

501R Compliance ~~Whiteboard~~ Blackboard

...aka Killing Collections

Why am I speaking?

- Not an expert
- Not provider
- Don't own a crystal ball
- However....
 - Feel the pain
 - Interface with LARGE numbers of providers

Quick Review

- Who
- What
- When
- Where
- How
- Why

Core elements of 501R

- CHNA
- Amounts generally billed
- FAP – “widely available”
- Reasonable efforts
- ECAs

Financial Assistance Policy

- Applies to all medically necessary care
- Widely publicized
- Key provisions
 - Eligibility
 - How charges are calculated
 - How to apply
 - Actions for nonpayment
 - List of covered providers
 - Policy for emergency care

Decision points

- Widely available
- Presumptive eligibility
 - Reasonable efforts
- Statements and letters

Extraordinary collection actions

- Credit bureau
- Selling a debt
- Requiring payment before service
- Legal action

ECA or not an ECA?

- Phone calls
- Collection letters
- Text messages
- Automated messages

Prohibition timeframes

- <120 days from 1st statement [after discharge]
- <240 days from 1st statement “if” a FA application is received
- Until *reasonable efforts* are complete (per the FAP)
 - Efforts are clearly documented
 - Comply with advertised policy

Mail +

- 1st billing statement – lots of detail
- All statements should have FAP information
- ECA notice (30 days prior)
 - FA is available
 - Describe ECAs and deadline
 - Plain language summary
- Phone contact
 - Reasonable attempt

Vendors

- Amend contracts
- FAP savvy
- ECA aware
- Processes for compliance
- Humbly accept the new reality - *submission*

Departing thoughts

- Major disparity with interpretation still exists
- Major elements of 501R are still fuzzy
- Greatest areas of contrast
 - FAP itself
 - Timing and method of presumptive eligibility
- Stay tuned in and stay informed