NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

Billing and Collections Policy

| Approved Date: 11/21/2016 | Effective Date: 10/01/2019 | Review Date: 7/30/2020 |

Scope:

<table>
<thead>
<tr>
<th>Prisma Health-Midlands</th>
<th>Prisma Health-Upstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Prisma Health Baptist Hospital</td>
<td>Prisma Health Greenville Memorial Hospital</td>
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<tr>
<td>X Prisma Health Baptist Parkridge Hospital</td>
<td>Prisma Health Greer Memorial Hospital</td>
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<tr>
<td>X Prisma Health Richland Hospital</td>
<td>Prisma Health Hillcrest Hospital</td>
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<td>Prisma Health Tuomey Hospital</td>
<td>Prisma Health Laurens County Hospital</td>
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<tr>
<td>X Prisma Health Children’s Hospital-Midlands</td>
<td>Prisma Health Oconee Memorial Hospital</td>
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<tr>
<td>X Prisma Health Heart Hospital</td>
<td>Prisma Health North Greenville Hospital</td>
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<tr>
<td>PH USC Medical Group</td>
<td>Prisma Health Patewood Hospital</td>
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<tr>
<td>Provider based facilities associated with Prisma Health-Midlands hospitals</td>
<td>Prisma Health Surgery Center - Spartanburg</td>
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<td></td>
<td>Prisma Health Marshall I. Pickens Hospital</td>
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<td>Prisma Health Children’s Hospital-Upstate</td>
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<td>Prisma Health Baptist Easley Hospital</td>
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<td>University Medical Group UMG/PIH</td>
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<td>Provider based facilities associated with Prisma Health-Upstate hospitals</td>
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</tbody>
</table>

Policy Statement:

N/A

Associated Policies and Procedures:

- Billing and Collection Policy

Associated Lippincott Procedures: (as applicable)

N/A

Definition:

N/A

Responsible Positions:

Printed copies are for reference only. Please refer to the electronic copy for the latest version.
Directors of Patient Access and Patient Financial Services
-Patient Financial Services Staff

**Equipment Needed:**

N/A

**Procedural Steps:**

1. Prisma Health-Midlands follows the billing and collections guidelines as set forth by the Affordable Care Act (ACA) and 501r regulations. Palmetto Health collects on self pay balances internally and with the assistance of EBOs.

2. Prisma Health-Midlands may engage in the following Extraordinary Collection Actions (ECAs):
   2.1 Reporting adverse info to credit reporting agencies or credit bureaus through our bad debt collection agencies
   2.1.1 Deferring, denying, or requiring a payment before providing medical care because of non-payment of a previous bill

3. Prisma Health-Midlands routinely engages in the following non-ECAs:
   3.1 Writing off an account to bad debt
   3.1.1 Sending a patient a bill
   3.1.2 Calling a patient by telephone to make reasonable inquiries
   3.1.2.1 Charging interest on medical debt (through AccessOne)
   3.1.2.1.1. Requiring payment (partial or full) prior to providing care for an upcoming service
   3.1.2.2 Bankruptcy claims—filing in bankruptcy proceeding

4. Accounts that are transferred to the collection agency partners will receive the following types of follow-up:

   **4.1 Letters:** All accounts will receive a minimum of two letters.
   4.1.1. **Phone Calls:** Accounts with valid phone numbers will receive periodic calls to determine individual ability to pay or any other important details that may be critical to the collections process.

5. Once accounts have been placed with collection agency partners, the customer will be given a set time frame to pay the account in full. If the account has not been paid in full within the time frame established by the hospital and the agency, the account will be then listed with the appropriate credit bureaus as a delinquent account. The collection agency partners will allow monthly payments if needed and will be responsible for updating all payments with the appropriate credit bureaus. This is done in an effort to keep the customer’s credit file current and accurate. Monthly payment plans **will not prevent** the account from being listed with the credit bureau(s). The only way that the credit bureau listing can be prevented is if the customer pays the entire amount of the account within the given time frame.

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6. Once accounts have been placed with an outside agency partner, the accounts are generally not closed and returned to the hospital. Circumstances where an account may be closed and returned to the hospital could be as follows:

   6.1 Due to a patient complaint issue.
       6.1.1 Due to a charity approval.
       6.1.2 Due to the request of hospital administration.
           6.1.2.1 For Medicare Cost Report consideration.

7. Overall agency performance is reviewed routinely.

References:
N/A

Appendices:
N/A