Mee Memorial Healthcare System

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Owner:	*Letty Trujillo: Manager of PFS*
Area:	*Patient Financial Services*
Standards & Regulations:	
Sub Areas:	

Billing and Collections

POLICY:

After patients have received services, it is the policy of Mee Memorial Healthcare System ("Mee Memorial") to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up. Mee Memorial Healthcare System will not engage in any Extraordinary Collection Actions, as defined herein, against an individual to obtain payment for care before Mee Memorial has made reasonable efforts to determine whether the individual is eligible for financial assistance under Mee Memorial's Financial Assistance Policy, as also defined herein. This policy is intended to comply with Section 501(r) of the Internal Revenue Rode and regulations promulgated thereunder and shall be interpreted and applied in accordance with such regulations.

PURPOSE:

It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction, and efficiency. Through the use of billing statements, written correspondence, and phone calls, Mee Memorial Healthcare System will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts. Additionally, this policy requires Mee Memorial Healthcare System to make reasonable efforts to determine a patient's eligibility for financial assistance under Mee Memorial Healthcare System's financial assistance policy before engaging in extraordinary collection actions to obtain payment.

DEFINITIONS:

Extraordinary Collection Actions (ECAs): A list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in Section II of this policy below and include actions such as reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions such as garnishing wages.

Financial Assistance Policy (FAP): A separate policy that describes Mee Memorial Healthcare System's financial assistance program—including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an

individual is eligible for financial assistance under Mee Memorial Healthcare System's financial assistance policy. In general, reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance as well as providing individuals with written and oral notifications about the FAP and application processes.

PROCEDURE:

I. **Billing Practices**

A. **Insurance Billing**

1. For all insured patients, Mee Memorial Healthcare System will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, Mee Memorial Healthcare System will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim.
4. If resolution does not occur after prudent follow- up efforts, Mee Memorial Healthcare System may bill the patient or take other actions consistent with current regulations and industry standards.

B. **Patient Billing**

1. All uninsured patients will be billed directly and timely, and they will receive a statement as part of the organization's normal billing process.
2. For insured patients, after claims have been processed by third-party payers, Mee Memorial Healthcare System will bill patients in a timely fashion for their respective liability amounts as determined by their insurance benefits.
3. Mee Memorial Healthcare System shall not bill a patient for any amount that an insurance company is obligated to pay.
4. All patients may request an itemized statement for their accounts at any time.
5. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days (if possible) and will hold the account for at least 30 days before referring the account for collection.
6. Mee Memorial Healthcare System may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.
7. Patient Financial Services Management has the authority to make exceptions to this policy on a case-by-case basis for special circumstances.
8. Mee Memorial Healthcare System is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

II. Collections Practices

A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this Billing and Collections Policy, Mee Memorial Healthcare System may engage in collection

activities—including extraordinary collection actions (ECAs)—to collect outstanding patient balances at the discretion of the Chief Financial Officer or his/her/their designee.

1. General collection activities may include [follow-up calls on statements]
2. Patient balances may be referred to a third party for collection at the discretion of Mee Memorial Healthcare System. Accounts will be referred for collections only with the following caveats:
    a. There is a reasonable basis to believe the patient owes the debt.
    b. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
3. Mee Memorial Healthcare System will not refer accounts for collection while a claim on the account is still pending payer payment; however, Mee Memorial Healthcare System may classify certain claims as "denied" if such claims are stuck in "pending" mode for an unreasonable length of time despite efforts to facilitate resolution.
4. Mee Memorial Healthcare System will not refer accounts for collection where the claim was denied due to a Mee Memorial Healthcare System error; however, Mee Memorial Healthcare System may still refer the patient liability portion of such claims for collection if unpaid.
5. Mee Memorial Healthcare System will not refer accounts for collection where the patient has initially applied for financial assistance or other Mee Memorial Healthcare System sponsored program and Mee Memorial Healthcare System has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated during the application process).
6. In determining the amount of a debt Mee Memorial may seek to recover from patients who are eligible under the hospital's charity care policy or discount payment policy, Mee Memorial may consider only income and monetary assets used to determine FAP eligibility. Mee Memorial may not utilize information obtained from tax returns or paystubs collected during the FAP process to pursue collection activities.

B. **Reasonable Efforts and Extraordinary Collection Actions (ECAs)**

1. Before engaging in ECAs to obtain payment for care Mee Memorial Healthcare System must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:
    a. ECAs may begin only when 180 days have passed since the first post-discharge statement was provided and either Mee Memorial has found the patient ineligible for Financial Assistance of the patient has not responded to any attempt to bill or offer Financial Assistance. At least 30 days before initiating ECAs to obtain payment, Mee Memorial Healthcare System shall do the following:
        i. 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 180 days after the first post-discharge billing statement and 30 days after the written notice).
        ii. Provide a plain-language summary of the FAP along with the notice described above Attempt to notify the individual verbally about the FAP and how he or she may get assistance with the application process.
        iii. Written notice will include the collection agency name that will take over collection attempts

if no response has been received within the specified timeframe listed in the letter.

b. After making reasonable efforts to determine financial assistance eligibility as outlined above Mee Memorial Healthcare System (or its authorized business partners) may take the following ECA to obtain payment for care:

i. Mee Memorial Healthcare System 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:

a. Mee Memorial Healthcare System provides the patient with an FAP application and a plain language summary of the FAP

b. Mee Memorial Healthcare System 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 must be at least 30 days after the notice date or 180 days after the first post-discharge billing statement for prior care—whichever is later.

c. Mee Memorial Healthcare System makes a reasonable effort to verbally notify the individual about the financial assistance policy and explain how to receive assistance with the application process.

d. Mee Memorial Healthcare System processes on an expedited basis any FAP applications for previous care received within the stated deadline.

e. Patient Financial Services is ultimately responsible for determining if an individual is eligible for financial assistance, and also has final authority for deciding whether the organization may proceed with any of the ECAs outlined in this policy.

III. Financial Assistance

A. All billed patients will have the opportunity to contact Mee Memorial Healthcare System regarding financial assistance for their accounts, payment plan options, and other applicable programs.

B. Mee Memorial Healthcare System's financial assistance policy is available free of charge. Patients can receive a copy by utilizing any of the below methods:

- In person at any registration location associated with Mee Memorial Healthcare System
- By calling the Billing Department at 831-385-7152 or 831-385-7294
- Contacting our Patient Financial Counselor at 831-386-7306
- Mailing a request to:

  Mee Memorial Hospital
  Attn: Patient Financial Services
  300 Canal Street
  King City, CA 93930

- Downloading application on our website at www.meememorial.com/patients-visitors/help-paying-your-bill
- Individuals with questions regarding Mee Memorial Healthcare System's financial assistance policy may contact Patient Financial Services at 831-385-7152 or 831-385-7294 or our Patient Financial Counselor at 831-386-7306

IV. Customer Service

A. During the billing and collection process, Mee Memorial Healthcare System will provide quality customer service by implementing the following guidelines:

1. Mee Memorial Healthcare System will enforce a zero-tolerance standard for abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
2. Mee Memorial Healthcare System will maintain a streamlined process for patient questions and/or disputes, which includes: The Patient Financial Services Customer Service phone number and the Compliance phone number patients may call, if warranted. Additionally, Patients are provided the Patient Financial Services business office address to which they may write. This information will remain listed on all patient bills and collections statements sent.
    a. After receiving a communication from a patient (by phone or in writing), Mee Memorial Healthcare System staff will return phone calls to patients as promptly as possible (but no more than two business days after the call was received) and will respond to written correspondence within 10 days, if possible.
    b. Mee Memorial Healthcare System logs all patient complaints related to billing in an incident management application.

Attachments

No Attachments

Approval Signatures

Approver	Date
Emily Emery-Shea: Chief Financial Officer	09/2025
Letty Trujillo: Manager of PFS	09/2025