

Subject: Billing and Payment Policy
Policy: BO 125
Effective Date: 1/1/2025
Revision Date: 2/11/2025

- Purpose:**
- To provide direction to staff members in their interaction with patients and guarantors
 - To ensure the protection of the Facility’s cash flow and consumer satisfaction
 - To avoid potential bad debts by operating under a prudent and effective payment policy
 - To provide education to patients and guarantors as it relates to billing and collections of payment for services rendered.
 - To inform the patient of deductibles, copays, coinsurance amounts and other patient responsibility amounts
 - To provide a pathway for consistency in billing and collections
 - Payment on accounts will be pursued consistently, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor.
 - Mercy Health Rehabilitation Hospital will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under its Healthcare Financial Assistance (“HFA”) Policy.

Scope: This Billing and Payment Policy applies to the Mercy Health Rehabilitation Hospital located at 3180 Belmont Avenue, Youngstown, Ohio 44505.

Definition: **AGB** – Amount generally billed for medically necessary care to individuals who have insurance coverage.

Application Period – The period during which Mercy Health Rehabilitation Hospital must accept and process an application for financial assistance under its HFA policy submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Mercy Health Rehabilitation Hospital provides the individual with a written notice that sets a deadline after which ECAs may be initiated.

ECAs – ECAs are Extraordinary Collection Actions taken by Mercy Health Rehabilitation Hospital against an individual related to obtaining payment of a bill for care covered under Mercy Health Rehabilitation Hospital’s HFA policy that require a legal or judicial process or involve selling an individual’s debt to party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.

HFA – Mercy Health Rehabilitation Hospital’s Healthcare Financial Assistance Policy.

HFA-Eligible Individual – An individual eligible for financial assistance under Mercy Health Rehabilitation Hospital’s HFA policy (without regard to whether the individual has applied for assistance under the HFA policy).

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- Policy:**
1. It is the policy of Mercy Health Rehabilitation Hospital that payment is due when services are rendered. As a service, Mercy Health Rehabilitation Hospital will submit for patient any third party claims.
 2. Any patient “self-pay” portion is due within thirty (30) days of receipt of the service. [For purposes of definition: “self-pay” portion is defined as non-covered services, copayments, and deductibles.]
 3. Every guarantor will be given reasonable time and communication to be aware of and understand their financial responsibility. The guarantor will be held financially responsible for services actually provided and adequately documented.
 4. Mercy Health Rehabilitation Hospital representatives and/or its designee will widely publicize its HFA policy by, among other things, providing a copy of the plain language summary of the policy prior to the patient being discharged.
 5. Understanding each guarantor’s insurance coverage is the responsibility of the guarantor. Any self-pay liability secondary to insurance coverage is defined by the guarantor’s insurance coverage and benefit design. Mercy Health Rehabilitation Hospital relies on the explanation of benefits and other information from the guarantor and the insurance carrier for eligibility, adjudication of the claim, and patient responsibility determinations.
 6. A statement of hospital services is sent to the patient/guarantor in incremental billing cycles. In cases when the patient has no insurance coverage, that is a self-pay patient, the statement is sent after services are rendered. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been rendered, claim is submitted, and claim has been adjudicated by the insurance carrier. There are some cases, for example, when there is a stop in the adjudication of a claim due to the patient needing to provide additional information, where a statement will be sent to the patient and/or guarantor prior to claim processing.
 7. Mercy Health Rehabilitation Hospital representatives and/or their designees may attempt to contact the patient/guarantor (via telephone, mail, or email) during the statement billing cycle in order to pursue collections. Collection efforts are documented on the patient’s account.

- Procedure:**
1. Mercy Health Rehabilitation Hospital will submit claims to insurance companies according to established guidelines.
 2. Complete billing information must be presented at the time of registration and/or admission.
 3. Mercy Health Rehabilitation Hospital reserves the right, where agreements with the payer are not to the contrary, to determine the length of time before the account becomes the responsibility of the patient and their guarantor due to the lack of timely payment from the insurance company.
 4. At no time, unless agreed to with the insurance company to the contrary, will an anticipated insurance payment override the patient’s obligation to pay the balance outstanding.
 5. Mercy Health Rehabilitation Hospital will make its best effort to notify patients of the insurance benefits verified by the patient’s insurance company within three (3) working days of the hospital’s

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receipt of the insurance benefits verification.

6. Patients and guarantors may request an itemized bill by contacting a representative of the Central Billing Office. Mercy Health Rehabilitation Hospital does not routinely send an itemized bill to the patient.
7. The guarantor will receive a monthly statement that provides an account status and lists any activity occurring since the last statement.
8. Every effort will be made to assure that every patient account statement is accurate and easily understood by “lay persons”.

Statement Cycle:

The statement cycle will be measured from the first statement sent to the patient (date sent) and include the following:

- Subsequent statements sent to the patient/guarantor in 30 day increments to derive at the statement process:
 - 1st – Date of first billing
 - 2nd – 30 Days post
 - 3rd – 60 Days post
 - 4th – 90 Days post and notice of submission to Collection Agency if amounts left unpaid or HFA application not received
 - 5th – 120 Days post - Submission to Collection Agency
 - A secondary Collection Agency may be used, subject to the provisions of this policy.

Extraordinary Collection Actions (ECAs):

- As defined in the definitions section of this document, ECAs include legal or Judicial actions including, but not limited to placing a lien on an individual, foreclosing on an individual’s real property, attachment or seizure of an individual’s bank accounts or personal property, engaging in a civil action against an individual, causing an arrest or a writ of body attachment, and garnishing an individual’s wages or other income.
- Mercy Health Rehabilitation Hospital will not perform any of these legal actions or approve of the use of legal actions by any vendors working on behalf of Mercy Health Rehabilitation Hospital. Mercy Health Rehabilitation Hospital may periodically perform credit bureau reporting in certain circumstances.
- Mercy Health Rehabilitation Hospital will not engage in any ECAs against an individual to obtain payment before making reasonable efforts to determine whether the individual is eligible for assistance under the HFA Policy.
- Mercy Health Rehabilitation Hospital will not defer or deny, or require a payment before providing, medically necessary care because of an individual’s nonpayment of one or more

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bills for previously provided care covered under the HFA Policy.

- It is the policy of Mercy Health Rehabilitation Hospital not to engage in ECAs against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under its HFA policy.

Efforts to Determine HFA Eligibility:

- Mercy Health Rehabilitation Hospital will allow patients to submit complete HFA applications during a 240 day Application Period (as described herein).
- Mercy Health Rehabilitation Hospital will not engage in ECAs against the patient or guarantor without making reasonable efforts to determine the patient’s eligibility under the HFA policy. Specifically:
 - Mercy Health Rehabilitation Hospital will notify individuals about the HFA policy as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement for the care.
 - If Mercy Health Rehabilitation Hospital intends to pursue ECAs, the following will occur at least 30 days before first initiating one or more ECAs:
 - Mercy Health Rehabilitation Hospital will notify the patient in writing that financial assistance is available for eligible individuals, identifies the ECAs the facility (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided;
 - The above notice will include a plain language summary of the HFA policy;
 - Mercy Health Rehabilitation Hospital will make a reasonable effort to orally notify the patient about the HFA policy and how the individual may obtain assistance with the application process.
 - If Mercy Health Rehabilitation Hospital aggregates an individual’s outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

Processing HFA Applications:

- If an individual submits an *incomplete* HFA application during the application period, Mercy Health Rehabilitation Hospital will:

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- Suspend any ECAs to obtain payment for the care; and
- Provide the individual with a written notice that describes the additional information and/or documentation required under the HFA or HFA application form that must be submitted to complete the application and that includes the Mercy Health Rehabilitation Hospital contact information.
- If an individual submits a *complete* HFA application during the application period, Mercy Health Rehabilitation Hospital will:
 - Suspend any ECAs to obtain payment for the care;
 - Make an eligibility determination as to whether the individual is HFA-eligible for the care and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination.
 - If the individual is determined to be HFA-eligible for the care, Mercy Health Rehabilitation Hospital will:
 - Refund to the individual any amount he or she paid for the care (whether to Mercy Health Rehabilitation Hospital or any other party to whom Mercy Health Rehabilitation Hospital has referred to sold the individual’s debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as an HFA-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
 - Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.
- When no HFA application is submitted, unless and until Mercy Health Rehabilitation Hospital receives a HFA application during the Application Period, Mercy Health Rehabilitation Hospital may initiate ECAs to obtain payment for the care once it has notified the individual about the HFA policy as described herein.

Miscellaneous Provisions:

- **Anti-Abuse Rule** – Mercy Health Rehabilitation Hospital will not base its determination that an individual is not HFA- eligible on information that Mercy Health Rehabilitation Hospital has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
- **Determining Medicaid Eligibility** – Mercy Health Rehabilitation Hospital will not fail to

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have made reasonable efforts to determine whether an individual is HFA-eligible for care if, upon receiving a complete HFA application from an individual who Mercy Health Rehabilitation Hospital believes may qualify for Medicaid, Mercy Health Rehabilitation Hospital postpones determining whether the individual is HFA-eligible for the care until after the individual’s Medicaid application has been completed and submitted and a determined as to the individual’s Medicaid eligibility has been made.

- **No Waiver of HFA Application** – Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the HFA policy or receive the notifications described herein, will not itself constitute a determination that the individual is not HFA-eligible.
- **Final Authority for Determining HFA Eligibility** – Final authority for determining that Mercy Health Rehabilitation Hospital has made reasonable efforts to determine whether an individual is HFA-eligible and may therefore engage in ECAs against the individual rests with the Mercy Health Rehabilitation Hospital Central Billing Office.
- **Agreements with Other Parties** – If Mercy Health Rehabilitation Hospital sells or refers an individual’s debt related to care to another party, Mercy Health Rehabilitation Hospital will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is HFA-eligible for the care.
- **Providing Documents Electronically** – Mercy Health Rehabilitation Hospital may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

Correspondence concerning Mercy Health Rehabilitation Hospital policies should be sent to the following:

Mercy Health Rehabilitation Hospital
 Attn: Finance
 3180 Belmont Avenue
 Youngstown, Ohio 44505

Questions concerning Mercy Health Rehabilitation Hospital policies should be directed to:
 (234) 264-8500.

Additional information is available at: <https://www.mercyhealthrehabhospital.com/patient-experience/financial-assistance>

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