

Methodist Le Bonheur Healthcare

BILLING AND COLLECTIONS POLICY FOR PATIENT RESPONSIBILITY ACCOUNTS

Tennessee — Methodist University Hospital, Methodist North Hospital, Methodist South Hospital, Methodist Germantown Le Bonheur Children's Hospital

Mississippi — Methodist Olive Branch Hospital

Type: Finance/Administrative

Facility: System

Purpose: The purpose of this policy is to set forth the actions that Methodist Le Bonheur Healthcare will take in the event of non-payment of the portion of patient accounts that are the responsibility of individual patients. This policy is also intended to ensure that reasonable efforts are made to determine whether an individual patient (or the person responsible for payment of the account) is eligible for assistance under the Methodist Le Bonheur Medical Financial Assistance Policy before extraordinary collection actions are taken to collect a patient account. This policy will be reviewed annually.

Scope: This policy covers billing and collections of uninsured accounts as well as the billing and collection of co-payments, co-insurance and deductibles. This policy, however, does not apply to patient accounts for which any third-party liability exists.

Definitions

- Plain Language Summary: means a written statement that describes the financial assistance offered by Methodist Le Bonheur Healthcare under the Medical Financial Assistance Programs for inpatient and outpatient hospital services and that contains the information required by § 501(r) of the Internal Revenue Code.
- Amounts Generally Billed ("AGB"): means the Gross Charges for Covered Services provided to individuals under the Level One and Level Two Medical Financial Assistance Program, multiplied by the AGB Percentage applicable to such services.
- AGB Percentage: means a percentage derived by dividing (1) the sum of all allowed amounts for Medically Necessary services provided paid during the Relevant Period by Medicare fee-for-service and all private health insurers as primary payors, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the forms of co-payments, co-

insurance or deductibles, by (2) the Gross Charges for such Medically Necessary Services. The AGB Percentage shall be calculated no later than September 1 of each year, for the most recent Relevant Period. The calculation of the AGB Percentage shall comply with the "look-back method" detailed in Treasury Regulation § 1.501(r)-5(b)(3). For the current relevant period beginning December 31, 2023 and ending on December 31, 2024, the AGB Percentage is 22% for our Tennessee hospitals and Mississippi - Olive Branch hospital.

- Application Period: Period of time a patient has to submit a completed application for financial assistance. For purposes of this policy, the application period begins on the date medical care is provided and ends no less than 240 days after the first billing statement following the date services are rendered or 30 days after the hospital provides a written notice to the patient outlining pending extraordinary collection actions.
- Billing Deadline: means the date after which Methodist Le Bonheur may initiate Extraordinary Collection Actions against a Responsible Individual who has failed to submit an application for financial assistance under the Medical Financial Assistance Programs. The Billing Deadline shall be specified in a written notice to the Responsible Individual at least 30 days before the deadline but no earlier than the last day of the Notification Period.
- Discount: For purposes of this policy, this term refers to a reduction in the amount that is due from the patient.
- Extraordinary Collection Actions: means any action taken against an individual related to obtaining payment on a Self-Pay Account that requires a legal or judicial process, or involves reporting adverse information concerning the Responsible Party to credit reporting agencies or credit bureaus. Extraordinary Collection Actions do not include efforts to perfect statutory liens or collect from third-party liability sources.
- FAP-Eligible Individual: means a Responsible Individual who is eligible for financial assistance under the Methodist Le Bonheur Medical Financial Assistance Programs regardless of whether the Responsible Individual has submitted an application for financial assistance under either of the medical financial assistance programs.
- Financial Assistance Policy: means the Methodist Le Bonheur Medical Financial Assistance Policy and the Level One, Level Two, and Medically Underinsured Medical Financial Assistance Programs established thereunder.
- J. Gross Charges: means the rates for Covered Services that are filed annually with the Tennessee Department of Health or other applicable state or federal agency. If rates are not required to be filed annually with any state or federal agency, then the Gross Charges will be the rates for Covered Services as set forth in the Charge Master for the hospital at the time the Covered Services are rendered.

- K.** Notification Period: means the period during which Methodist Le Bonheur must notify a Responsible Individual about its Financial Assistance Policy in order to have made reasonable efforts to determine if the person is an FAP-Eligible Individual. The Notification Period begins on the date medical services are first provided and runs through the 120th day after Methodist Le Bonheur provides the first billing statement to the Responsible Individual.
- L.** PFS: means Patient Financial Services, a department of Methodist Le Bonheur Healthcare, which is responsible for billing and collecting accounts for hospital services.
- M.** Responsible Individual: means the patient and any other individual having financial responsibility for a Self-Pay Account.
- N.** Patient Responsibility: means that portion of a patient account for which the patient or other Responsible Individual is individually responsible for payment net of any reductions or write-offs made pursuant to an approved application for assistance under the Level One, or Level Two Medical Financial Assistance Program, or Medically Underinsured Program.
- O.** Uninsured Patient: means a patient without the benefit of health insurance or government programs that may be billed for Covered Services provided to them and who is not otherwise excluded from this policy under Section II below. If a patient with the benefit of health insurance or government programs that may be billed for Medically Necessary Services has a claim denied, the patient will be deemed to be an Uninsured Patient.
- P.** Medically Underinsured: means any patient who has insurance and has a balance due greater than \$5,000 for any singular medical encounter.
- Q.** Self-Pay Account: means a patient who elects to not file their insurance plan or elects to be self-pay/private pay for another reason. These patients will follow the process outlined in section U of this policy.
- R.** Covered Services: means Medically Necessary inpatient and outpatient services received at a Methodist Le Bonheur hospital facility.
- S.** Medically Necessary: means those services required to identify or treat an illness or injury that is either diagnosed or reasonably expected to be Medically Necessary taking into account the most appropriate level of care. Depending on a patient's medical condition, the most appropriate setting for the provision of care may be a home, physician's office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be Medically Necessary, a service must:
1. Be required to treat an illness or injury;
 2. Be consistent with the diagnosis and treatment of the patient's condition;
 3. Be in accordance with the standards of good medical practice;

4. Not be for the convenience of the patient or the patient's physician; and
5. Be that level of care most appropriate for the patient as determined by the patient's medical condition and not the patient's financial or family situation.

Emergency Medical Services are deemed to be Medically Necessary.

- T. Emergency Medical Services: means the services necessary and appropriate to treat a medical condition that has resulted from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place patient's life in serious jeopardy, result in serious impairment to bodily functions or result in serious dysfunction of any bodily organ or part.
- U. Insured Patients (excluding governmental payors) who do NOT file their insurance:
 - Patients would receive a 60% discount from charges
 - Estimated payment is to be paid in full prior to services being rendered
 - We will not file insurance for this visit at a later time
- V. Package Plan
 - Patients who are scheduled for procedures (i.e. bariatric) and payment is required at the time services are rendered
 - Patients will not receive additional discounts or financial assistance policy will not apply to these encounters.

II. Policy

This policy is intended to comply with § 501(r) of the Internal Revenue Code and United States Treasury regulations promulgated thereunder. Subject to compliance with this policy and those federal laws and regulations, Methodist Le Bonheur Healthcare may take all legal actions, including Extraordinary Collection Actions, to obtain payment for medical services provided. This policy sets forth the processes and procedures to ensure that reasonable efforts are made to determine whether a Responsible Individual is FAP-Eligible and the steps Methodist Le Bonheur Healthcare will take before instituting any collection actions, including Extraordinary Collection Actions. In no event will Methodist Le Bonheur Healthcare, either directly or through any debt collection agency or other party to which the hospital has referred a patient account, engage in Extraordinary Collection Actions before making reasonable efforts to determine whether a Responsible Individual is eligible for assistance under Methodist Le Bonheur Healthcare's Medical Financial Assistance Policy.

A. Reasonable Efforts to Determine FAP Eligibility

1. All Uninsured Patients will be given the Financial Assistance Plain Language Summary, and application forms for assistance under the Financial Assistance Policy prior to discharge from the hospital facility.
2. At least four separate account statements, sent 30 days apart, shall be mailed to the last known address of each Responsible Individual before the end of the Notification Period. At least 120 days must elapse between sending the first and last of the four separate account statements. Each of the four separate account statements shall include the following:

- a. A summary of the hospital services and a listing of the visits covered by the statement; and
 - b. The amount required to be paid by the Responsible Individual; and
 - c. Notification of the availability of Medical Financial Assistance Programs
3. If during the Application Period patient has not completed a Financial Assistance Application or made satisfactory payment arrangements, then a statement will be sent informing the Responsible Individual about the Extraordinary Collection Actions that may be taken. Statement must be provided to the Responsible Party at least 30 days before the Billing Deadline.
4. All telephone calls to the Responsible Individual concerning the Self-Pay Account shall include notification concerning the Financial Assistance Policy and information regarding the application process.

B. Initiation of Extraordinary Collection Actions

1. In the event Extraordinary Collection Actions are authorized under this policy, PFS shall be authorized to report unpaid Self-Pay Accounts to credit reporting agencies and credit bureaus, and to file litigation in a manner consistent with applicable state laws.
2. Extraordinary Collection Actions may be commenced to obtain payment of Self-Pay Accounts only if the following conditions are met:
 - a. The Responsible Individual has failed to apply for assistance under the Financial Assistance Policy by the end of the Notification Period; and
 - b. PFS has confirmed that the Responsible Individual has received the 30-day written notice described in Section II.A.3 above.
 - c. PFS has made reasonable efforts to confirm that the Responsible Individual has income in excess of 250% of the Federal Poverty Guidelines.

OR

- d. The Responsible Individual has submitted a complete application for assistance under the Financial Assistance Policy and PFS has determined definitively that the Responsible Individual is ineligible for financial assistance and the account remains unpaid.

C. Effect of Incomplete Applications for Assistance under the Financial Assistance Policy or Application Submitted During the Application Period

If any Responsible Individual submits an incomplete application for financial assistance during either the Notification Period or the Application Period, or submits a complete application during the Application Period, then Extraordinary Collection Actions may not be initiated (if submitted during the Notification Period) or must be suspended (if submitted during the Application Period but after the initiation of Extraordinary Collection Actions) until each of the following conditions has been met:

1. PFS provides the Responsible Individual with written notice that the submitted application is incomplete and identifies the additional information or documentation required under the Financial Assistance Policy to complete the application for financial assistance. This written notice must include a copy of the Plain Language Summary; and
2. PFS provides the Responsible Individual with at least 30 days prior written notice of the Extraordinary Collection Actions that may be initiated if the application for financial assistance under the Financial Assistance Policy is not completed or payment is not made. The deadline for completion of the application, however, may not be set before the end of the Application Period; and
3. The Responsible Individual who submitted the incomplete application fails to complete the application by the end of the Application Period or the deadline set forth in the notice required by Section II.C.2 above;

OR

4. In the event a completed application for assistance under the Financial Assistance Policy is received after the Notification Period but during the Application Period, PFS determines definitively that the Responsible Individual is ineligible for financial assistance.

D. Miscellaneous Provisions

1. Free copies of this policy shall be made available to the public. Such free copies are available in each hospital facility's admissions or registration areas, on the Methodist Le Bonheur Healthcare website, and may be requested by mail.