Glacial Ridge Health System
Glenwood, MN 56334

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<tr><td rowspan="2">Distribution: Business Office, Administration, Board of Directors</td><td>Review 2/08 NAP</td><td>Revise 08/10 NAP</td><td>Review 01/14 NAP</td><td>Revise 10/21 KLH</td></tr>
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The mission of Glacial Ridge Health System (GRHS) is to provide the highest quality "heartfelt" care to the communities we serve. The vision of GRHS is to be the healthcare provider of choice by providing compassionate and comprehensive healthcare services.

GRHS realizes that in order to fulfill our mission, the facility must have a billing and collection policy in place to collect the funds owed.

BILLING PROCEDURE: A system has been set up to identify and handle those accounts that need collection activity. These accounts can be categorized by:

1. **Insurance Billing:**
    a. For all insured patients, GRHS will bill applicable third-party payers based on the information provided by the patient in a timely manner.
    b. If a claim is denied or unable to be processed by a payer due to an error on the part of GRHS staff, GRHS will not bill the patient more than they would owe had the claim been paid.
    c. If a claim is denied or unable to be processed by a payer due to factors outside of GRHS's control, staff will review with the patient and/or the payer to find a resolution.
2. **Patient Billing:**
    a. Uninsured patients will receive an uninsured discount and billed directly and timely.
    b. Insured patients will be billed after the claims have been processed by the third-party payers and for the amount determined by their insurance benefits.

Itemized bills are available upon request at any time. If patients have questions or concerns regarding their account, billing staff members will review the account in detail and may refer the account to their supervisor.

GRHS has payment plan opportunities and should contact our Patient Financial Rep for details. GRHS is not obligated to accept payment plans initiated by the patients without contacting the organization.

If patients make no attempt to pay or contact GRHS regarding their bill, collection action may be taken.

COLLECTION PROCEDURE: A system has been set up to identify and handle those accounts that need collection activity. These accounts can be categorized by:

3. **Patients who make no attempt to make contact regarding their bill or make payment**. These patients are identified in the criteria set up in the patient accounting module of the electronic health record. The system is set up to identify accounts that are 45 days in their current financial class and 45 days since last payment and a minimum of $3 balance on their account.

   These accounts populate on a work list for the collections department for review. The work list is reviewed on a daily basis. The accounts are looked over carefully by the collection staff. If the account should not continue through the collection process, they are held or deleted from the work list.

   Two things happen with these accounts:

a. The accounts are sent to the third-party collection agency. The third-party collection agency acts as an internal – offsite calling agency. The third-party collection agency attempts repeated calls to set up payment arrangements. When the third-party collection agency determines the account is uncollectable, the account will be returned to GRHS for review and possible write off. (See Patient Account Adjustment Policy). When the third-party collection agency feels that legal action is appropriate, they will submit the accounts to GRHS for approval.

b. Before the accounts are sent to the third-party collection agency, the guarantor of the account is sent two letters of collection. At the bottom of the collection Letters is the Attorney General's required statement that if they feel the account is in error, they need to contact the facility. Also in the letter is the phone number to the Attorney General's office. The first letter is sent immediately after 45 days in a self-pay class and no payment.

After 60 days of no payment a second letter is sent. The second letter indicates that failure to respond will result in the account turning over to Minnesota Revenue Recapture program. If there is no response within 30 days the account is filed with the Minnesota Revenue Recapture program.

4. **Patients who make sporadic or miss a payment.** These patients are captured by the criteria set up in the above scenario. Once they appear in the report, they may be removed from the report by the collection staff due to circumstances, etc. If they are not removed from the report, the collection process begins with sending the first collection letter as stated in 3b.