



TITLE: BILLING AND COLLECTION

REPLACES:

EFFECTIVE DATE: 02/2018, 07/2024

- I. **PURPOSE:** To standardize the method of billing and collecting for services provided within the hospital and ambulatory locations of OU Health (OUM) to insured and uninsured patients. This Policy outlines Extraordinary Collection Actions (ECAs) that may be taken in the event of nonpayment. This Policy, along with the Financial Assistance Policy, ensures that OU Health is compliant with Internal Revenue Code section 501(r) and related state and federal laws and regulations.

**SCOPE:** This policy applies to all organizations and personnel within OU Health.

II. **DEFINITIONS:**

“Application Period” means the time period in which an individual may apply for financial assistance. The Application Period ends on the 240th day after OU Health mails or electronically provides the individual with the first billing statement for the care, but may be extended by OU Health upon extraordinary circumstances.

“Authorized Vendors” means those vendors OU Health may contract with to produce and send letters, notices, bills, and/or other statements to patients regarding amounts owed by the patient, and to contact the patient regarding payment of their unpaid bills.

“Extraordinary Collection Action (ECA)” means actions taken by OU Health against an individual related to obtaining payment of a bill for care covered under OU Health’s Financial Assistance Policy and may include the following: (a) selling an individual’s debt to another party except as expressly provided by federal law; (b) reporting adverse information about the individual to consumer credit bureaus; and (c) certain actions that require a legal or judicial process as specified by federal law, including some liens, foreclosures on real estate, attachments/seizures, commencing a civil action, causing an individual to be subject to a writ of attachment, and garnishing an individual’s wages. ECAs do not include any lien that a hospital is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which a hospital provided care.

“Financial Assistance Policy” or FAP means the policy established by OU Health for the provision of financial assistance for eligible patients, which are in need of financial assistance, specifically the OU Health FAP.

“Internal Revenue Code Section 501(r)” includes regulations that apply to charitable hospitals.

“Medically Necessary Care” means healthcare services or supplies which meet all of the following requirements: (i) ordered by a physician and appropriate and necessary for the symptoms, diagnosis, or treatment of the medical or mental health condition; (ii) provided for the diagnosis or direct care and treatment of the medical or mental health condition;

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(iii) meet the standards of good medical practice within the medical and mental health community in the service area; (iv) not primarily for the convenience of the patient or a provider; and (v) the most appropriate level or supply of service that can safely be provided.

“Plain Language Summary” means a summary of the financial assistance policy that is easy to read, easy to understand, and easy to use.

**III. POLICY:** OU Health is committed to assisting insured and uninsured patients meet their payment obligations and to applying consistent and compliant patient billing and collection practices to all patients.

**IV. PROCEDURE:**

- A. OU Health will not engage in ECAs, either directly or through its authorized vendors, before reasonable efforts are made to determine whether a patient is eligible for assistance under the OU Health Financial Assistance Policy.
- B. It is the obligation of the patient or guarantor (referred to herein as “patient”) to provide a correct mailing address and correct telephone number at the time of service or upon moving. If an account does not have a valid address or telephone number, this will impact the determination of reasonable effort.
- C. As a courtesy to patients with in-network insurance, the initial claim will be filed with their insurance company. Secondary and/or tertiary payors will have claims filed by OU Health or its Authorized Vendors on behalf of the patient after resolution of the claim has been completed with the primary insurance payor. Uninsured patients will be directly billed for their claim by OU Health.
- D. Once both primary and secondary claim resolution has occurred, all accounts, whether insured or uninsured, will complete the same collections process for the patient balance due OU Health.
  1. OU Health or its Authorized Vendors will not engage in ECAs until 121 days after the date of the first post-discharge billing statement for the care at issue and before reasonable efforts have been made to determine whether the patient is eligible for financial assistance under the Financial Assistance Policy.
  2. OU Health or its Authorized Vendors will provide the patient with four (4) billing statements via mail including notice indicating financial assistance is available and at least one (1) phone call attempts at which time OU Health or its Authorized Vendors can notify the patient of the Financial Assistance Policy.
  3. At least thirty (30) days prior to initiating any ECAs, OU Health or its Authorized Vendors will:
    - i. Provide the patient with notification of the ECAs OU Health intends to initiate to obtain payment for the care.
    - ii. Provide the patient with a Plain Language Summary of the Financial Assistance Policy.
    - iii. Make an oral attempt to contact the patient via telephone at the last known telephone number.

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4. In the event of nonpayment and after reasonable efforts have been made to notify the patient about the financial assistance available, OU Health or its Authorized Vendors may commence collections at 121 days after the date of the first post-discharge billing statement.
5. In the event a completed Financial Assistance Application is received during the Application Period, OU Health will suspend ECAs while it makes a reasonable effort to determine whether a patient is eligible for financial assistance under the Financial Assistance Policy. In the event an incomplete Financial Assistance Application is received during the Application Period, ECAs will be suspended for no more than thirty (30) days while OU Health provides written notice to the patient that ECAs may be initiated or resumed if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
6. If a third party vendor or collection agency identifies a patient as meeting OU Health's financial assistance eligibility criteria, the patient's account may be considered for financial assistance. ECAs will be suspended for no more than thirty (30) days while OU Health provides written notice to the patient that ECAs may be initiated or resume if the Financial Assistance Application is not completed. Collection activity will resume in the following situations: (i) a partial adjustment occurs, (ii) the patient fails to cooperate with the financial assistance process, or (iii) the patient is not eligible for financial assistance.
7. At any time during the collection cycle patients may submit financial information for financial assistance consideration pursuant to the OU Health FAP. All available avenues of assistance and available payments from third-party payors must be exhausted before such assistance is considered.
8. Patients are encouraged via the OU Health website and correspondence to make payment arrangements pursuant to the OU Health FAP when payment in full is not feasible.

**V. MEASURES TO PUBLICIZE THE BILLING AND COLLECTIONS POLICY:**

Copies of the Billing and Collections Policy, the Financial Assistance Policy (FAP), the Plain Language Summary to the FAP, and the Financial Assistance Application will be widely publicized and can be obtained in the following manner:

1. Online at OU Health website, [www.ouhealth.com](http://www.ouhealth.com).
2. By telephone at OU Health Customer Service, 1-888-472-0040
3. By mail at OU Health Customer Service, PO Box 269070, Oklahoma City, OK 73126.
4. By posted signs, paper copies, and brochures in the emergency departments, admitting areas, and business offices of all OU Health facilities, in languages that are appropriate for the hospital's service area.
5. In person through financial counselor visits, as necessary, with patients at OU Health facilities, at registration desks, and discussions by designated staff, when appropriate.



6. In billing statements, a phone number for inquiries about financial assistance will be included.

**REFERENCES**

OU Health Financial Assistance Policy, BIL.027

**APPROVED BY:**

Policy and Procedure Committee: 7/26/2024