

**NORTH MISSISSIPPI HEALTH SERVICES
CHARITY CARE POLICY AND APPLICATION GUIDELINES**

POLICY

North Mississippi Health Services' (NMHS) policy for its system of providers is to provide medically necessary health care services for patients in its service area as defined by NMHS from time to time. The intent of this policy and related procedures is for use in circumstances in which financial assistance, compliant with all applicable federal, state and local laws, shall be offered to Hospital/Clinic's patients who are unable to pay in full for their health care services.

DEFINITIONS

The following definitions are applicable to all sections of this policy:

1. **INCOME:** Any income, whether from active or passive activities, such as rental, social security, disability, retirement, alimony or child support, unemployment benefits, inheritance, investment, or annuity payouts. It also includes proceeds from the sale of long-term assets, excluding a primary residence, or the proceeds from life insurance, third party settlements or lump sum annuity payments.
2. **PATIENT MAXIMUM LIABILITY:** The amount that the patient's annual household income exceeds the applicable Federal Poverty Guidelines.
3. **CHARITY CARE FINANCIAL ASSISTANCE GUIDELINES:** The matrix for determining a patient's liability for payment of hospital/clinic's billed charges. This matrix includes the Federal poverty guidelines adjusted for the State of Mississippi's wage rates. These guidelines are adjusted annually.
4. **HOSPITAL'S SERVICE AREA:** For North Mississippi Medical Center, the 24 county service area in North Mississippi and Northwest Alabama, including these counties: Lee, Prentiss, Pontotoc, Itawamba, Monroe, Chickasaw, Choctaw, Alcorn, Tishomingo, Union, Benton, Calhoun, Clay, Lafayette, Lowndes, Marshall, Oktibbeha, Tippah, Webster, Yalobusha in Mississippi, and Colbert, Franklin, Lamar, and Marion in Alabama. For NMHS affiliate hospitals and clinics: the county in which the affiliate hospital or clinic is located.

CHARITY CARE FINANCIAL ASSISTANCE

1. Hospital will provide medically necessary inpatient and outpatient hospital services (including emergency room services) to patients with household income levels at or below 100% of the federal poverty guidelines free of charge. Patients with household

income levels above 100% of the federal poverty guidelines will be liable for no more than the amount that their household income exceeds the applicable federal poverty guidelines. The amount of eligible charity will be any remaining balance on the account less the patient's maximum liability. This is also applicable to NMHS clinic services, except that a \$10 co-pay will be required for clinic services and must be made at time of service. The \$10 co-pay may be waived at the clinics discretion.

2. NMHS' charity care financial assistance is applicable only to items and services defined as "covered items and services" in hospital's benefit plan for medically necessary treatment. "Covered items and services" shall include at a minimum those items and services covered by the Medicare program that are provided by Hospital.

3. Hospital/Clinic may direct patients to the most appropriate care settings for the services needed, but, in no case, will emergent patients be directed to non-emergent care settings. Hospital/Clinic may direct non-emergent patients to appropriate care settings where available capacity exists.

4. This policy applies only to individuals residing in the Hospital/Clinic's service area, as defined in the definitions section of this policy.

5. This policy is not applicable to physicians, or their immediate family members.

6. This policy applies only to inpatient, outpatient or emergency room services and is not applicable to professional (doctor's) fees, unless such fees are for services in a North Mississippi Health Services subsidiary (i.e. a NMHS Clinic) and performed by a physician either employed by a North Mississippi Health Services subsidiary or contracted to perform services for which the Hospital/Clinic will obtain the revenue.

7. This policy applies only to those individuals who cooperate fully with Hospital/Clinic's request for information with which to verify patient's eligibility, including appropriate identification. It is patient's responsibility to respond truthfully and completely to Hospital/Clinic's request for information within no more than 10 business days of the request. In addition, patient's full cooperation in applying for Medicaid or coverage by other governmental programs is required, if so requested.

PROCEDURE

1. NOTICE OF NMHS CHARITY CARE POLICY:

A. Hospital/Clinic will post at inpatient and outpatient admission areas Notice of its charity care policy.

B. Hospital/Clinic will make available at inpatient and outpatient admission areas the most currently available poverty guidelines.

2. ELIGIBILITY DETERMINATION:

- A. Hospital/Clinic personnel will provide patients with a copy of its charity care policy and an application for charity care once a patient is identified as potentially eligible for charity care, and if the \$10 co-pay has been received at time of a clinic service. The timing of the delivery of this policy and application will depend upon when the identification is made and may be at the time of service, during the billing process or during collection. The patient must complete the application for charity care and provide the requested information. Hospital/Clinic personnel will then review the application and supporting information and determine eligibility.
- B. In evaluating a patient's need for charity care, Hospital/Clinic personnel may review the patient's W-2's (or the responsible party's, if spouse or a minor), tax returns, pay-stubs, bank statements, written verification of wage from employer and written verification from a public welfare agency, governmental agency, or other information attesting to patient's income status. Patient shall provide information related to possible third-party liability incidents, where applicable, including accident reports and copies of vehicle insurance policies. Patient shall supply all documentation reasonably necessary to verify eligibility.
- C. Hospital/Clinic personnel will use the federal poverty level information most currently available to determine patient's eligibility to receive charity care assistance under this policy.

3. REVIEW AND APPROVAL:

- A. Charity care financial assistance offered under this policy is subject to review by NMHS-designated management to ensure compliance with this policy.
- B. Once eligibility has been determined, patient will be notified of the determination.

4. EXCEPTIONS:

Hospital/Clinic reserves the right to grant financial assistance in extraordinary circumstances to patients who do not otherwise meet the charity care guidelines. Hospital/Clinic also reserves the right to deny charity care assistance to patients who fail to cooperate with Hospital/Clinic's efforts to verify eligibility, provide false information, refuse to apply (when potentially eligible) for Medicaid or other governmental program benefits, or fail to respond to requests for information within the time required.