

North Mississippi Health Services	DEPARTMENT: Revenue Cycle ORIGINATION DATE: 03/01/2017
POLICY/PROCEDURE: Billing and Collection Policy	REVISED DATE: 10/01/2025
APPROVED BY: Carol Plato	REVIEWED: 10/01/2025

POLICY: After our patients have received services, it is the policy of North Mississippi Health Services' (NMHS, see definition below) to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, staff will provide quality customer service and timely follow-up, and all applicable outstanding accounts will be handled in accordance with the IRC's 501 (r) final rule under the authority of the Affordable Care Act.

PURPOSE: It is the goal of this policy to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction, and efficiency. Through the use of billing statements, written correspondence, and phone calls, NMHS will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts. Additionally, this policy requires NMHS to make reasonable efforts to determine a patient's eligibility for financial assistance under NMHS' financial assistance policy before engaging in extraordinary collection actions to obtain payment.

DEFINITIONS: North Mississippi Health Services (NMHS): North Mississippi Health Services as used in this document, refers to North Mississippi Medical Center, Clay County, Amory Health Services, Webster Health Services, Pontotoc Hospital, Tishomingo Health Services, Marion Regional Medical Center, South Marion Medical Center, Rural Health Care Clinics and Provider (Hospital) based clinics.

Extraordinary Collection Actions (ECAs): A list of collection activities, as defined by the IRS and Treasury, that hospitals may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further defined in Section 11 of this policy below and include actions such as reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions such as garnishing wages.

Financial Assistance Policy (FAP): A separate policy that describes NMHS's financial assistance program-including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

Reasonable Efforts: A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under NMHS's financial assistance policy. In general, reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance as well as providing individuals with written notifications about the FAP and application process.

PROCEDURES:

I. Billing Practices

A. Insurance Billing:

1. For all insured patients, NMHS will bill applicable third-party payers (as based on information provided by or verified by the patient) in a timely manner.
2. If a claim is denied (or is not processed) by a payer due to an error on our behalf, NMHS will not bill the patient for any amount in excess of what the patient would have owed had the payer paid the claim.
3. If a claim is denied (or is not processed) by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, NMHS may bill the patient or take other actions consistent with current regulations, industry standards, and contractual payer agreements.

B. Patient Billing:

1. All uninsured patients will be billed directly and timely, and they will receive a statement as part of the organization's normal billing process, in accordance with the organization's guidelines governing Amount Generally Billed. (AGB)
2. For insured patients, after claims have been processed by third-party payers, NMHS will bill patients for their respective liability amounts as determined by their insurance benefits.
3. All patients may request an itemized statement for their accounts at any time.
4. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days (if possible) and will hold the account for at least 30 days before referring the account for collection.
5. NMHS may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment. NMHS not required to accept patient-initiated payment arrangements and may refer account to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.
 - a. Patient Financial Services supervisors and directors have the authority to make exceptions to this policy on a case-by-case basis for special circumstances.

II. Collections Practices

- A. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in the Billing and Collections Policy, NMHS may engage in collection activities-including extraordinary collection actions (ECA's)-to collect outstanding patient balances.
1. General collection activities may include follow up calls on statements
 2. Patient balances may be referred to a third party for collection at the discretion of NMHS. Patient accounts will be referred for collection only with the following caveats:
 - a. There is a reasonable basis to believe the patient owes the debt.
 - b. All third-party payers have been billed, and the remaining debt is the financial responsibility of the patient. NMHS may not bill a patient for any amount that NMHS has determine that an insurance company is obligated to pay.
 - c. NMHS will not refer accounts for collection where the claim was denied due to an NMHS error as determined by NMHS. However, NMHS may still refer the patient liability portion of such claims for collection if unpaid.
- B. Reasonable Efforts and Extraordinary Collection Actions (ECA's)
1. Before engaging in ECAs to obtain payment for care, NMHS must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:
 - a. ECA may begin only when 120 days have passed since the first post-discharge statement was provided.
 - b. However, at least 30 days before initiating ECAs to obtain payment, NMHS shall do the following:
 - i. Provide the individual with at least 3 patient billing statements that indicates the availability of financial assistance, lists potential ECAs that may be taken to obtain payment for care, and gives a deadline after which ECAs may be initiated (no sooner than 120 days after the first post-discharge billing statement and 30 days after the written notice.)
 - ii. Provide a plain-language summary of the FAP along with the notice described above (this will also be available upon request, posted in registration areas and for public access at www.nmhs.net.)
 2. After making reasonable efforts to determine financial assistance eligibility as outlined above, NMHS (or its authorized business partners) may take any of the following ECAs to obtain payment for care:
 - a. Report adverse information to credit reporting agencies and/or credit bureaus.
 - b. File a lawsuit/Garnish wages
 - c. Utilization of additional collection agencies.
 - d. Pursue 3rd party liability and lein against estate
 3. Internal and external auditing services will be responsible for determining whether NMHS and its business partners have made reasonable efforts to determine whether an individual is eligible for financial assistance. In addition, on an annual basis an internal or

external audit will be performed.

4. Administrative leaders, including CFO, Vice President of Revenue Cycle, have final authority in deciding whether the organization may proceed with any of the ECAs outlined in the policy.

III. Financial Assistance

All billed patients will have the opportunity to contact NMHS regarding financial assistance for their accounts, payment plan options and other applicable programs.

1. NMHS's financial assistance policy is available free of charge.
 - a. Copies may be requested by calling 662-337-3219
 - b. or in person at 1494 Cliff Gookin Street, Tupelo, Ms. 38804
 - c. or www.NMHS.net
2. Questions about financial assistance is available
 - a. Copies may be requested by calling 662-337-3219
 - b. or in person at 1494 Cliff Gookin Street, Tupelo, Ms. 38804
 - c. or www.NMHS.net

IV. Customer Service

A. During the billing and collection process, NMHS will provide quality customer service by implementing the following guidelines:

1. NMHS will enforce a zero tolerance standard for abusive, harassing, offensive, deceptive or misleading language or conduct by its employees or patient or their representative.
2. NMHS will maintain a streamlined process for patient questions and/or disputes, which includes a toll-free phone number patients may call and a prominent business office address to which they may write. This information will remain listed all patient bills and collections statements sent.
3. After receiving a communication from a patient or their representative (by phone or in writing), NMHS staff will return phone calls to patients as promptly as possible (but no more than two business days after the call was received) and will respond to written correspondence within 10 business days.