

MUSC HEALTH

Finance

Entity MUHA	Policy # BR-PA 1000	Billing and Collection Policy
Date Originated November 1, 2024	Effective Date November 1, 2024	

Printed copies are for reference only. Please refer to the electronic copy for the official version.

Scope:

This policy is applicable to all sites owned and operated by the following entities: Medical University Hospital Authority, University Medical Associates of the Medical University of South Carolina locations ("MUSC Physicians"), Carolina Family Care, Inc. ("Carolina Family Care"), MUSC Health Partners and MUSC Community Physicians. These entities are collectively known as and referred to herein as "MUSC Health". This Policy may not apply to every physician providing services at MUSC Health Hospitals.

Policy Statement:

MUSC Health is committed to providing transparent and patient-centered billing and collection practices. Patients are responsible for providing accurate insurance and demographic information and are encouraged to explore financial assistance options, including applying for the MUSC Health Financial Assistance program or other government programs. MUSC Health will bill patients and third-party payers, offering a 120-day billing cycle with multiple statements and communications. While reasonable collection efforts will be made, including potential referral to third-party agencies, MUSC Health will not take extraordinary collection actions without first offering financial assistance eligibility and payment plan options. Patients can contact customer service for assistance with billing inquiries, financial assistance applications, or to request an itemized bill.

Policy Purpose:

This policy outlines the billing and collection procedures at MUSC Health.

Definitions:

Applicable Insurance: Any insurance policies and health benefit plans from which patients are entitled to obtain payment for services including hospitalization, medical, third-party liability insurance coverage, workers compensation benefits, employer, employer group, individual, welfare benefit, trust sponsored, and benefits paid by Medicare or Medicaid.

Co-insurance: A fixed amount a patient pays in accordance with their insurance policy or health plan for medical services after the deductible is met.

Copayment: A fixed amount a patient may be obligated to pay out of pocket for a covered medical service. Copayments may vary depending on the type of services being provided.

Deductible: A deductible is the amount a patient pays for the cost of healthcare before the insurance company pays for services.

Financial Assistance Program (FAP): A program at MUSC Health for patients or guarantors whose income is determined to be at or below the Federal Poverty level. The guidelines for FAP are outlined in the MUSC Health Financial Assistance Policy.

Medically Necessary Care: Treatment, tests, or procedures that are necessary to restore health or to treat a diagnosed problem. These services generally meet accepted standards of medical practice.

Out-of-Network: Out-of-Network services refer to physicians, hospitals and other healthcare providers that do not participate in an insurance provider network. This means that the medical provider has not signed a contract with the insurance company to accept a negotiated price.

Self-Pay Balance: A balance that a patient or guarantor owes. This includes balances for deductibles, copayments, co-insurance or includes balances after the uninsured discount for patients with no insurance coverage.

Third-Party Agency: MUSC Health engages with third-party agencies including collection agencies, law firms, third-party independent contractors, and the like, which may attempt to obtain information, collect any outstanding account balances, bill third-party liability coverages, and attempt to qualify patients for assistance including Medicaid and Disability coverage.

Uninsured: The patient has no level of health insurance or third-party insurance including but not limited to hospitalization, medical, third-party liability insurance coverage, workers compensation benefits, employer, employer group, individual, welfare benefit, trust sponsored, and benefits paid by Medicare or Medicaid.

Policy:

Patient Responsibility:

1. The patient or guarantor collectively referred to as “patient” from this point forward in this policy shall provide MUSC Health accurate demographic and insurance information. This includes providing applicable insurance information as defined above. The patient is also responsible for seeking Financial Assistance including submitting a complete and timely Financial Assistance Application or cooperating as requested in applying for Medicaid or other government programs.

Billing Practices:

1. **Payment:** As a general rule, MUSC Health expects patients and third-party payers to fulfill their obligations in full including satisfying any applicable copayments, deductibles, and co-insurances.
2. **Billing Patients and Third-Party Payers:** MUSC Health will make reasonable efforts to collect the patients' insurance and other information and to verify coverage for the services to be provided. MUSC Health will bill patients' primary insurance or third-party payer policies that are provided by patients' representatives or guardians pursuant to federal and state regulations and/or the terms of the policy.
3. **Billing Cycle:** The billing cycle for the balance due from patients to MUSC Health entities begins from the date that the patient statement is sent and ends one hundred and twenty (120) days after that date. During the billing cycle, patients may receive phone calls, texts, statements, and letters. Below is the schedule of statements and letters:
 - a) A statement is sent to patients when a balance is determined to be owed by them.
 - b) Patients will receive a total of four (4) statements thirty (30) days apart after the balance has been determined to be due from the patient.
 - c) On day one hundred and twenty (120) of the billing cycle, a patient account is placed with a collection agency.
 - d) Each statement and letter used in the MUSC Health patient billing cycle contains information regarding payment methods, payment options, financial assistance website, and a contact number for customer service.

Collection Practices:

1. **General Collection Practices:** Subject to this policy, MUSC Health may employ reasonable collection efforts to obtain payment from patients. General collection activities may include statements, letters, telephone calls, texts and referral of accounts to third-party agencies.
2. **Collections Actions:** MUSC Health may take the following actions to obtain payment when patients' balances are not resolved after the standard billing cycle has been completed.
 - a) Placement of the account with third-party agencies. Third-party agencies may report to credit bureaus.
 - b) Referral to the South Carolina Department of Revenue Debt Set-off program where monies owed to patients who have delinquent balances are offset against money the state owes the patients on income tax refunds.
3. **Extraordinary Collection Actions (ECAs):** No MUSC Health entity or third-party collection agencies will impose extraordinary collections actions (ECAs). This includes legal actions or adverse credit reporting against any patient, without first making reasonable efforts to determine whether that patient is eligible for Financial Assistance under MUSC Health's

Financial Assistance policy which may be found on the MUSC Health website:
<https://muschealth.org/patients-visitors/billing/financial-assistance>

4. **Payment Plans:** MUSC Health and any third-party agencies acting on their behalf will offer payment plans. All monthly payments will be based on a mutually agreed upon amount between MUSC Health and the patient. The balance on the account is expected to be paid in full within the agreed upon period.

Financial Assistance:

1. Patients may apply for financial assistance by submitting a Financial Assistance Application. For MUSC Health to determine eligibility for financial assistance, patients must complete the application and provide all required documentation. Applications may be obtained in the following ways:
 - a) On the MUSC Health website at: <https://muschealth.org/patients-visitors/billing/financial-assistance>
 - b) MyChart
 - c) Request a Financial Assistance Application at any MUSC Health registration desk or by contacting a Customer Service Representative at 843-792-2311 or 800-598-0624
2. Applicants for financial assistance will be requested to fully cooperate with MUSC Health by providing requested information on a timely basis and by applying for government sponsored or government subsidized health insurance or any other insurance programs for which they will be eligible.
3. A financial assistance adjustment may be reversed upon the finding that the patient has Applicable Insurance.

Customer Service:

1. Patients can reach MUSC Customer Service by calling 843-792-2311 or 800-598-0624. Patients may also reach out via MyChart under the Billing section.
2. An Itemized bill is available upon request.