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Revenue Cycle Operations – General Billing and Collection Guidelines Policy	<i>Supersedes:</i>	SEE DOCUMENT LIBRARY

PURPOSE

This policy provides guidelines to ensure compliance for Revenue Cycle Operations Billing and Collecting Practices for patient accounts receivable.

This policy applies to:

	NYU Langone Health	
X	NYU Langone Hospitals (NYULH)	NYU School of Medicine (NYUSOM)

POLICY

The policy of NYU Langone Hospitals (NYU) is to ensure compliance for regulatory, non-regulatory and fiscally sound practices for billing and collection of patient accounts receivable that maximize collections of amounts due the organization in a manner consistent with the goal of providing high caliber patient-centered care.


Hospital Billing and Collection Practices - Statement of Principles and Guidelines

NYU strives to provide medically necessary care to patients regardless of their ability to pay. This Policy covers all medically necessary services at NYU including those set forth below. For purposes of this policy, medically necessary services shall be determined in accordance with Medicare guidelines:

- Inpatient services
- Emergency care
- Clinic services
- Ambulatory surgery
- Referred outpatient services (e.g., Clinical Cancer Center services)
- Ancillary services (e.g., laboratory and radiology services)

This Policy ***does not*** cover billing and collection for:

- Family Health Centers (FHC) services at NYU Langone (please refer to the *Sliding Fee Discount Program*)
- Professional services provided by physicians affiliated with or employed by NYU
- Providers who bill separately for their services

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- Services provided by independent contractors that include:
 - Private duty nurses and home care services
 - Ambulance services
 - Discretionary charges such as:
 - Private room differential charges
- Self-Pay patients with no insurance in the market seeking elective services and with income and resource levels above discounted levels specified in Charity Care and Financial Assistance Policy (i.e. “shoppers”): see ***NYU Langone Hospitals Self Pay Patient Discount Policy***
- Self-Pay patients with insurance but who seek elective services at NYU out-of-network and insurance will not pay (physician may or may not participate)
- Self-Pay patients with insurance who participate with NYU but seek non-medically necessary or non-covered services (e.g. Cosmetic Surgery)

Helping Patients with Payment for Hospital Care - Communicating Effectively

- Patients will be informed of the Hospital's Charity Care and Financial Assistance Policy by conspicuous signage and informational pamphlets in the registration and intake areas; Emergency Department After Visit Summary information; information distributed in the admission package; community outreach; and responses to direct inquiries
- All Hospital bills and statements will include a statement that if the patient is unable to pay the bill, he or she might be eligible for financial assistance and how to obtain further information
- All Collection Agency bills and statements will include a statement that if the patient is unable to pay the bill, he or she might be eligible for financial assistance and how to obtain further information
- Applications and pamphlets for financial assistance will be available in English, Chinese (Cantonese and Mandarin), Spanish, Russian, Polish, Arabic, Bengali, Italian, Korean, Farsi, Haitian, Creole, Portuguese, and Greek and translation services will be made available for patients needing such services

Helping Patients Qualify for Coverage

- The Hospital makes available to the public information on Hospital-based Charity Care and Financial Assistance Policies and other known financial assistance programs

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- The Hospital communicates this information to patients with conspicuous signage and pamphlets in registration and intake areas in a way that is easy to understand and in the most prevalent languages used by the patients we service
- All Hospital bills and statements will include a statement that if the patient is unable to pay the bill, he or she might be eligible for financial assistance and how to obtain further information. The Hospital has understandable, written policies to help patients determine if they qualify for public assistance programs or hospital-based assistance programs
- All Collection Agency bills and statements will include a statement that if the patient is unable to pay the bill, he or she might be eligible for financial assistance and how to obtain further information.

Ensuring Hospital Policies are Applied Accurately and Consistently

- The Hospital ensures that all written policies for assisting low-income patients are applied consistently
- All staff involved in registration, admission, insurance verification, financial counseling, billing, collections and customer services will be trained on the appropriate procedure for applying for the financial assistance program

Ensuring Fair Billing and Collection Practices and Compliance with New York State and Federal Regulations

- Patients who have submitted an application for financial assistance are not required to make payment for services until they have been notified of the Hospital's financial assistance decision.
- The Hospital reserves the right to turn over to collections or bring a legal action with respect to the accounts of patients who have an unpaid balance and who do not have a financial assistance application in process upon written notice to the patient not less than thirty (30) days prior to referral of debt for collection and not less than one hundred eighty (180) days after the first post-service bill has been issued and reasonable efforts have been made to determine whether a patient qualifies for financial assistance provided, however, that the Hospital will not:
 - Deny to a patient admission or treatment for services that are reasonably anticipated to be medically necessary because the patient has an unpaid medical bill;
 - Seek payment while a financial assistance or Medicaid application is pending;
 - Sell a patient's debt to another party;
 - Send an account to collection while an application for Medicaid or financial assistance (which is completed with all required documentation) is pending;
 - Send an account to collection for a patient who is determined to be eligible for Medicaid at the time services were rendered and for which services Medicaid payment is available;

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- File a lien against a patient's primary residence or institute a foreclosure action;
- Absent extraordinary circumstances, freeze a patient's bank account;
- Garnish a patient's payroll wages;
- Commence legal action unless a reasonable effort has been made to determine a patient's federal poverty level;
- Commence legal action related to the recovery of medical debt or unpaid bills against patients with incomes below four hundred percent (400%) of the federal poverty level;
- Commence legal action related to the recovery of medical debt or unpaid bills without an affidavit from the Hospital's Chief Financial Officer stating that, based upon the Hospital's reasonable effort to determine the patient's income, the patient does not have an income below four hundred percent (400%) of the federal poverty level;
- Pursue any action which would cause or prevent the patient from paying his/her normal monthly rent, utility or food expenses; and/or
- Report a patient's delinquency or non-payment to credit bureaus or credit agencies.

All collection agents engaged by the Hospital will be required: to comply with this policy; seek the Hospital's written consent prior to instituting a legal action for collection; and provide patients information, where appropriate, on how to apply for financial assistance

All collection agents engaged by the Hospital will provide monthly reports of their collection efforts

All collection agents engaged by the Hospital will attest to their compliance to this policy on an annual basis

PROCEDURES

See Charity Care and Financial Assistance Policy

RESPONSIBILITIES

Sr. Director, Revenue Cycle Operations

- Monitor compliance with this policy
- Or designee, routinely perform an audit of randomly selected patient accounts to ensure that steps are performed in accordance with this policy
- Or designee, review policy annually for repeal or amendment, as appropriate