

OCEANS HEALTHCARE	BILLING AND COLLECTIONS
EFFECTIVE DATE: 06/15/2024	SECTION: FINANCE
REVISED DATE:	POLICY NUMBER: FIN-20
APPROVED BY: GOVERNING BODY	PAGE 1 OF 2

SCOPE:

This policy applies to all Oceans Healthcare facilities.

Inpatient IOP/IOP+/PHP Support Center

PURPOSE:

This policy is intended to establish guidelines for the consistent collection processes on all Guarantor balances.

This policy applies to all Guarantors of patients that have outstanding professional or hospital patient balances with Oceans Healthcare.

DEFINITIONS:

- Balance Billing – When a provider bills you the difference between the total cost of the service and the allowed amount. This typically happens with out-of-network (non-contracted) providers.
- Early Out Vendor – Outside agency responsible for the outsourcing of collection attempts prior to be considered for bad debt.
- Guarantor – The party responsible for payment of charges not covered by insurance or all charges when the patient does not have insurance coverage (Self-pay/Private-pay patient). In many cases, the patient is the Guarantor.
- Out-of-network – Describes providers and facilities that haven’t signed a contract with your health plan.
- Surprise Billing – An unexpected balance bill. This can happen when you can’t control who is involved in your care – like when you have an emergency or when you schedule a visit with an in-network facility but are unexpectedly treated by an out-of-network provider.

POLICY:

Oceans Healthcare is committed to following a consistent approach to all Guarantors of financial responsibility and generally provide a minimum of 120 days to resolve account balances before transferring accounts to bad debt. The steps in the collection process include statements, telephone calls, letters, online bill pay and access to a customer service operation which can provide assistance regarding billing inquiries. Oceans Healthcare does not engage in balance billing practices and assesses patient balances in accordance with the amount indicated on the explanation of benefits provided by their insurance plan. In addition, Oceans Healthcare does not engage in extraordinary collection actions.

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PROCEDURE:

1. Collection activity process
 - Once guarantor financial responsibility has been determined, account balances are transferred to an Early Out Vendor to produce patient statements and all collection activities on behalf of Oceans Healthcare.
 - Patients will have the opportunity to make payment arrangements and/or agree to a payment plan.
 - Accounts will remain with the Early Out Vendor until the balance reaches 120 days (4 statements) or if there is an active payment plan in place.
 2. Bad Debt Determination
 - If there have not been any payments or activity on an account with the Early Out Vendor after 120 days, the account is placed with a collection agency for further follow-up.
 - Outstanding balances are reviewed quarterly for final bad debt adjustment.
 3. Uninsured Discount
 - Uninsured patients are eligible for a discount of total charges for hospital services at a discounted per diem rate. For patients who are uninsured, the discounted cash price rates are location specific and represent the average payor yield by reviewing net revenue collected over an annual period.
 4. Requests for exceptions to this policy must be submitted to the hospital administrator or to Oceans Revenue Cycle Department.
 5. Indigent Bad Debt
 - Medical indigence will be determined by the Financial Assistance Policy in which the patient or patient guarantor is required to cooperate and provide personal financial and other information and documentation relevant to making a determination of financial need.
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