

Jackson Park Hospital & Medical Center  
Administrative

Policy: Billing and Collection Policy and Timeline	Effective Date Issued	Policy Number
	July 3, 2006	E5
	Revision Date 07/22/2021	Page Number
		Page 1 of 2
	Departmental <input checked="" type="checkbox"/> Administrative <input type="checkbox"/>	Reviewed by:

**Purpose:**

To define the timelines of and actions that the hospital will take to obtain payment of a bill for medical care.

**Definitions:**

**Contracted Billing Provider:** A third party that is contracted with the hospital to perform billing and activity to obtain payment from insurers and patients. They do not perform Extraordinary Collection Actions (ECAs).

**Early Out:** A Contracted Billing Provider.

**Policy:**

1) The table below describes the timeline of claims (bills) and statements and the activities that are taken by payor class:

PAYOR CLASS	HOLD AT DISCHARGE	COLLECTION FOLLOW UP	COLLECTION FOLLOW UP	REVIEW FOR W/O & COLLECTIONS
<b>SELF PAY and SELF PAY AFTER INSURANCE</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY
<b>SELF PAY AFTER MEDICARE</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY
<b>MEDICAID</b>	4 DAYS	0-90 CONTRACTED BILLING PROVIDER NO STATEMENTS	91-210 CONTRACTED BILLING PROVIDER NO STATEMENTS	211+ CONTRACTED BILLING PROVIDER NO STATEMENTS NO COLLECTION AGENCY
<b>MEDICARE</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY
<b>COMMERCIAL</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY
<b>HMO</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY
<b>BLUE CROSS</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY
<b>MEDICAID REPLACEMENT</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER NO STATEMENTS	91-210 CONTRACTED BILLING PROVIDER NO STATEMENTS	211+ CONTRACTED BILLING PROVIDER NO STATEMENTS NO COLLECTION AGENCY
<b>MEDICARE REPLACEMENT</b>	4 DAYS	0-90 TO CONTRACTED BILLING PROVIDER STATEMENTS	91-210 SEND TO EARLY OUT	211+ JPH REVIEW FOR W/O OR SEND TO COLLECTION AGENCY

- 2) The hospital may send claims (bills) to the patient’s insurance company and/or statements to the patient, based on the type of insurance (if any) per the table above to obtain payment for the hospital’s services.
- 3) The hospital will make reasonable efforts to determine if the patient is presumptively eligible for financial assistance under the Financial Assistance Policy
- 4) The hospital will notify the patient with written notice at least 30 days before sending the account to a collection agency, which will include the Financial Assistance Policy plain language summary. We will also attempt to contact the patient to notify them orally of how to obtain financial assistance through the policy