
	Procedure Number:
	Effective Date: 01/01/2024
	Title: Extraordinary Collections policy

SCOPE (choose from: District wide, Family Medicine, Hospice, Hospital): District Wide	
LEVEL (any departments within service areas that the procedure applies to): Patient Financial Services Dept.	
PURPOSE: <i>To establish the extraordinary collection process to comply with the Department of Health's rules and the requirements of State regulations.</i>	
Reasonable Efforts and Extraordinary Collection Actions (ECAs) <ol style="list-style-type: none"> Before engaging in ECAs to obtain payment for care, Klickitat Valley Health must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy: <ol style="list-style-type: none"> ECAs may begin only when 120 days have passed since the first post-discharge statement was provided. However, at least 30 days before initiating ECAs to obtain payment, Klickitat Valley Health shall do the following: <ol style="list-style-type: none"> Provide the individual with a written notice that indicates the availability of financial assistance, lists potential ECAs that may be taken to obtain payment for care, and gives a deadline after which ECAs may be initiated (no sooner than 120 days after the first post-discharge billing statement and 30 days after the written notice) Provide a plain-language summary of the FAP along with the notice described above Attempt to notify the individual orally about the FAP and how he or she may get assistance with the application process After making reasonable efforts to determine financial assistance eligibility as outlined above, Klickitat Valley Health (or its authorized business partners) may take the following ECA to obtain payment for care: <ol style="list-style-type: none"> Report adverse information to credit reporting agencies and/or credit bureaus If a patient has an outstanding balance for previously provided care, Klickitat Valley Health may engage in the ECA of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken: <ol style="list-style-type: none"> Klickitat Valley Health provides the patient with an FAP application and a plain language summary of the FAP Klickitat Valley Health provides a written notice indicating the availability of financial assistance and specifying any deadline after which a completed application for assistance for the previous care episode will no longer be accepted. This deadline 	POSITION(S) RESPONSIBLE <p>PFS Director</p> <p>Patient Acct Reps.</p> <p>Business Office Staff</p> <p>Registration Staff</p> <p>Director of Finance</p> <p>CEO</p>

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<p>must be at least 30 days after the notice date or 240 days after the first post-discharge billing statement for prior care—whichever is later.</p> <p>c. Klickitat Valley Health makes a reasonable effort to orally notify the individual about the financial assistance policy and explain how to receive assistance with the application process.</p> <p>d. Klickitat Valley Health processes on an expedited basis any FAP applications for previous care received within the stated deadline.</p> <p>4. Patient Financial Services is ultimately responsible for determining if an individual is eligible for financial assistance. This body also has final authority for deciding whether the organization may proceed with any of the ECAs outlined in this policy.</p>	
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