

Policy Manual:	Administration/Operational
Manual Section:	Board
Policy Number:	BD-000-006
Effective Date:	August 2, 2013
Supersedes:	June 2011
Reviewed Date:	July 8, 2013

I. TITLE: CODE OF ETHICS AND BUSINESS CONDUCT

II. PURPOSE:

To describe the ethical framework within which Mountain States Health Alliance conducts its patient care and business operations.

III. PATIENT-CENTERED CARE PRINCIPLES:

All team members are considered as caregivers.

IV. SCOPE:

All team members

V. FACILITIES/ENTITIES:

Tennessee: FWCH, IPMC, JCCH, JCMC, QRH, SSH, WPH, Niswonger Children’s Hospital, Kingsport Day Surgery, IPMC Transitional Care, Princeton Transitional Care

Virginia: DCH, JMH, NCH, RCMC, SCCH, Clearview Psychiatric Unit, Francis Marion Manor Health & Rehabilitation, Norton Community Physicians Services (NCPS), Community Home Care (CHC)

BRMMC, MSMG owned and managed practices

Home Health/Hospice

ISHN

VI. DEFINITIONS:

Not Applicable

VII. POLICY:

A. Mountain States Health Alliance, its Board of Directors, Medical/Dental Staff, employees, and independent contractors conduct patient care according to the Patient-Centered Care Philosophy and all business operations in an ethical manner. Our behavior is guided by our mission, vision, and core values statements and the following general principles.

1. We shall treat everyone with dignity, respect, and courtesy.
2. All team members are considered as caregivers, and all caregivers cooperate with one another through a common focus on the best interests and personal goals of the patient.

3. Our primary commitment is to the health, safety, and rights of the patient, whether an individual, family, friends, group, or community.
4. Care is provided in a healing environment of comfort, peace, support, openness and honesty.
5. We shall provide services only to those patients for whom we can safely care within this organization, and no patient with a medical necessity will be turned away due to an inability to pay or for any other reason unrelated to patient care.
6. Care is customized and reflects patient needs, values, and choices and is based on continuous healing relationships, with the patient being the source of control for their care.
7. Patient confidentiality is preserved with knowledge and information being shared only among care partners, physicians, and other caregivers with a "need to know".
8. Caregivers owe the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
9. We shall adhere to a uniform standard of care throughout the organization.
10. We shall continuously seek to improve our skills and the quality of our care and add new technology in a prudent manner, while striving to cut costs.
11. We shall make clinical decisions on identified patient health care needs, not financial risks or incentives.
12. We shall abide by all professional standards, laws and regulations governing the operations of our organization, and we shall fairly and accurately represent ourselves and our capabilities.
13. We shall meet, or exceed, all standards and requirements imposed upon us by licensing and accrediting bodies.

VIII. PROCEDURE:

- A. The Code of Ethics and Business Conduct conveys the standards of ethical and legal behavior that is expected of all team members, Physicians/Allied Health Personnel, Independent contractors, and vendors.
- B. The Code of Ethics and Business Conduct booklet is provided to all new team members during orientation, to new vendors or independent contractors and is provided to all new Physicians/Allied Health Personnel.
 1. Individuals receiving a hard-copy of The Code of Ethics and Business Conduct must sign an acknowledgment of receipt or complete a computerized acknowledgment of receipt.
 2. The Code of Ethics and Business Conduct document is accessible at all times in electronic format on the MSHA Intranet.
- C. The Code of Ethics and Business Conduct is reviewed annually and modifications

are submitted to the Board for approval.

- D. All individuals subject to the Code of Ethics and Business Conduct are expected to adhere to the Standards.
 - 1. Failure to do so will result in disciplinary action up to and including termination of employment, removal from the Medical Staff or be excluded as a participating vendor.

LINKS:

Code of Ethics and Business Conduct – MSHA

Code of Ethics and Business Conduct – Norton Community Hospital

Chair, MSHA Board

Date

President and Chief Executive Officer, MSHA

Date

Policy Manual:	Adminstration/Operational
Manual Section:	Fiscal Services - Policies
Policy Number:	CBO-400-011
Effective Date:	October 4, 2013
Supersedes:	February 2013
Reviewed Date:	September 12, 2013

I. TITLE: CHARITY POLICY – FISCAL SERVICES

II. PURPOSE:

To outline the guidelines that ensure MSHA reviews all requests for charity in a fair and equitable manner.

III. PATIENT-CENTERED CARE PRINCIPLES:

All team members are considered as caregivers.

IV. SCOPE:

Mountain States Corporate Billing Office (CBO) team members

V. FACILITIES/ENTITIES:

MSHA Corporate

Tennessee: FWCH, IPMC, JCCH, JCMC, QRH, SSH, WPH, Niswonger Children’s Hospital, Kingsport Day Surgery, IPMC Transitional Care, Princeton Transitional Care

Virginia: DCH, JMH, NCH, RCMC, SCCH, Clearview Psychiatric Unit, Francis Marion Manor Health & Rehabilitation

VI. DEFINITIONS:

Not Applicable

VII. POLICY:

A. Mountain States Health Alliance has established a strong mission to meet the medical needs of the communities it serves. It is the mission of Mountain States Health Alliance to:

1. Treat all patients equally- with dignity and respect
2. Evaluate all requests for financial assistance using established general guidelines while allowing for unique financial circumstances
3. Respond promptly to patient inquiries regarding their bills and requests for financial assistance
4. Ensure outside collection agencies follow hospital billing and collection guidelines
5. Follow a consistent collection protocol that ensures MSHA communicates with the patient regarding their financial liability prior to services being rendered

- B. Mountain States Health Alliance recognizes its obligation to provide quality health care to those who are unable to pay. Given the alliance's limited financial resources, this policy is designed to balance the hospital's obligation with its financial resources and to ensure that those receiving free or partially compensated care meet defined financial qualifications. All charity cases must be accompanied by a completed financial assistance form and supporting documentation.
1. Charity eligibility will be determined by review of the Financial Assessment Form, documents presented in support of the information on the Financial Assessment Form, and verification of assets.
 2. Charity eligibility determination will be made post-service and on an episodic basis with the exceptions outlined below:
 - a. Lactation consultations
 - i. If approved, the charity determination will be in effect for the duration of the breastfeeding of that child, which could encompass multiple encounters.
 - b. Oncology services
 - i. If approved, the charity determination will be in effect for six (6) months or duration of treatment regimens, whichever occurs first.
 - c. Appropriately referred Appalachian Mountain Project Access patient visits are extended 100% charity per contractual arrangement.
 - d. As of July 1, 2011, patient days covered by Tennessee Department of Mental Health grant are extended 100% charity per grant provisions.
 - e. High dollar implant cases may be pre-screened for charity prior to procedure.
 3. Charity eligibility encompasses the following patients: Patients with Medicaid eligibility after the date of service, patients that are deceased with no estate, patients with Virginia SLH funds exhausted and Medicaid eligible encounters where benefits limits have been exhausted.
 4. Mountain States Health Alliance charity guidelines are based on the National Poverty Guidelines for the applicable year.
 5. Charity awards are not based solely on income.
 - a. Unique financial circumstances are weighed and assets will be verified and these factors can change the category of eligibility.
 6. The decision as to the amount of charity write-off will be made by Customer Service Center supervision under the direction of the Customer Service Center Director.
 7. Elective or non life threatening procedures are not eligible for charity consideration.
 8. Charity determination may be retroactive for all dates of services, as determined by the screener at the time of the application.

9. Charity determinations are based on the current, outstanding balance of an account.
 - a. Any payments previously made to the account balance are not refunded.

LINKS:

National Poverty Guidelines

Chair, MSHA Board

Date

President and Chief Executive Officer, MSHA

Date

Policy Manual:	Administration/Operational
Manual Section:	Fiscal Services
Policy Number:	CBO-400-007
Effective Date:	April 11, 2014
Supersedes:	April 2013
Reviewed Date:	April 11, 2014

I. TITLE: COLLECTION AGENCY PROCESS – FISCAL SERVICES

II. PURPOSE:

To detail process of accounts placed with outside collection agencies.

III. PATIENT-CENTERED CARE PRINCIPLES:

All team members are considered as caregivers.

IV. SCOPE:

All MSHA Corporate Business Office (CBO) Team Members

V. FACILITIES/ENTITIES:

MSHA Corporate

Tennessee: FWCH, IPMC, JCCH, JCMC, QRH, SSH, UCMH, WPH, Niswonger Children’s Hospital, Kingsport Day Surgery, IPMC Transitional Care, Princeton Transitional Care, Unicoi County Nursing Home

Virginia: DCH, JMH, NCH, RCMC, SCCH, Clearview Psychiatric Unit, Francis Marion Manor Health & Rehabilitation, Norton Community Physicians Services (NCPS), Community Home Care (CHC)

BRMMC owned and managed practices

Home Health/Hospice

ISHN

VI. DEFINITIONS:

Not Applicable

VII. POLICY:

Accounts the CBO’s self pay collection unit is unable to successfully collect are placed with an outside collection agency on a regular basis.

VIII. PROCEDURE:

A. Monthly, accounts are transferred to the bad debt file on the Patient Accounts system and an electronic file of these accounts are sent to outside collection agencies for further collection efforts.

B. MSHA utilizes one (1) primary collection agency; one (1) secondary agency.

- C. Monthly, the agencies send electronic files to MSHA containing payments received in their office and posted in their system that day to MSHA accounts.
 - 1. These payments are applied to the patient's accounts on the Patient Accounts system.
- D. Daily, electronic payment files are sent back to the agencies from MSHA containing payments made at MSHA and posted to the patient's accounts.
 - 1. The agencies update this payment information back into their collection system.
- E. Monthly, the agencies send checks and remittances to the CBO detailing the total payments applied to the accounts in the month regardless of where the payments were made.
 - 1. These remittances list the paid amount, patient name, date of payment, amount due the agency and the amount due MSHA.
 - 2. The amount paid, amount due the agency and the amount due MSHA are totaled at the end of the remittance.
 - 3. The amount due the agency is the negotiated fee for services as outlined in the contracts.
 - 4. The remittances are balanced to the Patient Accounts system reports for accuracy.
 - 5. Check requests are submitted to Accounts Payable for the amounts verified due to the agencies and the payments are mailed by the Accounts Payable department.
- F. All accounts; regardless of primary payer classification, remain with the primary agencies as long as an acceptable payment arrangement has been established.
 - 1. Accounts deemed uncollectible by the agencies are closed and returned to MSHA.
 - a. Examples of uncollectible accounts are bankruptcies and deceased patients with no estate.
 - 2. These accounts are sent back via electronic file transfer and a credit adjustment to the account in Patient Accounts is posted to zero out the balance.
- G. Accounts that the primary agency has been unsuccessful in collecting are sent to a secondary agency for collection efforts.
 - 1. Reporting of payments and monthly billing of services occurs in the same manner at the primary agency process.

Vice President, Revenue Cycle, MSHA

Date

Policy Manual:	Administration/Operational
Manual Section:	Fiscal Services - Policies
Policy Number:	ADM-400-018
Effective Date:	January 9, 2015
Supersedes:	February 2014
Reviewed Date:	January 8, 2015

I. TITLE: CREDIT AND COLLECTION POLICY – PATIENT ACCOUNTS

II. PURPOSE:

To outline general guidelines that allows for a fair and equitable system for credit and collection of payments from patients served by Mountain States Health Alliance.

III. SCOPE:

All team members

IV. FACILITIES/ENTITIES:

MSHA Corporate

Tennessee: FWCH, IPMC, JCCH, JCMC, QRH, SSH, UCMH, WPH, Niswonger Children’s Hospital, Princeton Transitional Care, Unicoi County Nursing Home

Virginia: DCH, JMH, NCH, RCMC, SCCH

V. DEFINITIONS:

- A. **Self-pay portion:** The amount owed by patients without insurance or deductible and co-payments required of patients with insurance coverage.
- B. **Non-emergent:** If the procedure being ordered is on the established non-emergent classification table or the diagnosis code supporting the order is on the non-emergent code list, the encounter would be deemed non-emergent.

VI. POLICY:

- A. Mountain States Health Alliance has established a strong mission to meet the medical needs of the communities it serves. It is the mission of Mountain States Health Alliance to:
 1. Treat all patients equally – with dignity and respect.
 2. Evaluate all requests for financial assistance using established general guidelines while allowing for unique financial circumstances.
 3. Respond promptly to patient inquiries regarding their bills and requests for financial assistance.
 4. Ensure outside collection agencies follow facility/entity billing and collection guidelines.
 5. Follow a strong collection program that enables Mountain States Health Alliance is able to communicate financial responsibility to the patient prior to

service.

- B. Mountain States Health Alliance (MSHA) has established sound guidelines to provide direction to team members in their interactions with patients and guarantors.
 - 1. Patients receiving services at MSHA facilities will be treated under the payment arrangement and financial options outlined in this policy.
 - 2. MSHA recognizes its obligation to provide quality health care to those who are unable to pay.
 - 3. In addition, MSHA provides financial counselors to help uninsured patients determine sources of payment for medical bills and to help patients determine eligibility for programs such as TennCare or Medicaid.
 - 4. Patients with no health insurance will receive a discount on their facility/entity bills at MSHA.

VII. PROCEDURE:

A. Payment arrangements

- 1. All patients will be required to submit coverage information prior to a service being rendered.
- 2. Mountain States Health Alliance will bill insurance carriers (including managed care plans) as dictated by contracts, after verification of benefits.

B. Pre-Admissions

- 1. Mountain States Health Alliance will pre-admit all patients when possible.
- 2. The method of payment will be verified prior to the patient's admission.

C. Non-Emergent Services

- 1. Patients scheduled for these services will be evaluated and informed of financial liability PRIOR to admission.
- 2. The patient will be required to either pay 50% of their estimated out-of-pocket liability or agree to monthly payment arrangements on the full estimated amount, with the first payment due before the service is rendered.
- 3. If satisfactory payment arrangements cannot be reached with the patient prior to the scheduled procedure time, the procedure will be postponed until acceptable payment arrangements can be established.

D. Emergent Services

- 1. Mountain States Health Alliance will perform these services for any patient regardless of their ability to pay.

E. Patient Financial Options

- 1. Mountain States Health Alliance provides the following guidelines for payment options.

2. Financial counselors are available to assist patients and their families with financial help, as needed.
3. The following payment options are available at Mountain States Health Alliance facilities:
 - a. **Cash Payments**
 - i. If payment at discharge is not possible, the patient and/or patient's family will be reminded that the balance is due within thirty (30) days of discharge or date of service.
 - b. **Credit Card Payments**
 - i. Mountain States Health Alliance will accept credit card payments for patient balances.
 - ii. Accepted cards are Visa, MasterCard, American Express and Discover.
 - c. **Pre-Service Pay Discounts**
 - i. A "pre-service pay" discount of up to 10% may be offered to patients if their liability is \$5000 or less.
 - ii. If the liability is greater than \$5000, a maximum discount of \$500 can be offered, using the steps outlined in the Financial Counselor Guidelines policy.
 - d. **Catastrophic High Dollar Inpatient Accounts**
 - i. In special circumstances, a discount in excess of the established discounting rates can be granted.
 - 1) When determining this discount, many factors will be taken into consideration including the cost of care rendered and the Medicare inpatient Diagnosis Related Group (DRG) rate.
 - ii. This offer requires the approval of the Vice President (VP) of Revenue Cycle.
 - e. **Insurance Company Requesting Audit**
 - i. A 5% discount can be offered to a non-contracted payer.
 - ii. The Managed Care department must be notified of any requests and included in negotiations.
 - iii. The account must be thoroughly documented to reflect all negotiations.
 - f. **Payment Arrangements**
 - i. Payment arrangements are available within the following guidelines:
 - 1) If the balance is less than \$500, the patient can make payments up to twenty (20) months, with a minimum monthly payment amount of \$25.00.

- a) Account must not be with a collection agency.
 - 2) If the balance is greater than \$500, the patient can make payments up to thirty-six (36) months but must make a minimum payment of \$50.00 per month.
 - a) Account must not be with a collection agency.
- g. Self Pay ED Visits
 - i. When possible, MSHA will provide an estimate of care rendered to self-pay patients before they leave the Emergency Department (ED).
 - ii. These estimated charges will be calculated at a higher discounted rate than our standard uninsured rate.
 - iii. The patient will have the option to pay this discounted amount in full at that time, pay the discounted amount in full within three (3) business days after the ED visit, or decline the offer.
 - iv. If declined, the patient will be responsible for all charges relating to the ED visit, after the standard uninsured discount is applied.
- h. **Exceptions to above**
 - i. In extenuating circumstances, the above may be deviated from by Revenue Cycle Senior Management.
- i. **Charity**
 - i. Mountain States Health Alliance recognizes its obligation to provide quality health care to those who are unable to pay.
 - ii. Refer to Charity Policy – Fiscal Services for detailed information on the MSHA charity guidelines.
- j. **Collection Agencies**
 - i. When it is determined that a patient has not responded to our requests for balance resolution, an account can be referred to an outside collection agency for collection assistance.

LINKS:

Charity Policy - Fiscal Services CBO-400-011

Financial Counselor - Contracted Medicaid Eligibility Guidelines CBO-400-010

President and Chief Executive Officer, MSHA

Date