



Brattleboro Retreat

MENTAL HEALTH AND ADDICTION CARE

Credit & Collections Policy

It is the goal of the Brattleboro Retreat to provide restorative mental health and substance abuse services to our patients regardless of their ability to pay. In some situations patients may need assistance in meeting their financial obligations. This policy outlines our billing and Financial Assistance policy.

Purpose

To remain viable as it fulfills its mission, the Brattleboro Retreat must meet its fiduciary responsibility to appropriately bill and collect for psychiatric and medical services provided to patients.

Free Care/Financial Assistance Policy

Financial assistance is intended to help low income patients who do not otherwise have the ability to pay for their healthcare services and takes into account each individual's ability to contribute to the cost of his or her own care. The Brattleboro Retreat provides medically necessary psychiatric care for all people regardless of their ability to pay. Medical necessity is defined as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.

Financial Assistance Program (FAP) applications can be provided upon request by contacting the Patient Financial counselor at 802-258-6745, [by printing the application from the Brattleboro Retreat website](#) or by written request to:

Brattleboro Retreat
Patient Financial Services
1 Anna Marsh Lane
Brattleboro VT 05302

FAP eligibility is provided to patients where the following applies:

- The individual is uninsured, underinsured, ineligible for any government healthcare insurance programs, or under financial hardship. For Vermont residents whose household income is lower than 500 percent of the Federal Poverty Guidelines, the

individual must apply for Vermont Medicaid. The services provided to you must be medically necessary.

- All insurances, including workers compensation, auto insurance and student insurance policies, must have been billed and benefits paid to the Brattleboro Retreat and all insurance guidelines/ plan provisions must have been followed such as obtaining a preauthorization.
- Proof of household income and family size is required with a completed application. The individual's eligibility must meet the financial assistance criteria based on household income and asset calculations as compared to Federal Poverty Guidelines.
- Required documentation includes but is not limited to, Social Security or Disability statement, Unemployment or Pension/Annuity benefits, food stamps, housing subsidy, Federal Income Taxes, Business Tax returns, bank statements showing liquid assets, and any other extenuation information to show special circumstances.
- Individuals included in household size need to be a dependent on the Federal Tax Return provided. Liquid assets include, but are not limited to, savings, checking and CD's, and Bonds.

The income guidelines will be reviewed on an annual basis, based on the changes in the Federal Poverty Guidelines.

No FAP eligible individual will be charged more for emergency care or other medically necessary care than the amounts generally billed to patients who have insurance. The Brattleboro Retreat follows the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) requirements by conducting a psychiatric screening to determine whether an emergency psychiatric condition exists.

This policy and the FAP set forth herein constitute the official financial assistance policy within the meaning of section 501(r) of the Internal Revenue Code for the Brattleboro Retreat as approved by the Brattleboro Retreat's finance committee and Board of Directors.

Procedures

The following outlines Brattleboro Retreat's credit and collection process:

The responsible staff for implementing credit and collection procedures is the Financial Counseling Office with reporting responsibilities to the Sr. Director, Revenue Cycle Services (or equivalent).

Collection Points

Brattleboro Retreat will verify insurance and determine out-of-pocket expenses (if any) such as deductibles and co-payments. We collect all co-pays and deductibles at the point of service or post discharge prior to leaving the hospital. Brattleboro retreat accepts cash, personal checks, and major credit cards.

Payment Policy

All patient service account balances are due in full when third party has paid and coverage or benefits are less than full payment.

Billing Process

All inpatient accounts will be billed to third parties within 30 days after discharge. The claim to the third party payor must be prepared compliantly and submitted within the rules established by the payor before billing. Private pay patients will receive a detailed account statement. All outpatient accounts will be billed to third parties within 15 days post completion of service. The claim must be prepared compliantly and submitted with the rules established by the payor before billing. Private pay patients will receive a detailed account statement. All professional services will be billed to third parties within 15 days post completion of service. The claim must be prepared compliantly and submitted with the rules established by the payor before billing. Private pay patients will receive a detailed account statement.

Complete Billing Cycle

Claims will be submitted after medical records are completed for the encounter or hospital confinement. Patient account representatives will follow up 30 days post claim submission if account has not been aid, denied or rejected. Follow up activities will continue until insurer has paid the expected amount towards the bills. Once insurers have paid and accounts are left with a balance greater than \$9.99, patients not qualifying for financial assistance will be considered for collection. Patient statements will be generated at the 30, 60, 90 and 120 day point. Appropriate dunning statements will be posted on the bills. Accounts aging greater than 90 days will be referred to the Hospital's collection agent for final collection efforts. Balances less than \$25.00 will be written-off and collection efforts will not be pursued. All write-offs are subject to approval by Financial Counselor.

Credit and Collection

The Hospital will work and assist patients and families to assure third party payors fulfill their obligations by setting obligations through the claim preparation and submission process. Additionally, patients qualifying for full and/or partial payment for services owed will be assisted through the application process.

Extended terms will not be allowed for balances less than \$250.00. Statements will be sent monthly reflecting due dates, installment amounts and balances owed. **Extraordinary Collection Activities:** To secure the Hospital's financial interest, a lien may be placed on all balances greater than \$9,999.99 where collection activities have failed to relieve the receivable. Lawsuits may be pursued as decided by the VP of Finance.

Bad Debts

All balances of \$25.00 or greater will be transferred to an outside collection agency after completing the Hospital collection process.

Write Offs

Balances on accounts returned to the Hospital from a collection agency will be written off if all reasonable attempts to collect have been exhausted with appropriate approval by management.

- Balance write off of \$4,999.99 or less –Financial Counselor
- Balances greater than \$4,999.99 –Sr. Director, Revenue Cycle Services (or equivalent)
- Balances greater than \$9,999.99 –Chief Financial Officer

Collection Agent

All accounts with balances of \$25.00 or greater will be transferred to the Hospital's collection agency after completing the full collection process. The collection agency will begin collection attempts including reporting collection attempts and activity to a credit bureau. Collection activity will continue until the debt is impossible to collect.