

Review/Issue spot hospital policies received pursuant to public records request & outline items to discuss with hospital officials

- [RCM 100](#) (corporate business office) “Accounts receivable management Overview”
 - Policy establishes actions that may be taken for nonpayment
 - Principle: need to ensure responsible fiscal position
 - Procedure for collection of accounts for non-emergency unscheduled treatment

Issues/questions:

- Needs amendment for scheduled services
- Is there a blanket exclusion of coverage for mental health services?
- Defines emergency, but no definition on medically necessary (MN) non-emergency, which may be deferred indefinitely.
- No provisions for a written decision or review process.

- [RCM 750](#) Uncompensated Care
 - Policy of PHT to screen for patients seeking financial assistance for medical necessity (MN)
 - Financial Assistance Policy (FAP); how to apply
 - Financial assistance will not be given unless MN

Question: Does this mean it will be given if it is MN?

- [Policy No. 207](#): explains process for MDC medically indigent patients
 - Uninsured will get financial classification
 - Departments will develop clinical criteria to support decisions of MN

Question: This helpful policy seems inconsistent with RCM 100. (see above)

Question: Can this policy, No. 207, be the “starting point” for developing an updated policy regarding the issue at hand, i.e., Access to non-emergency medically necessary care for J card holders?

Suggestions for your consideration/future discussion:

While we understand that Jackson's ever present financial challenges are more dire than ever and do not want to create unnecessary bureaucracy, we would welcome the chance to discuss if JHS policies can be revised to provide a clear description of the process for requesting that the applicable J card copayment(s) be utilized for non-emergency treatment(s). Ideally, this would include:

- Who makes the decision
- The coverage standards for non-emergency medical care
- If the standard of coverage is "medical necessity", include a definition of medical necessity (or clarify per Policy No. 207 that each department will develop clinical criteria to support decisions of MN),
- A prior authorization-type form from the prescribing doctor can submit supporting medical necessity (DGA's doctor submitted a form FHJP created).
- How the patient/prescriber is notified of the decision (ideally, this should be through a written notice)
- The process for requesting peer-to-peer review
- The appeal process (if any) beyond peer-to-peer review