SCOPE: Government Programs - Reimbursement Department, all Company Facilities required to file a cost report, Shared Services and all other Corporate Subsidiaries and Departments.

PURPOSE: To refine, maintain and publish a Reimbursement Manual that will include corporate and departmental policies and procedures to be utilized by all reimbursement staff.

POLICY: The Company will provide to all reimbursement personnel a Reimbursement Manual that will include corporate and departmental policies and procedures that seek to ensure full compliance with applicable federal and state statutes, regulations and guidelines. Additionally, this manual will outline departmental organizational structure, education and training requirements, and third-party contractual reporting responsibilities. This Reimbursement Manual will be updated and maintained to ensure compliance with corporate policy, per the Reimbursement Manual Internal Review & Update Policy (Attachment A). The responsible Senior Vice President and VP of Reimbursement will be responsible to see that the Reimbursement Manual is current with respect to Company policy and regulatory changes.

The terms “filed cost report(s)” and “Medicare,” as they are used in this policy and all other reimbursement policies and procedures that follow, are intended to encompass all governmental payers (i.e., Medicare, Medicaid, TRICARE (formerly known as CHAMPUS), etc.).

PROCEDURE:

A. Manual Contents

   At a minimum, the Reimbursement Manual will address the following issues:
   • Reimbursement Department Policies and Organization
   • Cost Reporting Process
   • Medicare Appeals
   • Financial Reporting
   • Related Party Transactions
   • Acquisition/Divestiture Activities

B. Manual Publication

   The Manual is accessible via the Reimbursement Atlas Web Site. Copies may be printed for use by the Reimbursement staff.

C. Manual Maintenance and Updates

   The Reimbursement Department VP, AVPs and Directors will be responsible for updating and maintenance of the Reimbursement Manual. All identified changes or updates should be communicated to the VP of Reimbursement, or his/her designee, for review. The responsible Senior Vice President, or his/her designee, will determine if the new update is a policy, procedure, or guideline, and whether review by the Corporate Ethics and Compliance Policy Committee and/or external sources is required. The Director of Reimbursement/Education will be responsible for incorporating all approved changes into the manual.

REFERENCES: HCA’s Code of Conduct
Reimbursement Manual
Internal Review & Update Policy

I. Assign portions of the Manual to Team Leaders:
   • Introduction (Director, Reimbursement/Education)
   • Section 1 – Department Policies and Organization (Director, Reimbursement/Home Office)
   • Section 2 – Cost Reporting Process (Director, Reimbursement Support)
   • Section 3 – Medicare Appeals (Director, Reimbursement/Appeals)
   • Section 4 – Financial Reporting (Director, Reimbursement Support)
   • Section 5 – Related Party Transactions (Director, Reimbursement/Home Office)
   • Section 6 – Acquisition/Divestiture Activities (Director, Reimbursement/Development)

II. Team Leaders provide suggested revisions to their AVP for approval on an annual basis.

III. AVP submits approved drafted revisions to Approval Committee for review.

   Approval Committee:
   VP, Reimbursement
   AVP, Reimbursement Operations
   AVP, Reimbursement Support/Home Office
   AVP, Reimbursement/Appeals, Development & Education
   Director, Reimbursement/Education

IV. Drafted revisions, approved by Committee, presented to SVP for final approval.

V. Final revisions incorporated in Reimbursement Manual and published to Atlas by the Director, Reimbursement/Education on an annual basis.

VI. In December of each year, the Approval Committee will establish time frames for the above steps to occur for the following year.