

Summary of Changes to the Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration By and Between Wellmont Health System and Mountain States Health Alliance

Effective as of January 1, 2025, the Tennessee Department of Health and the Tennessee Attorney General's Office has published the "Fifth Amended and Restated Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health Pursuant to the Master Affiliation Agreement and Plan of Integration By and Between Wellmont Health System and Mountain States Health Alliance." Substantive changes to this version of the Terms of Certification are outlined below.

| Section Reference | Summary of the Change |
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| Throughout the Document | Editorial changes to conform the document to the "Fifth Restatement of the Terms of Certification." |
| Throughout the Document | Updating of formatting and changes to references for page and section numbers that were not intended to alter the substance nor content of the Terms of Certification. |
| Article I | <p>Added definitions for:</p> <p>“Appalachian Highland Care Network” “Electronic Health Record” or “EHR” ‘Fifth Restatement Date.’ “Final Score” “Financial Assistance Policy”</p> <p>Omitted separate definitions for Access and Population Health Reports and correspondingly revised sections 3.02(d) and 3.04(e) and other incidental references.</p> <p>Added definitions for:</p> <p>“Immediate Jeopardy” “Medicaid Hospital Investment Program”</p> <p>“Project Access” “Provider Needs Assessment” “PSA”</p> <p>Revised definition of “Rural Hospitals” to note that Unicoi County Hospital is not currently in operation due to severe damage from Hurricane Helene.</p> <p>Revised definition for “Satisfactory Score”</p> <p>Added definition for “Spending Guidelines” Added definition for “STRONG LINK”</p> |

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| Section 3.02(c) | Revised the obligations under the Rural Health Plan to include a commitment to support Project Access. |
| Section 3.04(f) | Added a section to require commitment to the STRONG LINK Research Study. |
| Section 3.06 | Added a sentence to 3.06(c) to permit the COPA Monitor to specify an effective date for a nonmaterial plan modification. |
| Section 3.07(a) | Added a footnote to memorialize the discussion regarding levels of Capital Spend, pending the results of an external report. |
| Section 3.08 | Added a footnote to memorialize the satisfaction of the Equalization Plan. |
| Section 4.02(a) | Revised the section to clarify reporting of Immediate Jeopardy deficiencies to the Department. |
| Section 4.02(c) | Revised data collection requirements regarding nurse staffing levels, the frequency of physician and employee engagement surveys and of the Provider Needs Assessment. |
| Section 4.03(a) | Revised the Maintenance of Hospitals obligation to a 10-year period, subject to reduction to an 8-year period if the Medicaid Hospital Investment Program is not approved by CMS. |
| Section 4.03(c) | Revised the Deletion or Repurposing of Service Lines section to detail explicitly the requirement and process for reporting and notice. |
| Sections 4.03(e) & (f) | Revised the Charity Care obligations to detail explicitly obligations of patient eligibility and write down and write off of patient accounts. |
| Section 5.05(e) & (h) | Revised Physician Services to exempt certain specialties from the 35% limitation, clarify the process for calculation and exemption from the limitation and promote the clinical programs of East Tennessee State University. |
| Section 6.04 & Exhibit G | Revised and clarified the periodic reporting requirements and content. |
| Section 9.01 | Revised the name and address of the COPA Monitor. |
| Exhibit B-2 | Added a new Exhibit to detail explicitly the requirement and calculation of Baseline Spending and the interaction of Baseline Spending with the Incremental Spending obligations of Article III, section 3.01. |
| Exhibits C, D & K | Comprehensively revised the measures for the Access Sub-Index, the Population Health Sub-Index and the Quality Sub-Index. |
| Exhibit F paragraph 4 | Added a bullet to detail explicitly the duty of the COPA Monitor to receive community input. |
| Exhibit I | Rebalanced the relative scoring weight of the 3 Sub-Indices and scoring weights within the Sub-Indices. |
| Exhibit J | Revised the Final Score categories to follow the COPA Rule and delay the new scoring regime for the partial year period to allow the New Health System to adequately build processes and systems to track, calculate and improve the scoring of individual measures. |