

SECTION	Billing Office	APPROVED BY	Chief Financial Officer
POLICY	Patient Billing & Collections	ADOPTED DATE	Nov 17, 2021
POLICY #	12.39	NEXT REVIEW DATE	September 2027
REVISED DATE	March 18, 2026	REVIEWED DATE	March 18, 2026
		BOARD APPROVAL	March 18, 2026

PATIENT BILLING & COLLECTIONS

POLICY

Bucksport Regional Health Center (BRHC) maintains billing and collection practices that ensure no patient is denied services due to inability to pay, consistent with Section 330 requirements and HRSA Compliance Manual Chapters 9 and 16.

BRHC applies its board-approved Sliding Fee Discount Program (SFDP) uniformly to all eligible patients for all in-scope services, and maintains a fee schedule based on locally prevailing rates and BRHC's cost of operations.

BRHC makes every reasonable effort to collect reimbursement from Medicare, Medicaid, CHIP, and other third-party payors before billing patients, as required. Co-payments are the responsibility of the patient.

SCOPE

This policy applies to:

- All BRHC departments providing services within the HRSA-approved scope of project
- All BRHC patients, regardless of insurance status
- All BRHC billing, collections, and patient financial communications

DEFINITIONS

- **Sliding Fee Discount Program (SFDP):** BRHC's structured schedule of discounts applied to its board-approved fee schedule, based on family size and income using the most recent Federal Poverty Guidelines.
- **Fee Schedule:** Charges based on reasonable cost and locally prevailing rates.
- **Nominal Charge:** A small patient responsibility applied only to those at or below 100% FPG; this is not a co-pay or minimum fee.

RESPONSIBILITIES

Patient Account Representative (PAR)

- Verifies insurance eligibility prior to or at the time of each visit.
- Documents required financial information and identifies missing proof for SFDP or insurance.
- Ensures billing alerts and financial notes are entered accurately.

Patient Services Representatives (PSR)

- Screens patients for SFDP eligibility at intake and annually thereafter.

SECTION	Billing Office	APPROVED BY	Chief Financial Officer
POLICY	Patient Billing & Collections	ADOPTED DATE	Nov 17, 2021
POLICY #	12.39	NEXT REVIEW DATE	September 2027
REVISED DATE	March 18, 2026	REVIEWED DATE	March 18, 2026
		BOARD APPROVAL	March 18, 2026

- Communicates patient cost expectations transparently.

PROCEDURES

A. Insurance Billing

1. BRHC accepts assignment of benefits for all participating insurance plans and bills all claims in a timely manner.
2. For Medicare, Medicaid, CHIP, and private insurance, BRHC makes every reasonable effort to obtain full reimbursement without applying discounts prior to billing patients.
3. Claims denied due to patient ineligibility, coordination of benefits, or non-covered services are billed to the patient.

B. Sliding Fee Discount Program (SFDP)

1. All patients are assessed for SFDP eligibility at least annually, or more frequently when financial circumstances change.
2. SFDP applies uniformly to all in-scope services and is not affected by insurance status (patients with insurance may receive discounts on allowable patient balances).
3. BRHC uses current Federal Poverty Guidelines to determine discount eligibility; family size and income must be documented.
4. Patients unable to provide income documentation may receive temporary/sliding fee provisional eligibility consistent with BRHC policy, with follow-up required.
5. BRHC maintains a nominal charge for ≤100% FPG only if approved by the Board and demonstrably “nominal” to patients.

C. Patient Payment Expectations

1. No patient will be denied services due to inability to pay.
2. Patients with insurance are expected to pay:
 - Copayments at the time of service
 - Deductible/co-insurance amounts after adjudication

SECTION	Billing Office	APPROVED BY	Chief Financial Officer
POLICY	Patient Billing & Collections	ADOPTED DATE	Nov 17, 2021
POLICY #	12.39	NEXT REVIEW DATE	September 2027
REVISED DATE	March 18, 2026	REVIEWED DATE	March 18, 2026
		BOARD APPROVAL	March 18, 2026

- Costs for non-covered services
 - Nominal fee, if applicable
3. Uninsured patients or those not enrolled in SFDP are expected to:
 - Pay at time of service, OR
 - Request a payment plan
 4. BRHC may provide a prompt-pay discount, provided it does not function as a barrier to care or conflict with SFDP.

D. Collections Practices

1. BRHC must ensure all billing and collections efforts do not create financial barriers to care or discourage future access.
2. BRHC engages in reasonable, non-coercive collection efforts including reminder statements and phone calls.
3. Use of external collection agencies must explicitly prohibit:
 - Denial of future services
 - Harsh or coercive tactics
4. Accounts may be referred to collections only after:
 - Insurance adjudication
 - Application of SFDP
 - Documentation of reasonable follow-up attempts

Reference Policy 12.29 Collections Operating Policies & Procedures.

E. Patient Communication Requirements

1. BRHC informs patients of the SFDP, eligibility criteria, and availability of financial assistance:
 - Posted prominently in the lobby
 - Included on the website
 - Provided at check-in and upon request
 - Explained verbally when appropriate
2. All billing statements must:
 - Be clear and easy to understand

SECTION	Billing Office	APPROVED BY	Chief Financial Officer
POLICY	Patient Billing & Collections	ADOPTED DATE	Nov 17, 2021
POLICY #	12.39	NEXT REVIEW DATE	September 2027
REVISED DATE	March 18, 2026	REVIEWED DATE	March 18, 2026
		BOARD APPROVAL	March 18, 2026

- Show insurance payments, adjustments, patient responsibility
- Include contact information for financial assistance

F. Documentation & Recordkeeping

BRHC maintains documentation of:

- Insurance verification
- SFDP eligibility determinations
- Income and family size documentation
- Patient financial communications
- Payment plans and hardship determinations

All documentation must align with HRSA Site Visit Protocol expectations for Chapters 9 & 16.

G. Board Approval & Review

This policy and associated schedules (fee schedule, SFDS) must be:

- Approved by the BRHC Board of Directors
- Reviewed annually or sooner if regulations or costs change

HRSA requires board-approved fee schedule and discount schedules.