

## I Policy Statement

- A.** The purpose of this policy is to outline Parkview Health's guidelines as it relates to the collection of patient accounts and to establish that Parkview will not engage in any extraordinary collection actions against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under its Financial Assistance Policy. This policy provides information to patients regarding options available for payment, and actions that may be taken in the event of non-payment. This policy applies to all patients who have outstanding balances for services rendered at Parkview Physicians Group, Parkview Home Health, Home Infusion or Parkview Hospice or at any of Parkview's affiliated hospitals. Parkview's affiliated hospitals are defined as: Parkview Hospital Randallia, Parkview Behavioral Health, Parkview Regional Medical Center, Parkview Orthopedic Hospital, Parkview Whitley Hospital, Parkview Huntington Hospital, Parkview Noble Hospital, Parkview LaGrange Hospital, Parkview Wabash Hospital and Parkview Warsaw. This policy has been approved by Parkview Health's Finance Committee, pursuant to authority delegated to it by the Board of Directors of Parkview Health.

## II Definitions of Terms

- A.** The **Application Period** for financial assistance is defined as the period that begins on the date the care is provided to an individual and ends on the later of the 240th day after the individual is provided with the first billing statement for care, or at least 30 days after Parkview provides the individual with a written notice that sets a deadline after which ECAs may be initiated.
- B.** **ECAs** mean extraordinary collection actions – a list of collection actions as defined by the Internal Revenue Service and the U.S. Treasury that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions include reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- C.** **FAP** means Parkview's Financial Assistance Policy.
- D.** **FAP-Eligible Individual** means an individual eligible for financial assistance under Parkview's Financial Assistance Policy.

## III Procedure

### A. Elective Services

Elective Services are payable prior to or at the time of service.

### B. Non-Elective Services

Insurance will be filed as a courtesy to the patient. Payment of the self pay portion may be requested upon discharge. Unless otherwise prohibited by contract, the patient will be billed for any unpaid balances within 60 days of the insurance billing.

1. Patients/guarantors will be sent no less than three monthly statements.
2. Three payment options are available to patients.
  - a. Payment option one: Patients who are not Parkview employees or dependents of Parkview employees are eligible for a 10% discount (on hospital services only) if the full balance can be paid within 27 days of the first guarantor statement.
  - b. Payment option two: Interest-free payments with pay-out not to exceed twelve (12) months are available. The minimum monthly payment is \$25.
  - c. Payment option three: The option of a low interest loan is available with the same discount offered for cash payments as long as the loan is arranged within 27 days of the first guarantor statement. If the patient defaults on the loan, the discount will be reversed and the patient's account will be placed in a collection agency.
  - d. Financial assistance may be available for those patients who cannot pay their bill. The options for assistance include governmental programs or free care through the hospital Financial Assistance Policy. The Financial Assistance Policy is available on Parkview.com or by visiting any hospital cashier office or by calling Patient Accounting at 260-266-6700 or toll free 855-814-0012. A patient may apply for financial assistance anytime during the Application Period. A Plain Language Summary (PLS) of the Financial Assistance Policy and application process will be included in each statement sent to the patient.

### C. Actions Due to Non-Payment, Including Extraordinary Collection Actions

1. Failure to make arrangements as listed in B above or failure to apply for and receive approval under the Financial Assistance Policy may result in the account being placed in a collection agency due to non-payment.
2. Parkview will notify individuals about the FAP before initiating any ECAs to obtain payment for care and refrain from initiating such ECAs for at least 120 days from the date Parkview provides the first post-discharge billing statement for the care.
3. ECAs which may be undertaken by Parkview (or authorized party) are as follows. The collection agency may report the account to one or all three credit reporting agencies which may ultimately adversely affect the patient's credit score. Additionally, the collection agency may sue and obtain a judgment against the patient for non-payment. These actions will not occur until 120 days after the patient is sent their first follow-up statement indicating the amount they owe.

4. As further described below, a patient may apply for financial assistance at any time during the Application Period, even though they have been placed in a collection agency.

#### **D. Determining Financial Assistance Eligibility Prior to ECA**

1. Parkview will make reasonable efforts to determine whether individuals are eligible for financial assistance. To that end, Parkview will notify individuals about the FAP before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the date Parkview provides the first post-discharge billing statement for the care.
2. Parkview will take the following actions at least 30 days before first initiating one or more of the above ECA(s) to obtain payment for care.
  - a. Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identify the ECA(s) that Parkview (or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided.
  - b. Provide the individual with a plain language summary of the FAP with the written notice described above.
  - c. Make a reasonable effort to orally notify the individual about Parkview's FAP and about how the individual may obtain assistance with the FAP application process.
3. If Parkview aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECA(s) to obtain payment for those bills, it will refrain from initiating the ECA(s) until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

#### **E. Processing Complete FAP Applications**

If an individual submits a complete FAP application during the Application Period, Parkview will –

1. Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates);
2. Make a determination as to whether the individual is FAP-eligible and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination;
3. If Parkview determines the individual is FAP-eligible, Parkview will –
  - a. Provide the individual with a statement that indicates the amount the individual owes for the care as a FAP-eligible individual (if the individual is eligible for assistance other than free care) and how that amount was determined and states, or describes how the individual can get information regarding, the AGB for the care.
  - b. Refund to the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
  - c. Take all reasonable available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.

#### **F. Processing Incomplete FAP Applications**

If an individual submits an incomplete FAP application during the Application Period, Parkview will –

1. Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates);
2. Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAP application form that the individual must submit to Parkview to complete his/her FAP application.

If an individual who has submitted an incomplete FAP application during the Application Period subsequently completes the FAP application during the Application Period (or, if later, within a reasonable timeframe given to respond to requests for additional information and/or documentation), the individual will be considered to have submitted a complete FAP application during the Application Period.

#### **G. Miscellaneous Provisions**

1. **Anti-Abuse Rule:** Parkview will not base its determination that an individual is not FAP-eligible on information that Parkview has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
2. **No Waiver of FAP Application:** Parkview will not seek to obtain a signed waiver from any individual stating that the individual does not wish to apply for assistance under the FAP, or receive the information described above, in order to determine that the individual is not FAP-eligible.
3. **Final Authority for Determining FAP Eligibility:** Final authority for determining that Parkview has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with either the Sr. Vice-President of Revenue Cycle or the Chief Financial Officer.

4. **Agreements with Other Parties:** If Parkview sells or refers an individual's debt related to care to another party, Parkview will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.
5. **Providing Documents Electronically:** Parkview may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

## **H. Hospital Contact Information**

For further information or questions regarding this policy, please contact:

1. Patient Financial Services Call Center at 260-266-6700 or toll free 855-814-0012
2. Cashier office between the hours of 9:00 am and 4:00 pm at any of the following locations:

**Parkview Regional Medical Center and  
Parkview Ortho Hospital**

11109 Parkview Plaza Drive (Entrance 1)  
Fort Wayne, IN 46845

**Parkview Hospital Randallia**

2200 Randallia Drive  
Fort Wayne, IN 46805

**Parkview Huntington Hospital**

2001 Stults Road  
Huntington, IN 46750

**Parkview LaGrange Hospital**

207 North Townline Road  
LaGrange, IN 46761

**Parkview Noble Hospital**

401 Sawyer Road  
Kendallville, IN 46755

**Parkview Wabash Hospital**

710 N. East Street  
Wabash, IN 46992

**Parkview Warsaw**

1355 Mariners Drive  
Warsaw, IN 46582

**Parkview Whitley Hospital**

1260 E. State Road 205  
Columbia City, IN 46725