## Mat Su Regional Medical Center 2018 Financial Counseling Policy:

- It is the policy of Mat Su Regional Medical Center that all Self Pay patients and patients who do not make arrangements to pay the estimated patient portion due within thirty (30) days are referred to the financial counselor to determine the patient's ability to pay and eligibility for financial assistance. Patients who are pre-admitted and pre-registered at least twenty-four (24) hours in advance should undergo financial counseling, as necessary, prior to receiving services. All other patients should undergo financial counseling, as necessary, within twenty-four (24) hours of receiving services or the next business day. Patients in an extended stay will be reviewed on a weekly basis and monitored for covered days and catastrophic bills. This is a policy of Mat Su Regional Medical Center and is intended to be the minimum standard requirement.
- A financial counselor determines the patient's ability to pay and eligibility for financial
  assistance and makes the appropriate arrangements. The financial counselor will monitor
  extended stays periodically and communicate changes in coverage and liability amounts to
  the patient.

## **Negotiate Payment Arrangements**

The financial counselor works with all patients who are referred to them.

- The Financial Counselor will review the Estimated Patient Portion for the patient's services.
- Work with all Self Pay patients (and insurance patients whose benefit limitations have been met) to complete the state forms for Indigent Care eligibility. Self Pay patients should be referred to the hospital's contracted agency for Medicaid and Charity/Indigent Care eligibility screening.
  - If there are any local programs (not state or federal) for patients with limited ability to pay, qualification criteria will be collected from the patient.
- The financial counselor begins the process by requesting payment in full for the estimated patient portion due. Payments may be made by:
  - o Cash
  - Check-Ask for Drivers license to compare name on check and signature
  - Credit card -Ask to see Driver's license to compare name on credit card and signature
  - Payroll deductions
  - Bank loan
    - Hospital employees will be requested to complete a payroll deduction form.

- For patients not eligible for Medicaid or financial assistance, the Financial
  Counselor will negotiate payment arrangements for the estimated patient portion
  due. They will work with the patient to gather relevant information on the Financial
  Counseling and Time Pay worksheet. The FC will use the the guidelines below to
  establish payment arrangements.
  - Time payment arrangements will not be initiated until a credit report has been pulled and verification of the patient's inability to pay all or part of the bill has been determined. This excludes patients that present through the Emergency Room.
  - Time Payment arrangements must be a minimum of \$25 dollars a month, for a pay out of up to 24 months.
- Obstetric (OB) patients that are Self Pay will be asked for payment in full or if
  unable to pay the entire balance, setup time payment arrangements. Also OB
  patients that will have a balance due after insurance pays and cannot pay in full
  will be setup with time payment arrangements The patient's balance should be
  paid in full before the delivery due date.
- If a patient is scheduled for an ELECTIVE service with an estimated patient portion of \$500.00 or greater and does not make arrangements to pay the estimated patient portion due within 90 days, the financial counselor will work with the BOM and the patient's physician to see if the procedure can be rescheduled. If services are rescheduled, the financial counselor can then work with the patient to set up payment arrangements prior to the rescheduled services.

## **Finalize Payment Arrangements**

- After the patient or guarantor has agreed to specific payment arrangements, the FC obtains the appropriate signatures for the agreement.
- FC will notify the patient or guarantor that their account will be transferred to bad debt and sent to a collection agency if they do not keep their agreement. The guarantor must notify the hospital of and explain any late payments.