

Policy #: 8.3

Issued: April 2018

**Reviewed/Revised: April 2018, March 2019, March 2020, March 2021, March 2023
July 2024**

Section: Finance

Patient Payment and Collections Policy and Procedure

Purpose:

DotHouse Health (DHH) is committed to offering discounted and affordable services for all of our patients. DHH maintains a sliding fee discount program that provides discounts on patient out-of-pocket expenses, that meet state, local and federal requirements, including those promulgated by the Health Resources and Services Administration (HRSA) as part of the Health Center Program pursuant to Section 330 of the Public Health Service Act and related regulations and policies (collectively, Section 330). In addition, DHH has committed to designing and implementing patient-focused billing and collection practices that seek to minimize financial barriers patients may face in paying for services.

Policy Statement:

The DHH Board of Directors is committed to ensuring a patient-centered focus for the health center, including improving access to care and assuring that no patient will be denied health care services due to an inability to pay.

The majority of patients who present for care at DHH will have third party insurance coverage as Massachusetts requires health care coverage for all residents and offers a Health Safety Net (HSN) program for qualified patients. The Health Safety Net pays for certain medically necessary services provided to qualified low-income patients at Massachusetts community health centers (CHCs) and acute care hospitals. The HSN also pays CHCs and acute care hospitals for medical hardship expenses (when qualifying medical expenses exceed a specified percentage of a family's income), and for some types of bad debt.

All DHH patients are eligible to apply for DHH's sliding fee discount program (SFDP) to pay for out-of-pocket expenses associated with services provided. In the event patients are uninsured or under-insured and are not willing to apply for discounts on services, DHH will not charge any individual who is eligible for assistance under its patient payment and collections policy for emergency, urgent, and medically necessary care more than the "amount generally billed" to individuals who have insurance for such care.

For this purpose, the "amount generally billed" is determined using the Medicaid reimbursement rate. DHH will charge any individual who is eligible for assistance under its patient payment and collections policy for all other care an amount **that is less than gross charges for such care.**

DHH offers a vehicle to assist patients with the payment on their balances via the payment plans options listed in the procedure section below. In addition, all patients will have the opportunity to work one-on-one with DHH's Financial Counselors to determine a payment program that best suits the patient's needs. DHH does not refuse to treat patients due to an inability to pay for services.

Application:

This applies to all Patients of DotHouse Health

Exceptions: None

Procedure:

Patient Billing and Collections

DHH bills patients for balances on their accounts as follows:

A. The Billing Department will send a statement to the patient noting balances owed, 30, 60 and 90 days out from the date of service, up until 365 days from date of service. Statements will include information on the SFDP and the options for applying for a payment plan, all of which are detailed below.

Copies of Billing Invoices and Notices of Assistance

B. Billing Invoices: The following language is used in billing statements sent to patients: "If you are unable to pay this bill, please call 617.936.5956 Financial assistance is available."

C. Notices: The Health center provides all applicants with notices of the availability of financial assistance programs, including Mass Health, HSN and Children's Medical Security Plan (CMSP), for coverage of services exclusive of personal convenience items or services, which may not be paid in full by third party coverage. The center also includes a notice about Eligible Services and programs of public assistance to patients in its initial invoices, and in all written Collection Actions. All applicants will be provided with written notice of approval by the State of Massachusetts for Health Safety Net. The following language is used on billing statements sent to our patients: patients: "Worried about how to pay your bill? You may be eligible for assistance. For more info call a representative at 617.936.5956. The health center will also be able to set up payment plans for the amounts that are patient responsibility.

Waiving of Fees

In certain situations, patients may not be able to pay certain fees. Waiving of fees may only be used in special circumstances and must be approved by DHH's CEO or their designee. Special circumstances may include but are not limited to patient's loss of a spouse, being unhoused, living in a shelter, loss of employment, displaced due to a fire, or a declared emergency or pandemic. Any waiving of fees should be documented in the patient's file along with an explanation.

Reducing of Fees

In certain situations, patients may not be able to pay certain fees. Reducing fees may only be used in special circumstances and must be approved by DHH's CEO or their designee. Special circumstances may include but are not limited to patient's loss of a spouse, homelessness, living in a shelter, loss of employment, displaced due to a fire, or a declared emergency or pandemic. Any reducing of fees should be documented in the patient's file along with an explanation.

Payment Plans

Patients who are unable to pay for their remaining balances upon receiving an invoice from DHH are eligible to participate in a payment plan that allows them to structure payments for the balance of services as follows:

- Recurring -Patients can make recurring payments on a regularly scheduled interval that enables them to pay for the entire balance of services within a timeframe of minimum one year max of three years.
- Installments -Patients can choose to make payments over a certain number of installments to pay for the remaining balance of services, within a timeframe of up to two year.

Patients who have opted for a payment plan and whose circumstances change preventing them from submitting timely payments, should contact a representative from the contracted billing vendor via phone to discuss their options. The contact information is as follows: 617.936.5956.

Refusal to Pay

All patients seeking health care services at DHH are assured they will be served regardless of ability to pay. No one is refused services because of a lack of financial means to pay. DHH acknowledges that there is a difference between ability to pay and refusal to pay.

DHH expects patients to pay their outstanding balances in a timely manner. DHH will notify all patients regarding: (i) the amount(s) owed by the patient and the time permitted to make the payments; (ii) request that the patient meet with a representative from the contracted billing vendor to discuss participating in a payment plan option (either recurring or installments), eligibility for the sliding fee discount program, waiving or reducing fees or requesting an extension to meet with a representative from the contracted billing vendor

and; (iii) how services will be limited or denied when it is determined that a patient has refused to pay for services.

DHH reserves the right to discharge patients who refuse to pay for services, as defined by meeting all the criteria below:

- Not making a payment on the amounts owed on their remaining balance within six months of the date of service and not responding to DHH's requests for communication within 60 days of receipt of notification of amounts owed and;
- Refusing requests by DHH to meet with a representative from the contracted billing vendor to discuss and participate in one of the payment options described above or assess eligibility for the sliding fee discount program or request reducing or waiving fees;
- Not having submitted an appeal to DHH to request an extension of 60 days in which they can meet with a representative from the contracted billing vendor.

If these criteria are met, DHH will make at least two documented attempts to contact the patient to explain the patient's obligations and offer a meeting with a representative from the contracted billing vendor. These attempts will be made via telephone and in writing. If DHH is unable to reach the patient or encourage them to meet with a representative from the contracted billing vendor, request an extension to meet with representative from the contracted billing vendor, make a payment directly, establish payment plans, assess eligibility for the sliding fee discount program and/or request reduced or waived fees, then as an option of last resort, DHH will terminate the patient and they will no longer be able to receive additional services at DHH (except in the case of emergencies) until they are willing to meet the patient obligations described herein. If the patient is discharged from DHH, DHH will notify the patient of their discharge by regular and certified mail and that the patient has thirty (30) days to find alternative sources of health care.

The patient may be permitted to rejoin the practice when authorized to do so by the CEO or their designee.

This does not apply to patients who have applied for the SFDS, whose incomes are below 100% of the Federal Poverty Guidelines and are not charged a nominal fee for services and will receive a 100% discount. *Refer to the Sliding Fee Policy*

Payment Types

DHH accepts payments made by cash, check or credit card.

Non-discrimination

The health center shall not discriminate on the basis of race, color, national origin, citizenship, religion, creed, sex, sexual orientation, age, or disability, in its policies, or in its application of policies, concerning the acquisition and verification of financial information, pre-admission or pretreatment deposits, payment plans, deferred or rejected admissions, or Low-Income Patient status.



Responsibility:

Patient Access Operations
Revenue Cycle Operations
General Accounting Operations

Forms:
None

This policy has been reviewed, approved, and adopted by the Governing Board and Administration as attested to by the signatures below:

7/24/2024

Michelle Nadow President and CEO

Date

7/24/2024

Megan Sonderegger, Governing Board
Chair

Date