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Owner Cecilia Haddrill:
Director, Patient
Access
Policy Area Patient Access
Applicability Memorial
Medical Center
of Las Cruces

UPFRONT POLICY 8.14

UPFRONT POLICY

1. Purpose

The purpose of this policy is to establish guidelines for upfront collections for healthcare services provided at Memorial Medical Center, ensuring financial sustainability while maintaining access to care for indigent and uninsured patients. This policy aims to:

- Ensure transparent and consistent financial practices.
- Support the organization's operational costs through appropriate collections.
- Ensure compliance with state and federal guideline such as Patient Debt Collection Practices Act, the Healthcare Funding Act, and the Indigent Hospital and County Health Care Act.

2. Definitions

- **Upfront Collection:** The process of collecting payments for medical services at the time of service or before delivery of care. This includes co-pays, deductibles, and payment option for those without insurance.
- **Payment Plans:** Structured arrangements for patients who are unable to pay the full amount upfront and need an option for payments made over time.
- **Indigent Patients:** Patients who demonstrate inability to pay for care through means such as income levels, lack of insurance, or state-assisted programs in compliance with New Mexico's guidelines for indigency.

3. General Principles

Memorial Medical Center recognizes the financial barriers that patients may have and commits to:

- Offering care without discrimination based on the patient's ability to pay.

- Collecting payments from patients in a manner that is consistent with New Mexico's Medicaid, indigent healthcare, and financial assistance programs.
- Providing clear communication and transparency regarding financial responsibilities.

4. Upfront Collections Process

4.1 Estimates of Financial Responsibility

- Memorial Medical Center will provide a good faith estimate of out-of-pocket costs based on the patient's insurance coverage or financial situation for any non emergent service. pursuant to the services provided.
- The organization will inform them of potential charges and eligibility for financial assistance or charity care.

1. Payment Requirements

- **Insured or Under-insured Patients:**
 - **Payment Collection:** An attempt for payments of co-pays, co-insurance, and deductibles will be based on patient's insurance benefit plan.
 - **Payment Plans:** If the patient qualifies for a payment plan, the terms of the plan (including monthly payment amount, payment frequency, and duration) will be explained. A written agreement will be signed by both parties. No patient will be denied care due to an inability to pay, but a reasonable payment arrangement must be made.
- **Insured opting out of insurance**
 - **Payment Collection:** An attempt for payment based on the facility flat fee rate will be made. A payment plan is not available for this option
- **Uninsured:**
 - **Eligibility Screening:** Uninsured or Under-Insured patients will be screened for eligibility for Medicaid, Patient Debt Collection Practices Act, the Healthcare Funding Act, and the Indigent Hospital and County Health Care Act excluding reference labs.
 - **Payment Plans:** If the patient qualifies for a payment plan, the terms of the plan (including monthly payment amount, payment frequency, and duration) will be explained. A written agreement will be signed by both parties. No patient will be denied care due to an inability to pay, but a reasonable payment arrangement must be made.
 - **Financial Assistance:** Indigent patients who meet financial criteria may qualify for full assistance, which will be determined through a financial needs assessment.
- **Emergency Care:**
 - Emergency services will be provided to all patients regardless of their ability to pay at the time of service, in accordance with the Emergency Medical Treatment and Labor Act (EMTALA). Payment collection for emergency services will occur after stabilization and discharge, where applicable.

4.3 Financial Assistance and Charity Care

- **Financial Assistance Programs:** Memorial Medical Center has a policy which outlines the financial assistance process, this policy is ADM policy 8.15. Please reference this policy for further information.
- Each case will be evaluated individually, with special consideration for vulnerable or underserved population

5. Compliance with State and Federal Regulations

- This policy complies with all applicable New Mexico state laws regarding indigent healthcare and Medicaid, as well as federal regulations such as the Affordable Care Act (ACA) and EMTALA.
- The organization will adhere to all confidentiality and privacy requirements under HIPAA when collecting and storing financial and personal information.

6. Training and Education

- Patient financial staff will be trained on the organization's financial policies, including the identification and assistance of indigent patients.
- Regular training will be conducted as Memorial Medical becomes aware of the latest changes in New Mexico state law, Medicaid regulations, and federal requirements for indigent care.

7. Policy Enforcement

- Failure to adhere to this policy is subject to any applicable People Services policies regarding job performance.

8. Review and Updates

- This policy will be reviewed and updated as needed.

Approval Signatures

Step Description	Approver	Date
CFO	Laura Thomas: Chief Financial Officer, Facility	10/2025
Controller	Brenda Tibbs: Controller	06/2025

Applicability

Memorial Medical Center of Las Cruces