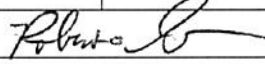


Methodist Health Services Corporation  UnityPoint Health Methodist Proctor © General Administration	Page # 1 of 4	Section: F	Policy # F-3.1
	Approved by: 		Date: 12/15
	Date Revised: 12/15 Supersedes: 8/12 1/05,09/07,9/09,8/12, 12/15		
	Primary Responsible Party: Tonya Johnson, Manager of Patient Access, UPH CBO		
	Secondary Responsible Party: Rob Quin, CFO		
The Joint Commission Standard:			
SUBJECT: PATIENT FINANCIAL GUIDELINES FOR ADMISSION			

I. POLICY:

Methodist Health Services Corporation and its subsidiaries (collectively “MHSC”) applies fair and equitable billing and collection practices to all that seek care at our facilities including compliance with the requirements of the Uninsured Discount Act of Illinois.

II. PURPOSE & STANDARD:

In keeping with its mission, MHSC is committed to providing caring service to all MHSC patients and their family members. Our goal is to provide the best possible service in the most professional manner.

III. POLICY SCOPE:

This policy applies to all MHSC corporations.

IV. GENERAL INFORMATION:

Billing and collection procedures will be done with respect for the actual financial condition of the patient and/or the patient’s family. This practice will include fairness in our organization’s ability to collect charges, which reflect fair and reasonable charges for services delivered, including in some cases, interest at an equitable rate on delinquent accounts.

All collection agents will be adequately oriented to the mission and values of the MHSC and its expectations regarding collection practices.

All statements of charges and payments due will be communicated in a clear manner.

IV. PROCEDURES:

A. Admission and Patient Registration

1. Pre-Admission/Admission - MHSC will pre-admit all patients when possible. We will verify the responsible party’s method of payment prior to the patient’s admission. Any patient who does not have verifiable third-party (insurance) coverage or whose coverage may be inadequate will be asked to pay their estimated patient responsibility upon admission. Those patients without proper referrals or authorization may be rescheduled until approval is obtained. Should a patient have presented coverage within the last 30 days that current insurance information will be used if the patient verifies that it is still in effect.

2. Patient/Responsible Party Signatures - Patients and/or their appropriate responsible party will be asked to sign an admission form acknowledging their permission for medical treatment, authorization to release information to third party payers and accepting responsibility for payment of their charges. The form and its contents will be fully explained to the patient and/or

their responsible party. A copy will be provided to them at their request. Our hospital Medicare patients will receive both the advance directives and the “Important Message from Medicare” statements.

3. **Medicare, Medicaid and other governmental admission and billing requirements** –MHSC will adhere to all admission and billing requirements as detailed in all federal and state regulations. These requirements include, but are not limited to:
 - Properly signed written order from the physician or appropriate provider
 - Documented medical necessity for the services requested including the exact test(s) to be performed (amount, frequency and duration) and the diagnosis or condition of the patient pertinent to the order.
 - Medicare Secondary Payer questionnaire (MSP) to determine the proper primary payer
 - Combination of charges in accordance with the Medicare three (3) day rule
 - Appropriate use of the ABN (Advance Beneficiary Notice)
 - Appropriate documentation of all treatment activity
 - Proper and accurate coding of procedures and diagnostic information
4. **Estimated Balances** - In an effort to keep our patients informed about the costs of their services, at the time of admission we estimate the cost of services as an estimated patient responsibility. This balance due will represent the “out-of-pocket” expenses the patient will owe as a result of the services provided. Self-pay patients will be asked to make payment in full of their charges less the applicable self pay/charity discount. Payment of the estimated “balance due” may be requested prior to admission, and may be required at admission. By making patients aware of these estimated costs, we hope to help both patients and/or their families’ plan for the cost of their services.
5. **Indigent Care** - MHSC will provide emergency care to patients who do not have the financial resources to pay. Patients who qualify for full or partial assistance will be identified during the admission process, if possible.
6. **Denial of Service** – MHSC may deny non-emergency medical services, including hospital admission, to patients who have current bad debt accounts with the hospital. Prior to providing services or admitting the patient, the specific corporate delegates will give the responsible parties an opportunity to pay the bad debt account(s) or make other arrangements to meet the requirements for the current admission.
7. **Emergency Service** - MHSC will provide emergency medical services to patients regardless of their ability to pay or past collection history. The patient’s physician or a UPH- Peoria emergency department provider will determine emergency inpatient admission. Such inpatient services will also be provided regardless of the patient’s ability to pay. Outpatient accounts are to be paid at the time medical services are provided unless acceptable third party (insurance) coverage is presented. Emergency room patients may be asked to settle their accounts before leaving the hospital **only after** the patient has been screened by the emergency room provider.
8. **Vehicle Accident and Public Liability** - Any charges incurred as the result of a vehicle accident or public liability are the personal responsibility of the patient. MHSC will not become involved in third party disputes. MHSC may utilize the help of MRA (Medical Reimbursements of

America) to gather all accident details and all sources of insurance information regarding the patient's accounts.

9. **Worker's Compensation.** Any charges incurred as the result of an accident at work are the personal responsibility of the patient. MHSC will not become involved in third party disputes. MHSC may utilize the help of MRA (Medical Reimbursements of America) to gather all accident details and all sources of insurance information regarding the patient's accounts.
10. **Questions Regarding Children's Accounts.** Divorce, separation and remarriage often lead to difficult questions regarding financial responsibility. Determinations made as a result of court actions are not binding on our billing process. The family member bringing the child to our facilities and signing the child's admission forms will be the person we identify as the responsible party. In the State of Illinois both parents are ultimately responsible for the payment of their child's health care.

B. Third Party Billing

1. **Submission of Third Party Claims.** As a courtesy to our patients, MHSC bills the third party insurance. However, it is the patient's responsibility to see that an account is paid in full. The filing of claims with third party carriers does not relieve the patient of their obligation.
2. **Billing Information** - It is the patient's responsibility to supply MHSC all the necessary billing information at the time of service.
3. **Assignment of Benefits** - MHSC will file third party claims for patients without an assignment of benefits only when an account is paid in full.
4. **Allowance of Time for Payment** - MHSC will allow third parties an appropriate amount of time (at MHSC discretion) to pay an account. Prompt and regular follow-up will be performed on all accounts.
5. **Time Payments** - MHSC may accept time payments subject to the patient's ability to pay and with approval from management. MHSC is under no obligation to accept time payments without prior approval. Patients requesting time payments may be asked to complete a financial statement.
6. **Collections** - Accounts that are deemed to be bad debts will be placed for collection with a professional collection agent and/or attorney. Legal action may be initiated by MHSC to expedite the collection of charges for services.
7. **Confidentiality of Medical Records** - Medical Records are confidential and are only released upon receipt of proper authorization from the patient and may require pre-payment of a fee for copying costs. All patient billing records and documents will be made available to the patient and/or their responsible party upon request.
8. **Processing of Patient Accounts** - MHSC will process the collection of patient accounts through the computer system and on a personal approach based on the size, age and type of account. This combination of personal and computer processing will insure that our patients are handled with dignity and respect as individuals.

9. **Usual and Customary Charges** - Occasionally an insurance carrier will arbitrarily determine that our charges are above their usual and customary rates. We will not allow the insurance carrier to set the amount we charge for our services. Charges will not be reduced to non-contracted insurance carriers unless the reduction is agreed to in advance for a specific patient.

Patients may receive additional billings from their personal physician, surgeon, other consulting physicians, anesthesiologists, pathologists, emergency medical physicians, and radiologists. These professional billings are not included in the medical center's charges and payment must be arranged with these separate offices.



UnityPoint Health
Methodist | Proctor

CARE
COORDINATION

Page # 1 of 2

Section: Admissions/
Discharges/ Transfers

Policy #: A-21

Approved by:

Date: 6/14/2017

Review by:
6/14/2018

Supersedes: 11/16/04, 5/07, 5/09, 5/11, 3/12, 3/13, 3/14, 8/15,
7/13/2016

Date Revised: 6/14/2017

Primary Responsible Parties: Toni Jurgensen

Secondary Responsible Parties:

Joint Commission Standard: PC

SUBJECT: ADMISSION PROCESS

- I. POLICY:
 A Registered Professional Nurse will assess and plan for the patient's needs for nursing care during the admission process.
- II. PURPOSE AND STANDARD:
 Provide guidelines for nursing personnel on the patient admission procedure.
- III. POLICY SCOPE:
 RN, LPN, CNA
- IV. EQUIPMENT:
 Thermometer
 Sphygmomanometer and Stethoscope
 Pulse Oximeter
 Scale
- V. GENERAL INFORMATION:
 - A. Patient privacy and confidentiality will be protected during the admission process. Ask visitors/family to wait outside the room during interview process or minimally when asking abuse screening questions.
 - B. The nurse may delegate aspects of data collection to the appropriate staff. The nurse will see and evaluate the patient, document height, weight, vital signs, review and complete the Admission Narrator, Prior to Arrival Medications, Patient Assessment/Evaluation and Plan of Care and identify how the problems and/or patient care needs will be addressed during this hospitalization.
- VI. PROCEDURE:

- A. Introduce yourself to:
 - 1. Patient
 - 2. Others in room.
- B. Ask patient if he/she would like visitors to step out while history is being obtained. After history has been obtained Instruct relatives to remain to talk with physician, if indicated.
- C. Provide patient with hospital gown. Patient may wear own night clothes if they desire. Place clothing in area provided.
- D. Measure height and weight and document in the EMR
- E. Assist patient to bed.
- F. Take vital signs and document in EMR
- G. Orient patient to:
 - 1. Physical surroundings of unit.
 - 2. Unit routines.
 - 3. Hospital facilities.
 - 4. TV education system (Methodist Campus)
 - 5. Update White Board upon admission to room
 - 6. Review admission packet with patient and family.
- H. Ensure patient's ability to use nurse call system.
- I. Inform patient that he assumes responsibility for valuables retained at the bedside. Encourage excess money over \$5.00 to be placed in a valuables envelope in the presence of the patient and have the envelope taken to Patient Registration to be placed in safe. Return receipt to patient. If a witness is deemed necessary contact Security.
- J. Medications brought from home
 - 1. Inform patient that medications brought to the hospital are not to remain at the bedside.
 - 2. Refer to Administration of Medications Policy.
- K. Ensure presence of I.D. band. Verify that information on armband is correct. Patient may have an additional Blood Bank ID band of which will only be removed by Blood Bank.
- L. Provide denture cup/hearing aid cup (if necessary) labeled with patient's full name.
- M. Instruct patient to keep dentures/hearing aids in container in drawer of bedside table when not in use.
- N. Provide bedpan and/or urinal as needed and instruct patient on appropriate use.
- O. Notify physician of admission and obtain admission orders if not already done. Share appropriate information from physician's orders with the patient, i.e. diet, activity, special tests.
- P. Complete Patient Assessment/Plan of Care. The RN reviews all data and identifies for patient care needs that will guide the nursing plan for patient care.