

Title: <b>Patient Payment</b>		<b>Policy</b>			
<b>Patient Age Group:</b>	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

**POLICY STATEMENT**

All patients who receive medical services at the UNM Health Sciences Center will be required to pay for those medical services. This payment liability can be met through the patient’s private insurance or government reimbursement programs. However, any remaining unpaid balance owing to the UNM Hospital will be the patient’s obligation to satisfy.

A patient whose financial liability is not satisfied by the patient’s private insurance or enrollment in government reimbursement programs, may be eligible for either UNM HSC’s financial assistance program or a discount.

UNM HSC will abide by the federal Emergency Medical Treatment and Labor Act (EMTALA) in providing care to patients at UNM Hospitals.

UNM Hospital will abide by Medicare Provider Reimbursement Manual Chapter III, Section 310, entitled “Reasonable Collection Effort” as well as Chapter III, Section 312, entitled “Indigent or Medically Indigent Patients.”

**APPLICABILITY**

This policy pertains to all UNM HSC Hospitals and Clinics including UNM Medical Group and the UNM Comprehensive Cancer Center.

**POLICY AUTHORITY**

Chief Executive Officer

**REFERENCES**

**IMPLEMENTATION PROCEDURES**

A patient scheduled to receive non-emergent, medically necessary medical care may be required to make a down or co-payment in advance for the medical care or procedure. This down or co-payment requirement is subject to the UNM Hospital Financial Assistance Policy and the UNM Hospital Discount Program Policy. Patients with coverage under commercial insurance, coverage by a HMO, and/or coverage by an MCO (including Centennial Care MCOs) are required to pay co-payments and/or co-insurance payments as required under their plan of coverage. Patients who are unable to make a down or co-payment at the time for service will be triaged by the medical provider to determine if the visit or procedure is medically necessary care. Patients can, and are strongly encouraged to, negotiate, establish, and make payment plan arrangements for monthly payments for their Patient Payment Responsibility, which shall be interest-free. The table below shows -- dependent upon the program -- how down and co-payments will be applied:

---

Title:  
Owner:  
Effective Date:  
Doc. #

Income Level (% of FPG)	Applicable Program	Asset Level	Type of Visit/Procedure		
			Clinic Visit Co-Pay	Emergency Dept. Diagnostics Co-Pay	Inpatient Stay, Day Surgery Co-Pay
0-100%	Financial Assistance/Discount Program	\$20,000	\$5	\$10	\$25
101% – 200%	Financial Assistance/Discount Program	\$20,000	\$10	\$20	\$75
201% - 300%	Financial Assistance/Discount Program	\$20,000	\$20	\$75	\$300

Patients must apply for, provide the information required under the Financial Assistance Policy and the Discount Program Policy (as applicable), and be determined to be eligible to participate for either one of these programs before these down or co-payment amounts can be applied. Patients are responsible for the balance of accounts after financial assistance eligibility has been determined and/or all discounts have been taken. Patients with multiple accounts may request that all accounts be combined into a single account.

**EXTENDED BUSINESS OFFICE**

The UNM HSC will use an Extended Business Office (EBO) program to follow up on self-pay accounts and self-pay balances. The EBO has the authority to combine accounts and set up payment arrangements. If a patient is approved for financial assistance after an account has been referred to EBO, the account will be adjusted to financial assistance. Notwithstanding the foregoing, the EBO will not engage in any Extraordinary Collection Action for pursuit of any outstanding and unpaid amounts in respect of any accounts approved for financial assistance under the Financial Assistance Policy and/or any accounts approved for indigent status under the Discount Program Policy.

**COLLECTION AGENCIES**

The UNM HSC will engage and use one or more collection agencies to follow up on unpaid patient accounts after a six-month period in which a patient has an unpaid balance or has not met agreed upon payment arrangements for three consecutive months. The collection agency shall not be allowed to commence litigation or otherwise pursue judgments on accounts, place liens on patient’s property, charge patients for attorneys’ fees or charge interest on any outstanding balance. Accounts approved for financial assistance will not be assigned to a collection agency for pursuit of any outstanding and unpaid co-pay amounts. Similarly, accounts approved for indigent status will not be assigned to a collection agency for pursuit of any outstanding and unpaid amounts. Patients who do not apply for or provide the necessary information to enable UNM Hospital to determine their eligibility either for financial assistance under the Financial Assistance Policy or indigent status under the Discount Program Policy, will not be eligible to be exempted from referral to the collection agencies.

The collection agency will strictly follow all applicable state and federal laws including, without limitation, the federal Fair Debt Collections Practices Act and the regulations promulgated thereunder.

---

Title:  
Owner:  
Effective Date:  
Doc. #

## DEFINITIONS

In this policy, the following terms shall have the meanings set forth below:

**Extraordinary Collection Action:** An “Extraordinary Collection Action” is any of the following:

- (i) Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
- (ii) selling a Patient’s debt to the Hospital to another party, including without limitation to a Collection Agency;
- (iii) reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau;
- (iv) seizing a bank account;
- (v) causing an arrest in connection with collection of a debt;
- (vi) wage garnishment;
- (vii) lien on a residence or other personal or real property;
- (viii) foreclosure on real or personal property;
- (ix) delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or
- (x) obtaining an order for examination.

Extraordinary Collection Actions do not include the assertion of, or collection under, a lien asserted under the New Mexico Hospital Lien Act. Further, filing a claim in a bankruptcy proceeding is not an Extraordinary Collection Action.

**Uninsured Patient:** An “Uninsured Patient” is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

**Billed Charges:** “Billed Charges” are the undiscounted amounts that a Hospital customary bills for items and services.

**Patient Payment Responsibility:** “Patient Payment Responsibility” is the amount that a Patient is responsible to pay out-of-pocket after the patient’s third-party coverage has determined the amount of the patient’s benefits, after eligibility is determined under the Financial Assistance Policy, and/or after any discount is applied under the Discount Program Policy.

**Federal Poverty Guidelines or FPG:** Guidelines developed by the U.S. Department of Health & Human Services on an annual basis. Levels are determined by the number of members in an individual’s household and their annual income.

**Medically Necessary Care:** “Medically necessary care” shall have the meaning ascribed to those terms under the regulations adopted by the New Mexico Human Services Department in respect of the Medical Assistance program, specifically, NMAC § 8.302.1.7.

**SUMMARY OF CHANGES**

This policy replaces: UNMH Financial Assistance Policy Effective dated 10/30/2015.

**RESOURCES/TRAINING**

Resource/Dept	Contact Information
Patient Financial Services	<a href="http://hospitals.unm.edu/pfs/">http://hospitals.unm.edu/pfs/</a>

**DOCUMENT APPROVAL & TRACKING**

Item	Contact	Date	Approval
<b>Owner</b>	UNMH Board of Trustees		
<b>Committee(s)</b>	UNMH Board of Trustees Quality and Safety Committee		Y
<b>Legal (Required)</b>	Scot Sauder, HSC		Y
<b>Official Approver</b>	Christine Glidden, Secretary		Y
Official Signature			
Effective Date	[Day/Mo/Year]		
Origination Date	12/9/2009/ 11/1999, 03/2005 , 02/2010, 10/2015 respectively		
<b>Issue Date</b>	Clinical Operations Policy Coordinator		

**ATTACHMENTS**

*None*