

Minnie Hamilton Health System POLICY AND PROCEDURE GUIDELINES	
SECTION: Business Office	Total Pages: 3
SUBJECT: EXONERATION/ CHARITY CARE	Board Approved: July 28, 2015

Minnie Hamilton Health System (MHHS) is a not-for-profit health care organization established to provide preventive, emergency and acute care (including but not limited to: room and board, nursing care and ancillary services) to individuals under the care of a member of the medical-dental staff. Treatment and services are never denied to persons in need on the basis of race, creed, color, sex, sexual orientation, age, national origin, religion, handicap, veteran's status or financial condition.

MHHS provides a substantial amount of discounted and free medical care to the needy patients of our service area. The amount of charity care and below-cost health care that can be provided by MHHS and its affiliates is limited by its financial capability.

The Exoneration/Charity Care policy is consistent with MHHS's mission statement and is available for review by any individual. Patients are informed about the availability of Exoneration/Charity Care during the registration process or through a collection letter. The designated management representatives are responsible for the enforcement of the Exoneration/Charity Care policy. Patients applying for Exoneration/Charity Care will be assured of confidential treatment of their requests.

Please note that this Exoneration / Charity Care is separate from Minnie Hamilton's Sliding Fee policy. The Sliding fee policy is a discount program funded through federal grants, and is based solely on the patient's gross income. The sliding fee program is available regardless of a patient's insurance status, and is not available for all services offered by MHHS. Furthermore, the Exoneration / Charity Care Policy is decided on a case by case basis, available only one time per year / per household, and will be considered for all services offered by MHHS for those patients that qualify.

POLICY:

Minnie Hamilton Health System (MHHS) provides healthcare to all persons regardless of ability to pay. In instances in which payment would inflict undue hardship on the patient, MHHS offers patients the ability to apply for Charity Care. This policy applies to all services offered by MHHS with exception of our Long Term Care unit or Daycare services. Patients may only apply for Charity Care one time per calendar year, unless approved by CFO or CEO.

PURPOSE:

MHHS is a not-for-profit entity established to meet the needs of the residents of our service area. Accordingly, MHHS renders service to individuals who do not have the ability to pay. Such service shall be considered charity if approved and will be determined in accordance with the following guidelines outlined below.

DEFINITIONS:

- A.** Exoneration/Charity Account - The private-pay portion of an account of an individual who is unable to pay according to the guidelines that follow.
- B.** Bad Debt Account - The account of an individual who is able to pay according to the following guidelines, but who chooses not to do so.

GENERAL GUIDELINES:

- A.** A patient who wants to apply for charity will be required to complete an Exoneration Application Assessment Form. A social worker or the Financial Counselor may assist the patient.
- B.** Applications will not be considered for approval if incomplete.
- C.** Verification of income and assets is required spanning all dates of service in application. The following documentation needs to be attached to the application:
 - 1. Prior year's income tax return.
 - 2. Prior year W-2 or 1099 Form.
 - 3. Current pay stub.
 - 4. Where no such documentation is available, a signed statement from the patient/guarantor must be provided which describes the patient's current financial status.
- D.** Charity Care will be denied to uninsured patients whose income falls below 138% of the Federal Poverty Level, and who refuse to take the necessary steps to obtain medical assistance through outside health and Medicaid agencies, or who refuse to submit the requested income verification information. A denial letter from Medicaid may be required to be submitted with application.
- E.** Patients will be required to assign or pay to MHHS all insurance payments or liability settlements designated as payments for medical expenses.

QUALIFICATION GUIDELINES:

- A.** Total family income that lies within the Federal Poverty Guidelines will be a determining factor.

- B.** Exceptions: MHHS will consider economic assets and total income. There are cases where a patient will have a low income but adequate resources to pay the account. On the other hand there may be cases where income may exceed the poverty level but collection of the account would create undue hardship. Also, future earning potential will be taken into consideration.
- C.** A partial write-off may be considered in cases where a patient is able to make a partial payment but full payment would inflict undue hardship.

MISCELLANEOUS:

- A.** A patient who is not otherwise eligible, but who is impoverished as a result of a long-term catastrophic illness, may be considered for charity care.
- B.** Exoneration Committee will review all requests on a monthly basis. The committee shall consist of the CEO, CFO, Financial Counselor, Revenue Cycle Manager, and a representative or a manager from the Business Office.
- C.** Exoneration Committee decisions will be forwarded to the Finance Committee for approval. Once approval is given from Finance Committee, they will recommend to full Board of Directors for final approval.
- D.** Once decision has been made by the committee's or BOD, the patient will be notified within 30 days of the decision via phone call or letter.