COXHEALTH

SYSTEM POLICY – Finance

TITLE:	Collection Policy
SUBMITTED BY:	Justin Hobbs, Administrative Director – Patient Financial Services
APPROVED BY:	Jake McWay, CFO and Executive Vice President

PURPOSE:

This policy outlines CoxHealth's process for billing and collecting payment for services while ensuring fair, consistent, and respectful treatment of all patients.

SCOPE:

All CoxHealth medical services.

POLICY:

CoxHealth is committed to fair, respectful, and compliant billing and collection practices. We make timely and good-faith efforts to bill patients and insurers accurately, offer clear communication regarding patient financial responsibility, and provide accessible options such as payment plans and financial assistance for individuals who need help paying their bills.

CoxHealth complies with EMTALA requirements and provides emergency medical screening and stabilizing treatment regardless of a patient's ability to pay.

1. **General Billing Practices**
   a. Patients are expected to pay at least a portion of their out-of-pocket cost at the time of service.
   b. CoxHealth will bill patients and/or their insurance promptly after services are provided and/or insurance has processed the claim.
   c. Itemized bills are available upon request.
   d. Patients are encouraged to contact the Patient Financial Services department with any questions regarding their bill.

2. **Insurance Billing**
   a. CoxHealth will submit claims to the patient's insurance company based on the information provided at the time of service.
   b. Patients are responsible for providing accurate insurance information and responding to any requests from their insurance carrier.
   c. Any remaining patient responsibility (co-payments, deductibles, co-insurance, or non-covered services) not paid at the time of service will be billed to the patient after insurance processing.

3. **Patient Responsibility**
    a. Payment is due at time of service or upon receipt of the first statement.
    b. Patients who are unable to pay in full may request payment arrangements.
    c. Financial assistance is available for those who qualify.

4. **Payment Plans**
    a. Reasonable payment plans may be offered based on the patient's financial situation, using a standard payment plan matrix maintained by Patient Financial Services.
    b. Certain elective services may not be eligible for payment plans and must be paid prior to or at the time of service.
    c. Failure to meet agreed-upon payment arrangements may result in further collection activity.

5. **Collection Efforts**
    a. CoxHealth will make multiple good-faith efforts to contact the patient before referring an account to a collection agency. These efforts may include:
        i. Mailed statements
        ii. Phone calls
        iii. Letters offering payment plan or financial assistance options
    b. If the account remains unpaid after reasonable attempts, it may be referred to a contracted collection agency.

6. **Use of Collection Agencies**
    a. Accounts may be referred to a third-party collection agency after internal efforts are exhausted.
    b. Collection agencies must follow all federal and state laws, including the Fair Debt Collection Practices Act (FDCPA).
    c. CoxHealth does not permit abusive, harassing, or coercive collection behavior.

7. **Legal Action**
    a. Legal action may be pursued only after all other collection efforts, including financial assistance screening, have been completed.
    b. Any legal action must be approved by the designated leadership before proceeding.

8. **Credit Reporting**
    a. The hospital (or its collection agency) may report unpaid accounts to credit bureaus only after at least 120 days from the first post-discharge bill and after all reasonable outreach efforts have occurred. Accounts under active dispute, approved payment plans, or financial assistance review will not be reported to credit bureaus.

9. **Dispute Resolution**
    a. Patients may dispute any portion of their bill by contacting Patient Financial Services.
    b. The account will be placed on hold during the review process.

10. Compliance

a. This policy will be administered in accordance with:
   I. The Fair Debt Collection Practices Act (FDCPA)
   II. State and federal billing regulations
   III. IRS Section 501® requirements for nonprofit hospitals

11. No Surprises Act (NSA) Protections

a. Patients receiving emergency services, certain non-emergency services provided by out-of-network clinicians at in-network facilities, and air ambulance services will not be billed more than their applicable in-network cost-sharing amounts.
b. CoxHealth will not engage in balance billing for services protected under the No Surprises Act, except where permitted by law and with appropriate patient notice and consent.
c. Required Good Faith Estimates will be provided to uninsured or self-pay patients in accordance with federal regulations.
d. Patients may dispute charges through the federal patient-provider dispute resolution process when applicable.