Wellmont Health System

Effective:	*03/2011*
Approved:	*10/2015*
Last Revised:	*10/2015*
Custodian:	*Sharon Webb: ADMINISTRATIVE SECRETARY*
Policy Area:	*Single Billing Office*
Regulatory:	
Applicability:	*Wellmont Health System*

Charity Care

Policy Statement:

Wellmont Health System, a not-for-profit provider, recognizes its role in the community to provide medically necessary, quality care services to all people regardless of their ability to pay.

Wellmont Health System acknowledges its responsibility as a tax-exempt organization to provide medically necessary health care services for the community's uninsured or underinsured population. However, Wellmont Health System is also tasked with managing its resources in a fiscally sound manner and, therefore, sets forth the following charity care policy which is designed to help those who cannot afford to pay for those medically necessary health care services. This charity care policy is only applicable for services that are deemed to be medically necessary and non-elective. Charity care status will be granted to patients for 6 months. A new application will be required should the patient need coverage beyond 6 months.

Procedure:

Wellmont Health System proactively pursues patients who may be candidates for charity care through the following processes:

- Patients who walk-in or telephone the Business Office or a clinical office setting stating they are having problems paying their bills.
- Patients who are identified through telephone or statement collection procedures.
- Referrals from registration points that have identified possible indigent or charity situations.
- Inquiries from local charitable or religious organizations who call on behalf of patients seeking financial assistance.
- In-house social services whom, while working with patient or patient's family, has identified a financial need.
- All self-pay patients are referred to a Program Eligibility Specialist or to an outsourced agency that helps to qualify eligible patients for Medicaid and any known charitable programs.

Approval Process:

A charity care application is given or mailed to the patient/guarantor. The application shall include the following information:

A. Proof of address

B. Proof of total household income (copy of pay stubs, W-2's,) including copies of most recently filed tax return

C. Complete current bank statements, checking, savings and investments

D. Completed financial screening application

When a complete application is received, an applicant's income is verified and compared against federal poverty guidelines based on household size. (**Household** is defined as an individual, spouse, minor children under the age of 18 years which may include biological, step and adoptive children. Other persons living in the home, including friends and/or other relatives, etc. will not be counted as household members unless the person is included as a dependent on the income tax filing forms of the person requesting financial assistance or if the person requesting financial assistance is included as a dependent on the income tax filing forms of another household member.) The following applications can serve as a substitute WHS application:

- Friends in Need
- Rural Health Consortium
- Appalachian Mountain Project Access (AMPA),
- Healing Hands

Household income is defined as all wages, salary, tips, government benefits, pensions, support/alimony payments, roomer/boarder payments, work release checks, unemployment benefits, military allotments, regular contributions, and in-kind contributions.

In addition to household income, **assets** of the applicant will be considered including: property other than primary residence, life insurance if the cash surrender value exceeds $10,000; retirement benefits in excess of $10,000; other accounts such as certificates of deposit, money market accounts, stocks and savings accounts in excess of $2,000. The charity care approval process will also include steps to insure that third party government assistance is not available to the patient (TennCare, Virginia Medicaid, Medicare Disability, etc).

Poverty Guidelines:

If the patient's or guarantor's income is below 200% of the poverty guidelines, the application will be approved for a 60 -100% write-off. Applications with income over 200% of the federal poverty guidelines will be denied assistance unless the Charity Care Committee or Administration approves otherwise based on extenuating circumstances.

These special circumstances could include patients who are between 200% and 400% of the federal poverty guidelines but whose account balance (after all insurances have processed or uninsured discount is applied) is equal to or greater than 50% of the patients total annual household income. The maximum a patient would be expected to pay to settle an account balance would be 15% of annual household income.

In addition to the above process, patient accounts which are unresolved are analyzed by a third party. The third party scores the accounts to determine if the patient qualifies for Presumptive Charity Care. If the patient qualifies, the account will be written off as Presumptive Charity Care.UNINSURED:

UNINSURED: Regardless of a patient's income level, all patients who are uninsured will be entitled to the Uninsured Discount of 60%.

CHARITY CARE: Items that will not be discounted under Charity Care policy are:

- Hearing Aids
- Healthy Hearts
- Cosmetic Surgery
- Elective Procedures, defined by the WHS that are not deemed medically necessary.
- Does not apply to already discounted / negotiated services (eg. DOTS, CDLs)

- Evaluation and Management office CPT codes (place of service 11) are excluded from Charity Care discounts (99201-99215, 99381-99397, 99241-99245)
- Any account balances associated with Out-of-Network services
- Special promotions (eg, flu vaccine day, PSA test weekend, Mammography)
- Presumptive Charity Care
- HVMC Indigent clinic charges and related referrals to clinics will not be excluded from our charity policy.

For charity accounts, the uninsured discount will be reversed and the entire account balance will be adjusted off and classified as charity care (Bad Debt)

The applicant will be notified in writing of the committee's decision.

Scope:

All Wellmont Hospitals and Clinic Facilities

Regulatory Agency Standard(s):

N/A

History/Supersedes:

Replaces Financial Assistance/Charity Policy

Attachments:

No Attachments

Committee	Approver	Date
	Doris Young: Corporate Compliance Assistant	03/2011
	Christopher Spencer: VICE PRESIDENT REVENUE CYCLE	02/2014
	Alice Pope: EXECUTIVE VICE PRESIDENT AND SYSTEM CFO	04/2014
System Policy Task Force/Oversight Committee	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	08/2014
System PolicyStat Administrator	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	08/2014
	Christopher Spencer: VICE PRESIDENT REVENUE CYCLE	12/2014
	Alice Pope: EXECUTIVE VICE PRESIDENT AND SYSTEM CFO	12/2014
System Policy Approval & Oversight Committees	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	01/2015
	Christopher Spencer: VICE PRESIDENT REVENUE CYCLE	04/2015
	Alice Pope: EXECUTIVE VICE PRESIDENT AND SYSTEM CFO	09/2015
System Policy Approval & Oversight Committees	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	10/2015

Wellmont Health System

Effective:	*11/1993*
Approved:	*10/2015*
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Custodian:	*Janet Hazlewood: DIRECTOR QUALITY ACCRED/RISK MANAGEMENT*
Policy Area:	*Risk Management*
Regulatory:	
Applicability:	*Wellmont Health System*

Patient Bill of Rights

Policy Statement:

A. Wellmont hospitals, as healthcare institutions, have the responsibility to patients, staffs, medical staffs, affiliated organizations, and the communities we serve to conduct business and patient care operations within a consistent ethical framework as defined by our mission, vision, values and related policies and documents.

B. The ethical framework within which the staffs and physicians of Wellmont hospitals conduct all aspects of patient care and business operations is provided by the principles defined in our mission, vision and values:

1. **Mission:** We deliver superior health care with compassion.
2. **Vision:** We will deliver the best health care anywhere.
3. **Values:**
   a. Integrity
   b. Respect
   c. Compassion
   d. Empowerment
   e. Innovation

Policy:

WELLMONT HEALTH SYSTEM PATIENT RIGHTS AND RESPONSIBILITIES

The Wellmont Health System advocates these patient rights and responsibilities without regard to gender or cultural, economic, educational or religious background or the source of payment for care and follows ethical behavior in its care, treatment, services and business practices. All Wellmont Health System personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patient rights.

As a patient you have the right to:

- Know and experience your rights and become informed of your rights as a patient in advance of, during, or when discontinuing the provision of care.

- Considerate, respectful, supportive care for your physical, psychological, social, emotional concerns and respect for your personal values and beliefs in an environment that preserves dignity and contributes to a positive self-image.
- Reasonable access to and continuity of your care
- Information concerning your diagnosis, condition, course of treatment including potential benefits and risks, and prospects for recovery including unanticipated outcomes, in terms that you can understand
- To be educated and participate actively in the development and implementation of the care plan and safe delivery of care including appropriate management of pain
- Participate in ethical issues that come up during your care and have such issues addressed
- Have a designated family member/representative participate in informed decisions about your health care, when appropriate
- Exclude any or all family members from participating in your care (this does not apply to unemancipated minors)
- Receive visitors and have a support person with you for emotional support
- Receive information regarding advance directives and generate advance directives and have them followed within the limits of the law and to receive medical care even if you do not have advance directives
- Express your wishes about foregoing, withholding or withdrawing resuscitative services and/or life sustaining treatments
- Have a family member or representative of choice, and personal physician notified of admission to the hospital with your consent
- Appropriate assessment and management of pain
- Know the names of your physicians and caregivers and their professional titles and status
- Request a change of health care provider or second opinion if desired
- Agree to and refuse treatment to the extent permitted by law and to be informed of the benefits, possible consequences of such action and of alternative treatments
- Be fully educated about the discomforts/risks/benefits, and to consent or refuse to participate in experimental treatment/research and also receive information about alternatives that might be helpful. You may refuse to participate and still receive other services. When participating in research investigation and clinical trials your rights shall be protected and respected and you will be given an explanation of the procedures to be followed
- Personal privacy and to receive care in a safe/secure environment
- Agree to and refuse for your picture to be used for any reason other than providing care
- Express spiritual beliefs and cultural practices and wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatments
- Express concerns/dilemmas/grievances about your care to a nurse/employee or if needed to a member of management and to have these issues addressed and if possible resolved
- Confidentiality of all communications and your clinical records and access to the information in your medical record within the limits of the law
- Information provided with sensitivity regarding autopsy, organ and other tissue receipt/donation
- Freedom from all forms of abuse/harassment, neglect and exploitation
- Explanation of all charges for service and items on your bill
- Reasonable response to a request for services within the capacity of the health care facility
- Information about your continuing health care needs/options and planning for care after leaving the hospital as appropriate
- Information about rules and regulations affecting your care or conduct.

- Access to protective services (guardianship, advocacy services, conservatorship, adult and child protective services etc.)
- Pastoral and spiritual care
- Access to oral and written communication in your preferred language for discussing healthcare, such as, translators or special equipment for communication, if needed.
- When communication is restricted you and/or your family will be included in the process, including therapeutic effectiveness of the restriction.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff
- Request and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers or payors that may influence your treatment and care
- Be informed when the hospital cannot provide the care you request and be informed of your needs and alternatives for care
- Be transferred to another organization if necessary and medically advisable and the transfer is acceptable to the receiving organization

As a patient you are responsible to:

- Provide accurate and complete information regarding past and present medical problems, medications, and other matters pertaining to your health
- Follow medical instructions and health advice and discuss desired changes or concerns about your ability to comply
- Accept the consequences of your actions if you refuse treatment or do not follow instructions or advice
- Report changes in condition or symptoms or concerns regarding your care promptly
- Notify your caregiver if you do not understand information about your care or treatment or what is expected of you
- Act in a considerate, cooperative manner and respect the rights of others
- Choose whether you wish to be treated at a Wellmont Health System facility. For a medical non emergency, if your managed care organization does not cover the charges, you would be responsible for paying the bill
- Assure that your financial obligations for health care are fulfilled promptly
- Follow the rules and regulations of the health care facility
- Keep appointments and notify the hospital or physician if you cannot do so.
- Respect your personal property and that of other persons in the hospital and the hospital property
- Report any concerns regarding your care and/or any unexpected changes in your condition to the responsible practitioner.
- Ask questions when you do not understand what you have been told about your care or what you are expected to do.
- **Special Needs Patients**
  - ***If you feel special assistance is needed contact the Admissions Department, Case Management or Nursing Staff.***

Additionally, patients are encouraged to become active, involved and informed participants on the health care team. To help prevent health care errors, patients are urged to "Speak Up:"

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Knowledge of your medications helps prevent medication errors.

Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation using established state-of-the-art quality and safety standards, such as that provided by The Joint Commission.

Participate in all decisions about your treatment. You are the center of the health care team

Wellmont Health System hospitals are accredited by Joint Commission on Accreditation of Healthcare Organizations. You may contact The Joint Commission at:

- The Joint Commission
- One Renaissance Blvd.
- Oakbrook Terrace, IL 60181
- Phone: 1-800-994-6610

In addition to the "Speak Up" reminders noted above, the American Hospital Association encourages patients and their families to follow the "Five Steps to Safer Health Care" listed below:

A. 1. **Ask questions if you have doubts or concerns.** Make sure you understand the answers. Choose a doctor you feel comfortable talking to. Take a relative or friend with you to help you ask questions and understand the answers.

2. **Keep and bring a list of ALL the medicines you take.** Give your doctor and pharmacist a list of all the medicine that you take, including non-prescription medicines. Tell them about any drug allergies you may have. Ask about side effects and what to avoid while taking the medicine. Read the label when you get your medicine, including all warnings. Make sure your medicine is what the doctor ordered and know how to use it. Ask the pharmacist about your medicine if it looks different than you expected.

3. **Get the results of any test or procedure.** Ask when and how you will get the results of tests or procedures. Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail. Call your doctor and ask for your results. Ask what the results mean for your care.

4. **Talk to your doctor about which hospital is best for your health needs.** Ask your doctor about which hospital has the best care and results for your condition if you have more than one hospital to choose from. Be sure you understand the instructions you get about follow-up care when you leave the hospital.

5. **Make sure you understand what will happen if you need surgery.** Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Ask your doctor, "Who will manage my care when I am in the hospital?" Ask your surgeon: Exactly what will you be doing? About how long will it take? What will happen after the surgery? How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

Scope:

All Wellmont Departments

History/Supersedes:

supersedes BRMC-AD-911-0003-PO, HVMC-AD-911-0046-PO, HCMH-W-SY-901-0056-PO, WHCH-W-SY-901-0056-PO, WLPH-W-SY-901-0056-PO.

Regulatory Agency Standard(s):

The Joint Commission Rights and Responsibilities of the Individual standards

CMS 42 CFR 482.13 - Condition of participation:Patient's Bill of Rights

Reference:

N/A

Attachments:

Patient Compliant and Grievance Resource

Committee	Approver	Date
System Safety Committee	Marsha Helton: RN; Director Clinical Quality/Patient Safety	09/2012
	Tracey Moffatt: EXECUTIVE VP AND CHIEF OPERATING OFFICER	09/2012
	Margaret Denarvaez: PRESIDENT WHS	09/2012
	Doris Young: Corporate Compliance Assistant	09/2012
Risk Management SLDS Team	Melissa Mccall-Burton: DIR QUAL/RISK/MED STAFF	10/2015
	Gary Miller: EXECUTIVE VICE PRESIDENT, CHIEF GENERAL COUNSEL	10/2015
System Policy Approval & Oversight Committees	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	10/2015

Wellmont Health System

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Custodian:	*Sharon Webb: ADMINISTRATIVE SECRETARY*
Policy Area:	*Single Billing Office*
Regulatory:	
Applicability:	*Wellmont Health System*

Wellmont Health System Bad Debt, Bankruptcy, Small Balance Write-Off and Return Mail Policy

Policy Statement:

It is the policy of Wellmont Health System to engage in routine collections of patient debt that is allowable and consistent with federal, state and local laws; transfer accounts in accordance with standard operating procedures to a collection entity separate from Single Billing Office, and list as bad debt without regard to patient type or financial class.

Policy:

The amounts uncollectible from non-Medicare guarantors are to be charged off as bad debt in the accounting period in which the accounts are deemed to be non-collectable. For Medicare purposes allowable bad debt is defined in the Provider Reimbursement Manual (PRM)

Section 302.2 - Allowable Bad Debts - "Allowable bad debts are bad debts of the provider resulting from uncollectible deductibles and coinsurance amounts and meeting the criteria set forth in Section 308. Allowable bad debts must relate of specific deductibles and coinsurance amounts.

Section 310.2 - If after reasonable and customary attempts to collect a bill, the debt remains unpaid more than 120 days from the date of the first bill is mailed to the beneficiary, may be deemed uncollectible.

The following 4 criteria as outlined in Section 308 must be met;

1. *Debt is related to covered services and attributable to unpaid deductible and coinsurance amounts*
2. *Reasonable collection efforts are made*
3. *Debt is actually uncollectible when claimed as worthless*
4. *There is no likelihood of future recovery*

Process:

A. **Patient Balances**

1. **Non Medicare**

a. The Guarantor will receive 3 statements and a final notice. If the bill remains unpaid more than 90 days from the date it was first mailed to the guarantor, and reasonable collection attempts have failed, the account will be turned over to a collection agency.
    i. Day 0: Statement
    ii. Day 30: Statement
    iii. Day 60: Statement
    iv. Day 75: Final Notice Letter
    v. Day 90: Collection Letter
b. Day 90 account deemed bad debt and adjusted off as "Bad Debt".
c. Day 90 account transferred to a collection agency.

2. **Medicare**
    a. Effective April 2005, CMS issued an updated stance on uncollectible Medicare bad debts. Theycannot be claimed until closed by all collection agencies. In order to facilitate the process of collections, to appropriately manage the account receivable and to meet Medicare's bad debt audit guidelines the following procedures will apply:
        i. Once final insurance payment is made the patient responsibility is due.
        ii. The guarantor will receive 4 statements and a final notice. This process will take approximately 121 days. The only exception will be return mail. If a correct address cannot be obtained the account will be sent to the collection agency.
        iii. Reasonable collection attempts will be made.
        iv. After 121 days have passed the account will be moved to Bad Debt. At this point, the account will be transferred to a collection services agency.
        v. When the account is deemed worthless it will be returned from the collection agency to be included in the Medicare bad debt log.

B. **Bankruptcy**
1. When notice is received that a patient has filed for Bankruptcy, a Bankruptcy Billing Indicator is placed on accounts.
    a. Chapter 7 - All charges included in the bankruptcy are adjusted off as Bad Debt. All collection efforts are ceased
    b. Chapter 11 - All charges included in the bankruptcy are adjusted off as Bad Debt and transferred to a collection agency.
    c. Chapter 13 - All charges included in the bankruptcy are adjusted off as Bad Debt and transferred to a collection agency.

C. **Return Mail**
1. If unable to secure a current mailing address the account will then be turned over for collections.
    a. Wellmont Health System considers the collection agency as an extension of their collection effort

D. **Small Balance Write-Off**
1. Personal account balance less than .99 will be adjusted off as "Small Balance Write-Off".

Reference(s):

N/A

Scope:

Wellmont Health System & Affiliates

Regulatory Agency Standard(s):

CMS Billing Manuals

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929.html

History/Supersedes:

N/A

Attachments:

No Attachments

Committee	Approver	Date
	Christopher Spencer: VICE PRESIDENT REVENUE CYCLE	03/2014
	Alice Pope: EXECUTIVE VICE PRESIDENT AND SYSTEM CFO	04/2014
System Policy Task Force/Oversight Committee	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	04/2014
System PolicyStat Administrator	Cheryl Perkins: PERFORMANCE IMPROVEMENT SPECIALIST	04/2014