



FOR IMMEDIATE RELEASE

**Egyptian Regional Human Rights Authority
Chester Medical Clinic
Report of Findings
Case #21-110-9014
March 23, 2022**

The Egyptian Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission voted to pursue an investigation of Chester Medical Clinic after receiving the following complaints of possible rights violations:

Complaints:

1. Inappropriate denial of services

If the allegations are substantiated, they would violate protections under The Medical Patient Rights Act (410 ILCS 50/3) and The Fair Billings Act (210 ILCS 88).

Complaint Summary: The complaint alleges the individual was denied services due to an outstanding medical bill. Allegedly, the individual has no vehicle and there are no other doctors in town to treat the individual. Furthermore, the complaint alleges the facility was not willing to make a payment arrangement with the individual.

Investigation:

The HRA proceeded with the investigation after having received proper consent. To pursue the matter, the HRA met with staff and the program representatives were interviewed. Relevant practices, policies and sections of the consumer's record were reviewed.

Interviews:

On August 25th, 2021 the HRA spoke with Chester Medical Clinic staff regarding these complaints. Staff stated Chester Medical Clinic is associated with Memorial Hospital. They see approximately 2,000 patients a month. Staff were not sure how many patients are seen for mental illness. Chester Medical Clinic offers discounts for patients who do not have insurance. Proof of income is required for a discount and the discount is based on a sliding fee scale. However, any unpaid balance is forwarded year to year until the balance is paid off. The sliding scale fee policy is posted in the front office for patients to see.

Chester Medical Clinic does not offer mental health assessments or counseling. If a patient is needing a mental health assessment, they are referred to the emergency room or a local mental health agency. Chester has both a hospital and clinic in town. The next medical office is less than 15 minutes away. The individual was never seen by a clinic physician for psychiatric medicine.

Staff stated the individual was discharged as a patient of the clinic in 2014. However, the individual had been seen in the hospital emergency department after being discharged as a clinic patient. The individual was discharged as a patient of the clinic because she repeatedly did not show up for her appointments. Furthermore, the individual did not call to cancel her appointments. Staff stated patients can call up to one hour prior to the start of an appointment to cancel. However, the individual did not call in or show up for multiple appointments.

Staff stated the individual was seen at the hospital while she was in jail in 2013, 2014 and 2015. The individual was seen in the hospital as a jail patient after she was discharged as a regular patient from the clinic. The individual did not have any bills for her visits to the hospital while in jail. However, when the individual was discharged as a patient in 2014, she did have an outstanding balance of \$116. The individual's account was sent to collections but was never paid.

In July 2020, the individual had an appointment for medication refill. However, the individual could not be seen in the office due to the individual having a fever and her COVID-19 test results were not back. The individual was referred to another local hospital for her medication. This appointment was the only appointment for the patient in at least 18 months.

In October 2020 the individual called to try and re-establish as a patient of the clinic. The doctor stated he would take the individual back as a patient if she paid her balance of \$116. Staff stated they attempted to make payment arrangements with the individual, but she never returned their calls.

Policy Review:

The HRA received a copy of Memorial Hospital's "Office of Civil Rights Section 1557- Non-discrimination Notice" policy which stated "Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, sexual orientation, gender identity, or sex. Memorial Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, sexual orientation, gender identity, or sex..."

The HRA reviewed Memorial Hospital's collection policy which stated "...If patient requests office visit, but account is not current (no payment in last 30 days), patient will be asked to make a payment on outstanding debt. If the patient is unable to pay towards the balance, he/she will be given a onetime visit without payment and the Financial Services Representative will discuss setting up payment arrangements and or the Memorial Hospital's sliding fee scale program. If the patient makes an appointment after his/her one time visit and is still unable to make a payment towards the past balance, the Financial Services Representative will follow the Patient Accounts Workflow for Dismissing Clinic Patients for Non-Payment. This workflow consists of calling the patient, sending a warning letter, and submitting dismissal letter to Primary Care Provider. The primary care physician will decide if he/she feels the patient needs continued care or should be dismissed from the practice for non-payment on account..."

The HRA reviewed the "Patient Accounts Workflow for Dismissing Clinic Patients for Non-Payment" policy that states "Patients experiencing the following cannot be dismissed: anxiety issues, receiving services for a terminal illness, follow-up to an ER visit, follow-up visit to an inpatient visit, post-operative visit...Hospital balances should not be included on the notice to the physician and especially not on the dismissal letter to the patient. The hospital cannot dismiss a patient, Emergency and Urgent/Stat Services are always available..."

The HRA reviewed Memorial Hospital's "Self-Pay Billing Procedures and Patient Inquiry Response Process" policy which states "...When the patient calls Patient Accounts to set-up a payment plan, the following sliding scale is used to evaluate a primary payment request. Patient accounts requests the balance is paid in full within 12 months. We will work with each patient and accept a lower primary payment and/or monthly payment if they cannot pay requested amounts..."

Lastly, the HRA reviewed Memorial Hospital's "Point of Service Collections- Patient Accounts Collection Policy" which states "...The registration staff shall inform patients of the Hospital's Registration, Billing and Collection policies when a patient is registered, explaining the procedures or directing the patient to see the Patient Accounts Specialist. Patients who are self-pay or who have bad debts will be asked to make payments on their account and/or be referred to a Patient Accounts Specialist when they arrive for medical services. Registration staff should also view the registration notifications to see if any bad debts exist for the patient. If bad debt exists, the patient should be directed to speak with Patient Account Specialist...Patients with outstanding balances will be referred to the Patient Accounts Specialist before elective tests are scheduled. If the patient does not pay the minimum balance upfront, the procedure will be rescheduled. If a patient indicates the inability to pay the minimum balance upfront, he/she can complete a financial need application..."

Records Review:

The HRA reviewed a letter which was certified mailed to the individual. However, there is no date on the letter. The letter states "The ability to provide quality medical care depends upon mutual respect, honesty and a willingness on the part of the patient to follow through with recommendations made by the physician and his/her staff. You have developed an established patterns of No-show appointments (scheduled appointments that you did not keep and for which you did not notify our office of cancellation). Therefore, we are no longer willing to schedule appointments for you with our providers, and it will be necessary for you to make other arrangements for your medical care..."

The HRA reviewed a list of appointments for the individual from July 2013 to June 2015. There were 16 total appointments listed and the individual did not show up for 5 of the appointments. The record indicated that the individual showed up for the other 11 appointments.

The HRA received a reminder list from 2014 for the individual which stated on 5/6/14 "This PT is dismissed however she does owe the \$116 so I called and had to leave a message. Sending recollect letter for \$116...if no pmt made call pt." Furthermore on 5/13/14 it stated "ck to see if pt called back and or made pmt if not adj to collections \$116."

The HRA reviewed the comment list for the patient. On 1/16/2014 the comment stated "sending letter of dismissal out to pt certified today. Enclosed area drs letter and med rec request form put note on alert screen." Another comment dated 10/13/2020 stated "Pt called asking to be re established as a pt, however she is unable to pay the \$116.00 owed. She was dismissed in May 2014 for non pmt and hasn't made a pmt at all. I let her know as I would need to speak to the dr and see if they will take her back with no pmt she said she could ask her parents if they would help her as well. I let her know to do that and I would call her back." Furthermore, on 10/21/2020 the comment stated "called pt back to let her know she needs to pay in full her past due balance before she comes in. She states she will get it paid within 2 weeks. I gave her my phone # and ext asking her to call me when she is able to pay. She states she will."

The HRA reviewed a note for a phone call dated 7/13/2020 which stated "Spoke with patients mother regard her appt today with [staff] for medication refill. Informed mother that [staffs] nurse reviewed patients' chart and seen where pt had a fever of 101.6 x2 days ago and was tested for

COVID, results not back yet. I informed mother with pt just being tested and results not back [staff] did not feel comfortable bring pt into clinic for medication refill for psych meds. [Staff] suggested pt to be taken to [another local hospital] for further psych eval. Gave mother appropriate information to get ahold of [local behavior health center] to contact them. Informed her that if she needed further information to contact our office back.”

Conclusions

Complaint 1. Inappropriate denial of services

The Medical Patient Rights Act (410 ILCS 50/3) states “(a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law.

The Fair Billing Act reads “(a) The purpose of this Act is to advance the prompt and accurate payment of health care services through fair and reasonable billing and collection practices of hospitals. ... (3) Hospitals should employ responsible standards when collecting debt from their patients. (4) Patients should be provided sufficient billing information from hospitals to determine the accuracy of the bills for which they may be financially responsible. (5) Patients should be given a fair and reasonable opportunity to discuss and assess the accuracy of their bill. (6) Patients should be provided information regarding the hospital’s policies regarding financial assistance options the hospital may offer to qualified patients. (7) Hospitals should offer patients the opportunity to enter into a reasonable payment plan for their hospital care. (8) Patients have an obligation to pay for the hospital services they receive” (210 ILCS 88/5) and “If a hospital bills a patient for health care services, the hospital shall provide with its bill the following information: (1) the date or dates that health care services were provided to the patient; (2) a brief description of the hospital services; (3) the amount owed for hospital services; (4) hospital contact information for addressing billing inquiries; (5) a statement regarding how an uninsured patient may apply for consideration under the hospital’s financial assistance policy on or with each hospital bill sent to an uninsured patient; and ...” (210 ILCS 88/20). The Act also reads “(b) A hospital may not refer a bill, or portion thereof, to a collection agency or attorney for collection action against the insured patient, without first offering the patient the opportunity to request a reasonable payment plan for the amount personally owed by the patient. Such an opportunity shall be made available for the 30 days following the date of the initial bill. If the insured patient requests a reasonable payment plan, but fails to agree to a plan within 30 days of the request, the hospital may proceed with collection action against the patient” (210 ILCS 88/30).

The individual was a patient of Chester Medical Clinic but was dismissed as a patient in 2014. There is conflicting information on why the individual was dismissed as a patient. The HRA reviewed a certified letter, which was not dated, stating the individual was being dismissed as patient due to her pattern of not showing up for appointments. However, a comment on the individual’s account stated “...She was dismissed in May 2014 for non pmt and hasn’t made a pmt at all.” In July 2020 the individual had an appointment for a medication refill. However, the individual had a fever and her COVID-19 test results were not back, so Chester Medical Clinic referred the individual to a local hospital for a psychiatric evaluation. In October 2020 the individual called to re-establish as a patient with Chester Medical Clinic and was informed she had an outstanding balance of \$116.00. According to the records the individual advised she was unable to pay her balance. There is nothing documented in the record showing that staff informed the individual of her financial options. The Fair Billing Act (210 ILCS 88) indicates that a patient

should be allowed financial assistance if they are unable to pay. The HRA recognizes the individual did advise, on the follow up call, that she would pay her balance in two weeks. However, the individual should have been informed of her financial options during the first call when she advised she was unable to pay her balance. Therefore, the Egyptian Human Rights Authority concludes that the consumer's rights were violated and the complaint of inappropriate denial of services is **substantiated**.

The Human Rights Authority makes the following **recommendations**:

1. Chester Medical Clinic follow up with the individual to arrange a payment plan and allow the individual to re-establish as a patient of Chester Medical Clinic.
2. Chester Medical Clinic train staff on the importance of informing or offering patients financial assistance per their policies and the Fair Billing Act and provide evidence to the HRA.

The HRA **strongly suggests** that Chester Medical Center develop policies and procedures on how individuals may re-establish as a patient. Furthermore, the HRA **strongly suggests** Chester Medical Center date all letters sent to patients. Additionally, the HRA **strongly suggests** Chester Medical Center follow their policy and speak with patients to set up payment plans before sending a bill to collections. Lastly, the HRA **strongly suggests** Chester Medical Center document when patients are offered or informed of financial assistance.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

EGYPTIAN REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO: 21-110-9014

SERVICE PROVIDER: Chester Medical Clinic

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et se.*), we have received the Human Rights Authority report of findings.

IMPORTANT NOTE

Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.

We ask that the following action be taken:

We request that our response to any recommendations/s, plus any comments and/or objections be included as part of the public record.

We do not wish to include our response in the public record.

No response is included.



NAME

CEO

TITLE

02/15/2022

DATE



MEMORIAL HOSPITAL

Chester Clinic
2319 Old Plank Road
Chester, Illinois 62233
Phone: 618-826-2388
Clinical Fax: 618-826-5139
Administrative Fax: 618-826-3350

Steeleville Family Practice
602 W. Shawneetown Trail
Steeleville, IL 62288
Phone: 618-965-3382
Clinical Fax: 618-965-9561
Office Fax: 618-965-2062

February 16, 2022

RECEIVED

FEB 18 2022

IGAC
EGYPTIAN OFFICE

Mr. Paul Jones, Chairperson Egyptian Human Rights Authority
Egyptian Regional Office
#7 Cottage Drive
Anna, Illinois 62906-1669

RE: HRA Case #21-110-9014

Dear Mr. Jones,

Thank you for the opportunity to respond to your investigation findings. Below is a summary of actions taken in response to the report recommendations and suggestions.

Actions to address HRA recommendations

1. Payment plan and letter to re-establish:
 - a. The outstanding balance \$116 from 2014 has been courtesy adjusted. A payment plan with patient will not be required.
 - b. Memorial Hospital CFO called patient 2/7/22 to obtain updated address to send patient letter to re-establish. The voice mailbox was full, therefore CFO was unable to leave message. CFO attempted to call patient 2/15/22 and received busy tone. A note was entered in Cerner (electronic medical record) Revenue Cycle timeline to document attempts to reach patient.
 - c. Memorial Hospital RHC Director wrote a letter to patient offering to re-establish care. The letter was dated and mailed on 2/16/2022 to address on file.
 - d. Memorial Hospital RHC Nurse Manager added chart alert in Cerner Revenue Cycle where appointments are scheduled, and a Sticky Note in Powerchart reflecting patient has been approved to re-establish care.
2. Staff training:
 - a. RHC Director assigned "RHC Financial Policy" to RHC billing staff to review in Policytech (electronic policy manual).
 - b. CFO sent email to Patient Accounts staff 1/28/2022 reminding to document all conversations and always offer payment plans and financial assistance applications to patients.

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- c. CFO assigned policies "Rev Cycle – Patient Accounts Workflow for Dismissing Clinic Patients for Non-Payment Policy" and "Rev Cycle Point of Service Collections – Patient Accounts Collection Policy" to Patient Accounts staff to review in Policytech.
- d. A Policytech assignment completion report has been provided as evidence of staff completion. Report enclosed.

Actions to address HRA suggestions:

1. Policy to re-establish care: CFO revise "Rev Cycle - Patient Accounts Workflow for Dismissing Clinic Patients for Non-Payment" adding process to re-establishing care. Patient Accounts staff assigned to read updated policy in Policytech as noted above.
2. Date all patient letters: Patient letters created in Cerner use letter template. The template includes date at top of letter. Cerner time stamps bottom of letter with date/time letter created and saves copy in medical record. Any letters created manually (outside of Cerner) include date and copy is scanned into Cerner for documentation.
3. Follow policy payment plan: Patient Accounts staff were reminded to always offer payment plans and financial assistance applications in email sent by CFO 1/28/2022. Related policies were assigned by CFO and RHC Director in Policytech as noted above.
4. Document offered financial assistance: Patient Accounts staff were reminded to document all conversations in email sent by CFO 1/28/2022. Related policies were assigned in Policytech as noted above.

Enclosed you will find signed form indicating our request to include our response as public record.

Sincerely,

Donna Martin | RHC Director | Memorial Hospital
Chester Clinic | Steeleville Family Practice
2319 Old Plank Rd | Chester, IL 62233 | 618.826.2388 x 5130

Enclosures: 2