

MAGEE GENERAL HOSPITAL

CHARITY CARE COVERAGE AND FINANCIAL ASSISTANCE POLICY

ELIGIBILITY CRITERIA:

The following patients residing in Magee General Hospital's primary service area will be eligible to qualify for charity care coverage:

1. Any uninsured patient presenting qualifying evidence that his or her household's income is between 0-125% of the federal poverty guidelines applicable for the year prior to the year that service was provided.
2. Any Medicaid or Medicaid Managed eligible patient who has exhausted his or her benefits.
3. Any end stage renal disease patient who has no insurance coverage.
4. Any Medicare recipient who meets the income criteria.

A patient qualifying for charity care coverage will receive a 100% discount of the patient's hospital bill for emergency and other medically necessary services not covered by insurance.

For purposes of this policy, Magee General Hospital's primary service area includes the following Mississippi counties: Simpson, Smith, Covington, Jeff Davis, Lawrence and other primary service area as deemed appropriate by the Charity committee.

An "uninsured patient" is an individual having no third-party coverage by a commercial insurer, an ERISA plan, a Federal Health Care Program (including without limitation SCHIP and CHAMPUS), Workers' Compensation, Medical Savings Accounts or other coverage for all or any part of his or her bill. If an otherwise uninsured patient has a claim against a third party covered by insurance, such as automobile or general liability insurance, to which Magee General Hospital is subrogated and the insurance company pays on the claim, such patient will not be considered "uninsured" for purposes of this policy.

"Household income" is all income from active or passive activities for all members of the household.

EVIDENCE OF FINANCIAL ELIGIBILITY:

Magee General Hospital will accept the following documentation as evidence of financial eligibility for charity care coverage:

1. Copy of the patient's tax return for the year prior to the year the service was provided;
2. Acceptable verification from employer(s) of the patient's household income at or below 125% of the applicable federal poverty level for the year prior to the year the service was provided;
3. Signed notarized letter stating that patient's household had no income in the year prior to the year the service was provided; or

4. If the patient is a dependent of another person, that person's information as listed in items 1, 2, and 3 above.

BASIS FOR CHARGES

1. Magee General Hospital bills eligible patients based on the "Amounts Generally Billed" calculated using the "Look-Back Method."
2. The Look-Back Method results in a 65.3% discount from billed charges resulting in Amounts Generally Billed of 34.7% of billed charges.
3. For further information call our Financial Counselor at 601-849-7218.

CRITERIA FOR DISSEMINATION:

1. Any uninsured patient admitted through the ER or as an inpatient will be given a charity care application by the admitting office free of charge.
2. Any patient identified as uninsured after admission will be given an application free of charge.
3. Any patient who in a phone call states that he or she is unable to pay the hospital charge may be told that he or she may apply for charity care coverage by completing the application and attaching the appropriate evidence of financial eligibility.
4. The application is available online, at request from a Registrar or Financial Counselor, and in hardcopy in the main lobby of the hospital (all free of charge).

UP-FRONT CHARITY APPROVAL

1. Uninsured patients who present at registration for non-urgent outpatient services are not eligible for up-front charity approval.

PROCESS:

1. A patient requesting charity care coverage will be asked to complete the Application for Charity Care Coverage and provide the information described under "Evidence of Financial Eligibility" above.
2. Using the Eligibility Criteria above as a guide, the Magee General Hospital Charity Committee will evaluate the patients' Applications for Charity Care Coverage on a monthly basis.
3. Magee General Hospital personnel will use the federal poverty level information available for the year prior to the year that the service was provided in determining a patient's eligibility to receive charity care coverage.
4. Magee General Hospital personnel may contact the patient's employer, if any, to verify the patient's uninsured status or may request additional documentation of income.
5. Magee General Hospital will perform a third party review of all Private Pay accounts registered the previous month on a monthly basis, to check for patients who are eligible for charity care. Patients identified as eligible, will have their account balance adjusted to charity.

6. Magee General Hospital will perform a third party review of all Private Pay accounts returned as uninsured after billing on a monthly basis, to check for patients who are eligible for charity care. Patients identified as eligible, will have their account balance adjusted to charity.
7. Magee General Hospital will notify all patients who fill out the Charity application and are approved for charity through mail, that their accounts have been adjusted to charity.
8. Patients who are approved for charity coverage either through application or through the third party private pay review will not be subject to extraordinary collection activities, which are described in the MGH Collection Policy. This policy is available on request from the MGH Financial Counselor free of charge.
9. This policy applies to uninsured patients without regard to the patient's race, gender or creed.
10. Magee General Hospital will periodically review this policy and procedure to determine whether the charity care coverage is permissible under federal and state law. Magee General Hospital will strive to keep this Charity Policy consistent with all governmental guidelines applicable to our facility.

PROVIDERS EXCLUDED AND INCLUDED FROM THE CHARITY CARE POLICY:

The Internal Revenue Service (IRS) regulations defined under 26 CFR Parts 1, 53, and 602 (Federal Register Volume 79, 250) require Magee Benevolent Association to list all providers excluded from the Charity Care Policy for Magee General Hospital. In accordance with this requirement, the providers excluded from the Charity Care Policy for Magee General Hospital are as follows:

- All services provided by Keystone Healthcare Management and ERX (the physicians who work in the Emergency Department)
- All hospitalists services
- All services provided by physicians not employed by Magee General Hospital
- All services provided by Dr. Charles Pruitt
- All services provided by Dr. Frank Wade
- All services provided by Dr. John Miller
- All services provided by the Radiological group
- All services provided by the Southern Anesthesia Group
- All professional services provided by Restorix Health
- All services provided by VRC radiology group

Providers included in the Charity Care Policy for Magee General Hospital are as follows:

- All technical services provider by Restorix Health for wound care
- All services provided MidSouth Rehab
- All other services provided by providers who are employed by Magee General Hospital

CHARITY COMMITTEE

**PATIENT ACCESS MANAGER
FINANCIAL COUNSELOR
CONTROLLER
DIRECTOR OF GUEST SERVICES
SOCIAL WORKER /UR
DATA/QUALITY ANALYST**