



Manual	Business Office
Title	Debt Collection
Policy Number	
Effective Date	1/2008
Revise Date	3/2013; 10/22
Review Date	
Scope	Organization Wide
Reference	CHA Hospital Charity Care & Discount Policies Handbook

**POLICY:**

Vibra Healthcare and its Billing Offices must demonstrate due diligence in the collections of all Patient Account Balances. Vibra Healthcare must follow appropriate state Medicaid and federal Medicare billing requirement as they relate to the submission of coinsurance and/or deductible amounts. Prior to transfer to Outside Collection service, Billing Office shall make at least three reasonable collection efforts on each account in thirty day increments. The collection attempts can be either by phone calls or the mailing of letters and or Account Statements. If during this period, the Billing Office is contacted about the balance due and patient has attempted to resolve the balance due, the account cannot be sent to Collections. The account can only be sent after 60 days of no resolution or positive contact with the patient.

If at the time of Admission or during the billing process a patient makes Staff aware they may qualify for Charity Care, a copy of the specific facilities Charity Care and Discount Payment program must be provided to the patient. Patients without insurance will be treated fairly and with respect during and after their treatment. Vibra Healthcare will provide financial counseling to all patients requiring financial assistance. This will include help in understanding and applying for local, state, and federal healthcare programs such as Medicaid. All patients will be offered reasonable payment plans and, subject to their acceptance of the offer, will be billed at discounted rates. Any patient who lacks coverage, or provides information that he or she may have “high medical costs”, Vibra Healthcare and its collection

agencies will not report adverse information to any consumer credit reporting agencies or commence civil action against the patient for non-payment prior to 180 days from the initial billing date.

## **PROCEDURE:**

- I. Notice Prior to Commencing Collection Activities:
  - a. Every initial statement of charges mailed to patients will include the following plain language summary of the patient's rights pursuant to AB 774, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act:
    - i. *“State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 877-FTC-HELP.*
- II. Collection Process:
  - a. The Collection Agency may not use wage garnishment or liens on primary residences as a means to collect an unpaid bill when dealing with patients eligible for charity care or discount payment.
  - b. Vibra Healthcare also may not charge interest on any balances where patients are eligible for the charity care or discount payment program.
  - c. Collection Agency will treat all Patients with respect and will always act in a fair and professional manner.

## **REVIEW/REVISION:**

This Policy will be reviewed periodically and updated as required by changes in operations and/or laws, rules and regulations.

**DEFINITIONS:**

None.

**RELATED DOCUMENTS:**

Financial Assistance, Charity Care & Billing Practices for Underinsured