance payments or settlement proceeds related to the medical services provided by the practices, and against patients who refuse to pay a bill and do not appear to be eligible for financial assistance or have not cooperated in the process to make a determination of such eligibility. Legal follow-up and commencing a lawsuit is appropriate and permitted subject to the following:

1. Authorization to take legal action against a patient for the collection of medical debt will be provided on a case-by-case basis.
2. Legal action will not be filed against any particular patient to collect medical debt until the UVP-affiliated practice determines that:
 - There is a reasonable basis to believe that the patient owes the debt;
 - All known Payers have been properly billed;
 - Where the patient has indicated an inability to pay the full amount of the debt in one payment, the practice has offered the patient a reasonable payment plan. The patient has been given a reasonable opportunity to apply for Financial Assistance if the facts and circumstances suggest that the patient may be eligible for Financial Assistance, including that the patient is uninsured or is enrolled in Medical Assistance, or eligible for other relief based on need.

Ending Collections Activities

After accounts have been referred to a collection agency or law firm, they are returned to UVP-affiliated practices under the following circumstances:

1. Outstanding amount has been satisfied, meaning the requested payment has been received.
 - The account for the related charges is marked "closed" in the practice's billing system and no further collection activity is taken.



2. Outstanding amount has been determined uncollectible, meaning efforts to collect the debt have been unsuccessful.
 - The account for the related charges is marked “uncollectible” in the practice’s billing system and no further collection activity is taken.
 - Payments will still be accepted on balances that have been determined uncollectible.
 - Financial assistance is available for uncollectible balances.

Enforcement

It is the intent that, through adoption of this policy by the applicable governing bodies of UVP-affiliated practices, this policy will be enforced for all collection staff, collection agencies, and attorneys. Any abusive, harassing, or misleading language or conduct by individuals responsible for collecting medical debt from patients, and from its debt collection agencies and attorneys, and their respective agents and employees, will be addressed through corrective action procedures.

Equal Opportunity

When making decisions throughout the collection process, UVP-affiliated practices are committed to upholding the multiple federal and state laws that preclude discrimination based on race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state, or local laws.

Confidentiality

UVP-affiliated practices will uphold the confidentiality and individual dignity of each patient. UVP-affiliated practices will meet all HIPAA requirements for handling protected health information.

Related Documents

Hardship Accommodation Application