

***Missouri Delta Medical Center
Sikeston, Missouri***

***BOARD OF DIRECTORS
Policy and Procedure***

***Charity Care
Policy Number 200
Effective Date: July 11, 1991***

Policy

MISSOURI DELTA MEDICAL CENTER (“Missouri Delta and/or hospital”) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Missouri Delta Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Missouri Delta will provide medically necessary care to individuals without discrimination, and regardless of their eligibility for financial assistance or for government assistance.

I. POLICY

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance, including free and discounted care.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy.
- Describes the method by which patients may apply for financial assistance.
- Lists all medical staff providers who accept Charity Care.
Describes how the hospital will widely publicize the policy within the community served by the hospital.
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to an amount generally billed (received) by the hospital for Medicare patients.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Missouri Delta's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to

do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its fiscal responsibilities and allow Missouri Delta Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

II. DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash in-flows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established “need” criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Non-cash benefits (such as food stamps and housing subsidies) do not count as income;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury). Does not include anything that is considered to be cosmetic in nature.

III. PROCEDURES

A. Services Eligible Under this Policy. For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Missouri Delta Medical Center without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at the discretion of Missouri Delta Medical Center and/or one of its physicians.
5. Missouri Delta Medical Center medical staff providers who accept Charity Care are listed on page 7 and 8.

B. Eligibility for Charity. Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

C. Method by Which Patients May Apply for Charity Care.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may:

- Include an application, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need such as:
 - ✓ A copy of last two pay check stubs for all working adults in the family
 - ✓ Last year's 1040, 1040A or 1040EZ
 - ✓ Unemployment benefits letter/pay stubs, if applicable
 - ✓ Social Security benefits letter/copy of check, if applicable
 - ✓ Any social services grant, proof of food stamps, proof of eligibility for any other government program
 - ✓ Last 3 months of bank statements
- Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as a soft credit score);
- Include reasonable efforts by hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;

- Take into account the patient's available assets, and all other financial resources available to the patient; and
- Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. It is preferred, but not required, that a request for charity and a determination of financial need occur *prior* to the rendering of any non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 6 months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

The application is valid for 6 months from the date of approval or denial. After 6 months, the patient may reapply.

3. Missouri Delta's values of human dignity shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and the hospital shall notify the patient or applicant in writing within 14 business days of receipt of a completed application.

D. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources (soft credit score), which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Missouri Delta Medical Center could use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

E. Eligibility Criteria and Amounts Charged to Patients. Services eligible under this policy will be made available to the patient on a modified sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines (FPG) in effect at the time of the determination. According to 501(r) tax rules, a hospital is only allowed to charge true self-pay patients the amount that would typically be paid by their most common payer. At Missouri Delta

Medical Center, Medicare is our most common payer and the average contractual write-off amount for Medicare is 75%. So the **FIRST STEP** for the **UNINSURED** will be to take a discount of 75% of total charges. If a self-pay patient can still not pay the 25% of total charges remaining, they can apply for financial assistance.

Once a patient has been determined by the hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts the hospital will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 100% of the FPG are eligible to receive 100% free care;
2. Patients whose family income is above 100% but not more than 200% of the FPG are eligible to receive services at an 80% discount off the patient balance after insurance. Uninsured patients whose family income is above 100% but not more than 200% of the FPG are eligible for a 20% discount off the patient balance after application of the 75% discount on gross charges for Uninsured patients.
3. Patients whose family income exceeds 200% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as *catastrophic* illness or *medical indigence*, at the discretion of Missouri Delta Medical Center. Medical Indigence is defined as a patient whose total medical bills exceed 10% of their family's gross income for the year. If a patient's medical bills exceed 10% of their gross income, their financial responsibility to the hospital will be reduced to 10% of family's gross income. [*Example: If a self-pay patient's family income was \$50,000 for the year and the patient has \$20,000 in bills owed to the hospital and/or their physicians, the patient's financial responsibility would be reduced to \$5,000.*)]

F. Communication of the Charity Program to Patients and Within the Community.

Notification about charity programs available at Missouri Delta Medical Center, which shall include a contact number, shall be disseminated by the hospital by various means, which may include, but are not limited to:

- The publication of notices on patient statements and by posting notices in all admitting and registration departments of the hospital and clinics, hospital business office and other public places as the hospital may elect.
- Missouri Delta Medical Center also shall publish and widely publicize this charity care policy on the hospital website and in brochures available in patient access sites and at other places within the community served by the hospital as the hospital may elect.
- Referral of patients for charity may be made by any member of the hospital staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. Relationship to Collection Policies. The hospital's management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that

take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Missouri Delta, and a patient's good faith effort to comply with his or her payment agreements with hospital. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Missouri Delta may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts. The hospital will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
2. Documentation that the hospital has offered or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

H. Regulatory Requirements. In implementing this Policy, Missouri Delta Medical Center's management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

The following providers accept Charity Care:		
Last Name	First Name	Title
Al Assaad	Rami	MD
Al- Kilani	Muhannad	MD
Aman	Muhammad	MD
Arain	Sameer	MD
Babb-Dicus	Kayla	FNP
Barnes	Michael	FNP
Barkett	Kenneth	MD
Beck	Daniel	PA
Bernardo	Adonis	MD
Blackwelder	Lauren	MD
Boone-Springer	Donna	MD
Brasher	Morgan	FNP
Broughton	Samantha	FNP
Coppage	Margaret Rachel	FNP
Curry	Sarah	MD
Deidiker	Russell	MD
Decker	Michele	MD
DeWitt	Charlotte	FNP
Dicus	Margaret	FNP
Dirnberger	Brittney	FNP
Eaves	Jane	WHNP
Ehtisham	Muhammad	MD
Elkins	Ashley	FNP
Fitzwater	Douglas	MD
Folsom	Amy	PA-C
Fowler	Tristan	DO
Freeman	Michael	MD
Gardner Jr	Robert	MD
Gibson	David	MD
Glastetter	Michael	CRNA
Griesemer	Jeffrey	MD
Hagedorn	Kimberly	APRN
Hardy	Lauren	PA-C
Hazelwood	Nikki	CRNA
Hunter- Pearson	Colleen	MD
Iorga	Razvan	MD
Jackson	Heather	FNP
Johnston	Walter	FNP
Jones	Juliana	PMHNP
Kapanjie	Theodore	DO
Karafa	Maradale	FNP
Khan	Omar	MD
King	Alicia	DO
Lake	John	MD

Cont.		
Last Name	First Name	Title
LaValle	Charles Edward	MD
Lemarr	Aubree	FNP
Lumsden	Marc	DO
Manes	Alisha	FNP
Jackson	Alana	FNP
McSpadden	Farrah	MD
Menz	Mary Elizabeth	FNP
Moore	Andrew	MD
Mooty	James Jeremiah	FNP
Morton	Eric	DO
Moy	Kenneth	DO
Moy	Timothy	DC
Nyachowe	Pascal	MD
Odah	Tarek	MD
Oliver	Deborah	LPC
Pais	Fatima (Judith)	PA-C
Pais	Wilson	MD
Patel	Marmik	MD
Perez	Nelson	MD
Perry	Robert	MD
Pfefferkorn	David	MD
Presley	Kristin	FNP
Pruitt	Caleb	CRNA
Pullen	Heather	FNP
Pullum-Thompson	Briana	FNP
Randich	Jacob	DPM
Reed	Dennis	PA-C
Roach	John	MD
Rodriguez	Rudy	MD
Sahai	Animesh	MD
Sahai	Madhu	MD
Scott	Emmy	FNP
Shaw	Jessica	AuD
Shaw	Zachary	AuD
Shelton	Penny	ACNP
Sindle	Allison	MD
Sisk	Raymond Earl	ACNP
Stark	Taylor	FNP
Stephens	James Dylan	PA-C
Stephens	Mary DeAnn	PNP
Stinnett	Amy	FNP
Sumire	Enrique	MD
Thompson	Jessica	PMHNP
Thorne	Amber	FNP

Cont.		
Last Name	First Name	Title
Underwood	Sheila	FNP
Uthoff	Fred	DO
Vandeven	Natalia	FNP
Welton	Stephen	MD
Wheeler	Hollie	FNP
White	Sharon	FNP
Wren	Jacob	CRNA
Young	Claire Louise	MD
Young	Lacey	MD

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