



VT Legal Aid, Inc. Office of the Health Care Advocate Questions

Re: HCA Questions for Hospital Budget Guidance FY2020

1. Please provide by payer (Medicare, Medicaid, BCBSVT, TVHP, MVP, and Cigna):

- a. Your budgeted net patient revenue (NPR) and proposed NPR change from FY2019.

NPR (Net Patient Revenue) is not budgeted by specific payer for Commercial insurers.

- b. The formula(s) you used to calculate your budgeted NPR, the definition of each variable in the formula(s), and the budgeted value of each variable for FY2020.

Budgeted NPR is calculated by comparing current year reimbursement rates and applying the rate to proposed GPR (Gross Patient Revenue).

- c. The average ratio of the payer’s reimbursement rate to Medicare’s reimbursement rate.

	GPR Budget FY2019	NPR Budget FY2019	Reimb Rate FY2019	GPR Budget FY2020	NPR Budget FY2020	Reimb Rate FY2019	NPR Proposed Change From FY2019
Medicare	16,569,108	12,228,091	74%	18,496,176	13,454,671	73%	1,226,580
Medicaid	4,146,671	1,491,266	36%	4,440,402	1,680,994	38%	189,728
Commercial	9,264,853	6,271,313	68%	9,629,957	6,469,336	67%	198,023
	29,980,632	19,990,670		32,566,535	21,605,001		1,614,331

2. Please delineate the hospital's financial performance and patient distribution by capitated business, fee for service business, and any other payment methodologies. (If you only have one type of business please state which type.)

Grace Cottage is a fee for service business.

- a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g., insurer(s), ACO).

3. Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.

- a. What other avenues are you pursuing to address this crisis in a sustainable way?

We offer a complete set of mental health programs embedded right into our family medicine clinic.

- A full-time Psychiatric APRN (PMHNP-BC) whose specialty is medicine (prescription drug) management for patients of age > 10 and who also oversees limited family sessions. He also consults with inpatients and emergency department behavioral health patients as needs arise.
- A full-time Licensed Independent Clinical Social Worker who offers long-term counseling for children, adults, couples and families. She also consults with inpatients and emergency department patients as needs arise.
- A full-time Licensed Mental Health Counselor/Psychotherapist who offers acute, short-term counseling for children, adults and families. She also consults with inpatients and emergency department patients as needs arise.
- A SPOKE program linked to the Brattleboro Retreat HUB system for MAT for opioid addiction, 3 days a week with 1 addiction specialist and 2 clinic providers.
- Patients in acute or life-threatening mental health crisis are referred immediately to the emergency department for evaluation by the ED provider and the crisis team of HCRS.
- The emergency department now has a safe room to ensure patient and staff safety for high-risk psychiatric symptoms and behavior.

4. Please provide data on substance use treatment at your hospital, including:

- a. The number of patients currently enrolled in medication-assisted treatment at your hospital,
We have 82 MAT patients.
- b. The number of MAT providers employed by your hospital, and
We have 2 such providers
- c. Other avenues that you are pursuing to address this crisis in a sustainable way.
We are pursuing initiating buprenorphine treatment in the emergency department for those patients undergoing opioid withdrawal but this newly approved action demands immediate follow-up with a HUB opioid center.

5. Please provide the number of patient bed days attributable to patients awaiting placement in an appropriate Skilled Nursing Facility bed, and average bed days per patient, for:

- a. FY2018: Average acute LOS 2.75;
FY2018: Average Swing LOS 16.4
- b. FY2019 to date: (First 8 months through May) Average acute LOS 2.82
FY2019 to date: (First 8 months through May) Average swing LOS 16.35
We have zero patients awaiting placement at SNF beds as we are able to transition to swing in house.

6. Please provide the hospital's per unit profit margin on each 340B drug dispensed and the number of units of each drug dispensed.

Per unit profit margin is not tracked on each 340B drug dispensed, nor is the manpower available to do so.

7. Please describe any changes to the hospital's shared-decision making programs.

- a. For any new initiatives, please describe the initiative(s), which departments participate, how you chose which departments participate, and how you plan to identify cost savings and quality improvement.

Shared Decision-Making:

As you know, the Agency for Healthcare Research and Quality explains that “*shared decision-making is “a model of patient-centered care that enables and encourages people to play a role in the medical decisions that affect their health. It operates under two premises:*

- *First, consumers armed with good information can and will participate in the medical decision-making process by asking informed questions and expressing personal values and opinions about their conditions and treatment options.*
- *Second, clinicians will respect patients’ goals and preferences and use them to guide recommendations and treatments.*

The aim of shared decision making is to ensure that:

- *Patients understand their options and the pros and cons of those options and*
- *Patient’s goals and treatment preferences are used to guide decisions.*

A key step in shared decision-making is making sure that patients are fully informed about their medical condition and their options. Consumers have access to a variety of sources for such information, including physicians, friends and family, Web sites, and printed materials such as pamphlets and journal articles. Patient decision aids go beyond that kind of information to explain the issues fairly and clearly, highlighting the pros and cons of each option, and providing support for users to clarify and express their personal goals and preferences. Good decision aids, whether Web-, video- or paper-based, are balanced and do not encourage one treatment approach over the others. They can be used before, during and after visits for medical care,¹¹ and may be applied to a variety of medical conditions as well as general preventive medicine. Educational applications may also be used to prepare patients for various procedures or explain what they need to know after surgery.” (<https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html>)

You will be happy to know that shared decision-making is the normal practice here at Grace Cottage and has been for decades. It is at the very heart of our patient-centered health care model, our level 3 medical home and every community health team endeavor.

Common examples of where it is practiced:

- All wellness, preventive health and anticipatory guidance visits.
- All advance care planning, end-of-life care and hospice sessions.
- All chronic care management decisions.
- All personal health goals attended by our community health team.
- All informed consent decisions whether they in an outpatient or hospital setting.
- We have educated the public with newspaper columns and a local TV programs.

Proof of our success is our hospital being cited as one of the top 20 highest ranked critical access hospitals (CAHs) in the country in the category of best practice recipients for patient satisfaction for two years in a row as the below decal points out!. If we weren't practicing patient-centered, shared decision-making healthcare, this recognition and honor would have never happened.



8. Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission). There have been three notable changes: AGB was updated on 10/01/2018, the sliding fee scale was updated on 02/01/2019 in accordance with the updated Federal Poverty Guidelines, and the sliding fee scale was increased to 350% of the Federal Poverty Guidelines as of 04/01/2019.

- a. Please provide detailed information about the ways in which these three items can be obtained by patients, including links if they are available online.
 - Financial Assistance Packets containing the Plain Language Summary, Application, List of Required Documentation, and Addressed Return Envelope are available free of charge in all waiting rooms, at all registration desks, with any registrars, as well as in our elevator. Available on our website are the Plain Language Summary <https://gracecottage.org/patients-visitors/billing-and-insurance/free-or-reduced-fee-care/> , Application <https://gracecottage.org/wp-content/uploads/2015/11/Free-or-Reduced-Fee-Care-Application.pdf> , Full Financial Assistance Policy <https://gracecottage.org/wp-content/uploads/2019/04/16.0050-REDUCED-FEE-FREE-CARE-POLICY.pdf> , and links to Appendixes for the Providers Covered under the policy <https://gracecottage.org/wp-content/uploads/2019/04/Free-Care-Policy-List-of-Providers-4-1-19.jpg> , Sliding Fee Scale <https://gracecottage.org/wp-content/uploads/2019/04/16.0050-Sliding-scale-4-1-19.pdf> , and AGB Calculation <https://gracecottage.org/wp-content/uploads/2019/02/2019-REDUCED-FEE-FREE-CARE-POLICY-AGB.pdf> .

- Notification of the Financial Assistance Program is printed on every billing statement issued to patients, posted in all waiting rooms, in the elevator at Grace Cottage, and on the hospital website <https://gracecottage.org/> .
- Inpatients will be given information about our financial assistance program at the time of admission. New patients to our clinics will receive information about our financial assistance program in the new patient packet. Patients seen in our emergency room, clinics, or other outpatient service locations will be offered information on financial assistance at the time of registration.
- Financial Assistance Packets are mailed free of charge to patients upon request. Full Financial Assistance Policy mailed upon request.
- Patient Accounts notifies patients of financial assistance program and offers to mail financial assistance packet when calling on past due balances.
- Community wide education on Grace Cottage’s financial assistance program is done so by means of newspaper article published in local paper, information provided/posted at local businesses and facilities likely reach eligible population (post office, soup kitchen, Senior Solutions, local stores, etc.) and “Knowing your Benefits and Financial Assistance at Grace Cottage” sessions offered by our Resource Advocate.

b. Please provide the following data by year, 2014 to 2019 (to date):

- i. Number of people who were screened for financial assistance eligibility,
- ii. Number of people who applied for financial assistance,
- iii. Number of people who were granted financial assistance by level of financial assistance received,
- iv. Number of people who were denied financial assistance by reason for denial.
- v. Percentage of your patient population who received financial assistance.

(See chart on next page.)

	HCA Question 8b	2014	2015	2016	2017	2018	2019 to 6-27
i	# of people screened for financial assistance eligibility	229	179	169	117	183	60
ii	# of people applied for financial assistance	229	179	169	117	183	60
iii	# of people granted financial assistance by level received						
	100%	60	63	38	20	76	26
	80%	15	28	19	17	15	4
	60%	20	10	26	4	22	5
	50%	1	0	0	0	0	0
	40%	15	3	11	4	13	2
	30%	1	0	0	0	0	0
	20%	10	4	2	0	3	6
	10%	0	0	2	0	0	0
iv	# of people denied by reason for denial						
	Incomplete App	99	64	53	67	50	15
	Over income	4	5	10	2	0	1
	Out of service area	4	2	5	2	3	1
	Must apply as individual	0	0	2	0	1	0
	balances too aged	0	0	1	0	0	0
	Must exhaust insurance options	0	0	0	1	0	0
v	% of your patient population who received financial assistance	1.77	1.61	1.41	0.62	1.74	0.66

- c. Please provide the statistics and analyses you relied on to determine the qualification criteria, including any geographic restrictions, and the amount of assistance provided under your current financial assistance program. For example, analysis of financial need in the community and analysis of how much people can afford to pay.

We do limit based on our service area. Those who reside outside of our service area are only eligible for emergency room visits if found to be eligible based on household income.

9. For the hospital's inpatient services, please provide your total discharges, case mix adjusted discharges, all payer case mix index, and average cost per case mix adjusted discharge for 2014 (actual) through the present (2019 budget and projected) and 2020 (budget).

	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Bud 2019	Proj 2019	Bud 2020
CMI - Acute	0.8830	0.8763	0.9178	0.8761	0.9243	0.9267	0.8692	0.8692
CMI - Swing Bed	1.2920	1.1641	1.1469	1.1022	1.1500	1.1464	1.2366	1.2366
Discharges - Acute	179	130	131	137	138	149	129	129
Discharges - Swing Bed	266	242	232	215	232	231	229	241
Gross Price Per Discharge	3,152	3,195	3,511	3,765	4,063	4,029	3,922	3,974

10. Last year the Board's hospital budget orders instructed hospitals to negotiate with insurers rather than seeing the Board's approval as a specific set rate. Please describe how you implemented this directive.

- a. What average commercial rate increase did you implement for FY2019?
The 3.2% overall rate requested was implemented across the board for FY2019
- b. What commercial rate increase did you get from each commercial payer (BCBSVT, TVHP, MVP, Cigna)?
Grace Cottage did not renegotiate any of our commercial contracts during FY2019. For those services reimbursed on a percent-of-charges, they reimbursed that same percent of the increased charge. For those services reimbursed on a fee-schedule, the reimbursement is not reflective of the increased rate, but is reflective of any periodic increases made by the insurer to the fee schedule.

SUBJECT: REDUCED FEE/FREE CARE POLICY	REFERENCE #16.0050
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DEPARTMENT: Finance	EFFECTIVE: 10/01/2017
APPROVED BY: Stephen A. Brown, CFO	REVISED: 04/01/2019

I. Policy

Grace Cottage Family Health & Hospital (Grace Cottage) is committed to providing Reduced Fee/Free Care through our financial assistance program to persons living within our service area who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Grace Cottage strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Grace Cottage will not charge eligible patients more for emergency or other medically necessary services than the amount generally billed (AGB) to patients who have insurance. See appendix A for the hospital's calculation of the amount generally billed.

The financial assistance program is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Grace Cottage's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. Individuals without the capacity to purchase insurance must first apply to the State of Vermont for assistive programs. Grace Cottage offers the services of a Resource Advocate to patients at no cost to provide information and/or assist with applying for resources and programs that may be of further assistance to you.

All patients may apply for the financial assistance program. All uninsured persons must apply for insurance with the Healthcare Exchange or the Medicaid program from the state in which they reside and receive approval or denial prior to determination of eligibility for Grace Cottage's financial assistance program.

In order to manage its resources responsibly and to allow Grace Cottage to provide the appropriate level of assistance to the greatest number of persons in need, the following guidelines for the provision of financial assistance have been established.

II. Definitions

For the purpose of this policy, the terms below are defined as follows:

Reduced Fee/Free Care: Reduced Fee/Free Care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Household: The people in a family or other group that are living together in one house.

Household Income: Household income is a measure of the combined incomes of all people sharing a particular household or place of residence. For the purpose of this policy and procedure the household income will be computed as defined below:

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- Money from wages and salaries before deductions.
- Net income from self-employment after deductions (excluding depreciation).
- Payments from Social Security, Railroad Retirement, Unemployment Compensation, Strike Benefits from Union Funds, Disability Benefits, Workmen's Compensation Earnings, Survivor Benefits, and Veteran's Benefits.
- Public assistance payments include Aid to Families with Dependent Children, Supplemental Security Income, Educational Assistance, and General Assistance money payments.
- Alimony, Child Support, Military Family Allotments, and/or other regular support from an absent family member or someone not living in the household.
- Private Pensions, Government Employee Pensions or Retirement income, and Regular Insurance or Annuity Payments.
- Dividends, Interest, Rents, Royalties, or Periodic Receipts from Estates or Trusts. When dividends are noted on a tax return, the source of the dividends should be requested along with a recent market value statement.
- Income includes assets such as, but not limited to: checking, savings, certificates of deposit, IRA's, stocks, bonds, 401K / 403B, mutual funds, equity in the primary residence greater than \$100,000.00 and second properties.
- The income received for caring for foster children is added to household income; the same pertains to the care of disabled adults living in the applicant's home (not required on Federal Tax return).
- Social Security survivor benefits for minor children will be included in the household income.
- Net gambling or Lottery Winnings.
- Determined on a before tax basis.
- Excludes capital gains or losses.
- Noncash benefits (such as food stamps and housing subsidies) do not count.

Uninsured: The patient has no level of insurance or third-party assistance to aid with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Accounts Receivable (A/R): Any amount owed to Grace Cottage as a result of providing health care services.

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Amounts Generally Billed (AGB): AGB is the maximum amount hospital facilities can charge patients that are eligible for financial assistance. Grace Cottage uses the “look back method” as defined in section 501 (r) (5) (b) (1) of the Internal Revenue Code. Grace Cottage will limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under this policy to not more than AGB. See appendix A for the calculation of this amount.

III. Procedures

A. Services Eligible under this Policy: For purposes of this policy, “Reduced Fee/Free Care” or “financial assistance” refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services provided by Grace Cottage Providers (see appendix C) are eligible for this benefit:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at Grace Cottage’s discretion.

B. Services Not Eligible under this Policy. The following healthcare services are not eligible for this benefit:

1. Non-emergent services that are not covered by patient’s primary insurance are not subject to this benefit when those charges are denied as a result of Grace Cottage being a non-participating provider
2. Non-urgent and non-emergent services to patients residing outside the service area, which is defined as:
 - Athens, Bellows Falls, Bondville, Brattleboro, Brookline, Cambridgeport, Chester, Dover, Dummerston, Grafton, Guilford, Halifax, Jacksonville, Jamaica, Londonderry, Manchester, Marlboro, Newfane, Peru, Putney, Saxtons River, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, Williamsville, Wilmington, and Windham
3. Services to a patient who may be eligible for standard VT Medicaid benefits but refuses to apply for coverage, or services to out of state patients who must apply for Medicaid in their home state
4. Insurance denials due to non-compliance with requirements
5. Liability cases in which a lien has been filed
6. Accounts where the insurance carrier has sent the payment to the patient, but the patient has not forwarded the payment in full to Grace Cottage
7. Acupuncture

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8. Insurance company claims denied for lack of referral / pre-certification that the patient is required to obtain or for patient failure to submit information being required by the insurance company
9. Occupational health services- Employment Physicals
10. Physical exams and related services for work or insurance purposes or as required for administrative or liability reasons
11. Services or procedures for any condition, disease, or injury arising out of or in the course of employment , when the member has the opportunity to be covered by workers compensation programs
12. Supplies, including but not limited to: allergy serum, IUD and other birth control devices, and durable medical equipment
13. Healthcare services provided by entities, third party agencies, and / or providers as identified in appendix D.

C. Eligibility for Reduced Fee/Free Care.

1. Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. Individuals with third party resources recoverable by Grace Cottage (i.e. Medicare, VT Medicaid, private insurance, workers compensations, etc.) may still be eligible for discounts on deductibles, co-insurance, or co-payments due by them after the third-party processing. The granting of this benefit shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
2. Grace Cottage offers five (%) levels of fee reduction. See appendix B.

D. Patient Eligibility Guidelines.

1. Patients with limited financial resources may apply for financial assistance. To qualify, patients must prove that their total assets are less than \$100,000.00 and less than \$6,000 per person, within the household, in savings, certificates of deposit, and checking accounts. Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination, see appendix B.
2. All sources of payment for medical services including: Medical Insurance, Public Assistance, Liability, Workers Compensation, Auto with Medical payment, and any other potential sources must be exhausted before financial assistance will be awarded.

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E. Determination of Financial Need.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may:
 1. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Proof of Income is to include the following documentation:
 - W-2s, copies of pay stubs, etc. for the past 3 months and/or year to date income and we will estimate current annual income.
 - Current Federal or State Tax Forms.
 - Unemployment Benefits Report.
 - Self Employed applicants must show current tax forms including a Schedule C and a statement indicating any changes to their income/expense status.
 - Social Security and other retirement benefit statements.
 - Copies of Child Support and/or Alimony checks.
 - Statements showing dividends, interest, rents, royalties, and periodic receipts from estates or trusts.
 - If you are not working or receiving any of the benefits above, please include a written statement as to how you are supporting yourself.
 2. Include reasonable efforts by Grace Cottage to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs.
 3. Take into account the patient's available assets and all other financial resources available to the patient. Proof of assets and other financial resources available is to include the following documentation:
 - 3 consecutive months' worth of Bank or other Financial Statements for all accounts of every person residing within the household.
 - If self-employed, the above listed will be required for all Business Accounts as well as personal accounts.
 - Written documentation (tax bill, mortgage agreement, tax return) that clearly identifies Real Estate Value for all properties owned by persons residing within the household.
 4. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

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5. Application must be completed entirely and accompany all applicable documents to prevent delay in the application process.
6. It is preferred, but not required, that a request for Reduced Fee/Free Care and a determination of financial need occur **prior** to rendering of services. However, the determination may be done at any point in the collection cycle.
 - a. If patient/guarantor is applying for services that have received more than one statement, the application will also need to include a letter documenting the circumstances surrounding the need of financial assistance: suddenly unemployed, illness causing inability to work, loss of insurance, etc. for balances aged more than 30 days from the date of the application.
 - b. Presumptive Financial Assistance Eligibility: there are instances when a patient may appear eligible for financial assistance, but due to extenuating circumstances, a financial assistance application has not been completed. In these cases, the account and information will be presented to the Director of Business Office for a case by case review.
2. All approved Reduced Fee/Free Care applications will remain valid for one year after the signed date of the application, unless the patient's financial situation changes within that year. If within the eligibility year a patient's financial situation changes, it is required these changes be reported to Grace Cottage and a new application be submitted to re-determine eligibility. Grace Cottage will send out a renewal letter and a new application 30-60 days prior to expiration of the current Reduced Fee/Free Care Application. Reduced Fee/Free Care determination can vary from year to year and will be based on financials and changes in the levels within the Federal Poverty Guidelines.
3. Any patient/guarantor denied for Reduced Fee/Free Care based on being over income or out of service area may submit a written request for consideration based on circumstances. Approval may then be granted on a case-by-case basis. Written confirmation of approval or denial of this consideration will be mailed to the patient and will include any additional terms it may include such as: reduction of specific encounter(s) only, a reduced percentage granted with stipulation balance is paid within set amount of days, Reduced Fee/Free Care granted for 1 year despite being out of service area with stipulation that once expired they will not be eligible again, etc.
4. Grace Cottage values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of Reduced/Free Care. Requests for such shall be processed promptly and Grace Cottage shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

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5. Any patient/guarantor who has been approved for any discounts under 100% will be required to pay the remaining balance in full or set up and fulfill a payment plan or risk forfeiture of Reduced/Free Care Benefits. Once determination is made the patient/guarantor will be contacted via phone requesting either payment in full or an acceptable payment plan in accordance with Grace Cottage's Collections Policy. Payment plan agreements will then be included within the acceptance letter and two copies will be mailed to the patient/guarantor allowing one for their records and for the other to be signed and returned to Grace Cottage. The acceptance letter signed by patient/guarantor and Grace Cottage staff will be kept on file and serve as a promissory note for balances owed.
6. Appeals for Financial Assistance: If an application has been denied, the patient has the right to request a review by the Director of Business Office and/or the CFO. The appeal must be written and submitted with any additional information that was not submitted with the original application. The Director of Business Office and/or the CFO will make a final decision within 30-days of receipt of the written appeal.

F. Communication of the Reduced Fee/Free Care Program to Patients and the Public. Notification about Reduced/Free Care is available from Grace Cottage, which shall include a contact number, shall be disseminated by Grace Cottage by various means, which may include, but are not limited to;

1. Notification of the Reduced Fee/Free Care Program is printed on every billing statement issued to patients, posted in all waiting rooms and in the elevator at Grace Cottage, on the hospital web site at <http://gracecottage.org/patients-visitors/billing-and-insurance/free-or-reduced-fee-care/>
2. Applications for financial assistance may be obtained free of charge from any registration desk, registrar, or waiting room at Grace Cottage. Applications are also available to print from the hospital website at <http://gracecottage.org/patients-visitors/billing-and-insurance/free-or-reduced-fee-care/>
3. Patients who are admitted to our Inpatient Care unit are given information about our financial assistance program at the time of admission. New patients to our Clinics will receive information about our financial assistance program in the new patient packet. Patients seen in our emergency room, clinics, or other outpatient service locations will be offered information on financial assistance at the time of registration.
4. Applications will be mailed upon request by contacting Patient Accounts at 800-270-1298.
5. Patient Accounts will notify patients and offer to mail an application when making calls for past due balances.
6. Assistance with the completion of the financial assistance application is available free of charge through our Resource Advocate. If you have any questions or would like to set up an appointment please call 802-365-3770.

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7. Community-wide education regarding Grace Cottage's Financial Assistance program by means of article published in local newspaper, information posted at local businesses and facilities likely to reach eligible population (post office, soup kitchen, Senior Solutions, local stores, etc.), Resource Advocacy will offer sessions to the community discussing, "Knowing your Benefits and Financial Assistance at Grace Cottage."

Referral of patients for financial assistance may be made by any member of the Grace Cottage Staff or Medical Staff. A request for Reduced Fee/Free Care may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. Relationship to Collection Policies. Grace Cottage shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for Reduced/Free Care, a patient's good faith effort to apply for a governmental program, and a patient's good faith effort to comply with his or her payment agreements with Grace Cottage.

1. Neither Grace Cottage nor its agents shall pursue collection actions against patients for amounts qualifying them for financial assistance. If the patient/guarantor is unable to pay the balance in full after Reduced Fee has been applied, the patient/guarantor will be required to set up and fulfill an acceptable payment plan as defined in Grace Cottage's Collection Policy. Any Patient making acceptable monthly payments on their balance will not be at risk for further collection actions and/or forfeiting their Reduced Fee/Free Care. However, any balance remaining after discount that goes unpaid as agreed upon will follow the collection actions outlined in Grace Cottage's Collection Policy. Failure to resolve the balance in full or to pay the missed payment will result in forfeiture of Reduced/Free Care Benefits. Reduced/Free Care adjustments will be reversed, the balance after the Reduced Fee adjustments are reversed will be removed from A/R and will be placed with a collection agency for further collection actions. Forfeiture of Reduced/Free Care Benefits will result in the patient/guarantor not being eligible again in the future until a substantial payment and/or effort is put forth to rectify this balance.

H. Regulatory Requirements. In implementing this Policy, Grace Cottage's management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

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APPROVED BY: Stephen A. Brown, CFO	

Appendix A

The Amount Generally Billed (AGB) is calculated based on the combined percentage of what Medicare and all Commercial and Managed Care payers allow for services billed in a 12-month period. The percentage calculated will be multiplied times the total charges on the claim to arrive at the AGB. Grace Cottage will limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under this policy to not more than the AGB. Grace Cottage will update the AGB annually. For FY 2019 the AGB discount is 72%.

Calculation of the AGB

12-month period: 07/01/2017-06/30/2018

Total charges generated for Medicare, Commercial, and Managed Care Patients:

\$23,842,118.00

Total Allowed charges by Medicare, Commercial, and Managed Care Patients:

Total Charges Generated	\$23,842,118.00
Less	
Total Contractual	\$6,698,543.00

Total Allowed Charges	\$17,143,575.00

Total percentage of allowed charges:

\$17,143,575.00	
-----	= 72%
\$23,842,118.00	

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Appendix B

Patient Reduced Fee/Free Care Guidelines. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL), outlined in the Federal Poverty Guidelines, in effect at the time of the determination, as follows:

- Patients whose family income is at or below 150% of the FPL are eligible to receive Free Care;
- Patients whose family income is above 150% but not more than 350% of the FPL are eligible to receive services at a Reduced Rate based on a Sliding Fee Schedule.
- Patients whose family income exceeds 350% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Grace Cottage.

Financial Assistance Guidelines

Effective 02/01/2019-02/01/2020

2019 Grace Cottage Hospital Sliding Fee Scale							
Based on 2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia							
Federal Poverty Guideline	Family Size	≤ 150% of Poverty Level Patient Pays 0% Earnings up to:	200% of Poverty Level Patient Pays 20% Earnings up to:	250% of Poverty Level Patient Pays 40% Earnings up to:	300% of Poverty Level Patient Pays 60% Earnings up to:	350% of Poverty Level Patient Pays 72% Earnings up to:	> 350% of Poverty Level Patient Pays 100% Earnings at/above:
\$12,490.00	1	\$18,735.00	\$24,980.00	\$31,225.00	\$37,470.00	\$43,715.00	\$43,716.00
\$16,910.00	2	\$25,365.00	\$33,820.00	\$42,275.00	\$50,730.00	\$59,185.00	\$59,186.00
\$21,330.00	3	\$31,995.00	\$42,660.00	\$53,325.00	\$63,990.00	\$74,655.00	\$74,656.00
\$25,750.00	4	\$38,625.00	\$51,500.00	\$64,375.00	\$77,250.00	\$90,125.00	\$90,126.00
\$30,170.00	5	\$45,255.00	\$60,340.00	\$75,425.00	\$90,510.00	\$105,595.00	\$105,596.00
\$34,590.00	6	\$51,885.00	\$69,180.00	\$86,475.00	\$103,770.00	\$121,065.00	\$121,066.00
\$39,010.00	7	\$58,515.00	\$78,020.00	\$97,525.00	\$117,030.00	\$136,535.00	\$136,536.00
\$43,430.00	8	\$65,145.00	\$86,860.00	\$108,575.00	\$130,290.00	\$152,005.00	\$152,006.00
2019 Federal Poverty Guideline increases by \$4,420 for each family member						Revised/Effective- 04/01/2019	

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Appendix C

List of Providers eligible under Grace Cottage's Reduced Fee / Free Care Policy for services rendered at Grace Cottage only.

<u>Provider Name</u>	<u>NPI Number</u>	<u>VRAD Teleradiology Group</u>	<u>NPI Number</u>
Kimona Alin, MD	1326038878	Michelle Goni, MD	1235114760
Eileen Arama, LICSW	1578009288	Mark Guilfoyle, DO	1558329128
Ewa Arnold, MD	1235360462	Alison Haimes, MD	1669459392
Anne Brewer, MD	1932118577	Charles Stephen Henry, MD	1134211931
Maurice Geurts, MD	1598755068	Barry Scott Highbloom, MD	1679536114
Natalie Harding, PA-C	1801153689	Thomas David Hudson, MD	1487646915
Susan Lemei, MD	1568492510	Kathryn Jarrett, MD	1992932545
Elizabeth Linder, MD	1003806480	Kendall Maurice Jones, MD	1548240955
Moss Linder, MD	1134119514	Gregory Edward Kenyherz, MD	1417953795
David McCormack, APRN	1619420346	Scott Robert Kerns, MD	1336137165
Warren Montgomery, PA-C	1467424135	Larry Scott Kessler, MD	1033197652
Lisa Moulton, APRN	1316473622	Alan Joseph Fred Kopp, MD	1851349112
Gregory Raines, PA-C	1437394095	Steven James Lengle, MD	1861483182
Linda Rimkunos, MD	1780638569	Kevin Michael McDonnell, MD	1578548533
Kenneth Rudd, MD	1609029420	David Myung-Kee Moon, MD	1548213812
Christopher Schmidt, MD	1770529901	Robert Malcolm Morley, DO	1902998719
Andrew Semegram, APRN	1164943692	Donald Thomas Nicell, MD	1689679631
Timothy Shafer, MD	1053301721	Michael Nissenbaum, MD	1356328975
George Terwilliger, MD	1265515910	Charles Pappas, MD	1932286523
Ronald Vallario, MD	1659393064	Mark Howard Paul, MD	1750375390
Benjamin Wright, APRN	1760867956	Eamonn Michael Quinn, MD	1104115732
		Surinder Rai, DO	1275950925
<u>VRAD Teleradiology Group</u>	<u>NPI Number</u>	Bruce Ian Reiner, MD	1447235783
Michael Scott Allen, MD	1083662654	Brian John Risinger, MD	1922192459
Gavin Arnett, MD	1841463452	Dietrich Schultze, MD	1922192459
Jennifer Elizabeth Bryant, MD	1396751426	Timothy Stoner, MD	1790764959
Kimberly Joyce Burkholz, MD	1417914169	Benjamin Waite Strong, MD	1205811569
Karen Stark Caldemeyer, MD	1679511356	Katherine Dugan Tobin, MD	1316922057
Madhuri Nannapaneni Chadha, MD	1518910926	Talitha Travis, MD	1891955803
Yair Chaya, MD	1225356934	Thomas Henry Vreeland, MD	1841252467
Sam Siu Lun Cheng, MD	1467430082	Albert Cardinal Ybasco, MD	1215900162
Dawn Nichelle Delavallade, MD	1750445086	Peter Bohuslav Zelinka, MD	1154458545
Teresa Anne DeRoo, MD	1770554701	William Lloyd Zinn, MD	1912984238
Daniel Warren Eurman, MD	1811947500	Jeffrey George Zorn, MD	1750366498

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Appendix D

Entities, Third Parties, and/or Providers not covered by Reduced Fee/Free Care at Grace Cottage

Messenger Valley Pharmacy
 Rescue Inc. Ambulance Service
 Kerr Ambulance
 Golden Cross Ambulance
 DHART- Emergency Transport Services
 Fletcher Allen Healthcare
 State of Vermont
 David Liebow, DPM NPI #1245220615
 BLA PARTNERS LLC



Responsible Party Information (Please Print)

Name _____
First/ Middle/ Last

Date of Birth ____/____/____ Telephone (____) ____-____

Current Residence _____
Street State

Current Mailing _____
Street / Po Box City State Zip Code

Presently Employed?
 Yes or No _____
 Employer's Name: _____
 Address: _____
 Phone: _____
 Length of Employment: _____
 Date last Worked? _____

Spouse/Partner Employed?
 Yes or No _____
 Employer's Name: _____
 Address: _____
 Phone: _____
 Length of Employment: _____
 Date last Worked? _____

HOUSEHOLD INFORMATION:
 How many people are residing in your home, including yourself? _____

Please list everyone residing in your home and their relationship to you:

Full Name	Date of Birth	Relation to You	Monthly Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			

If you need more space, list additional people on a separate piece of paper and attach to this application.

Health Insurance

BCBS- ID# _____

Medicare- ID# _____

Cigna- ID# _____

MVP- ID# _____

Medicaid-ID# _____

Other: _____ ID# _____

Have you applied for Green Mountain Cares Program? Yes or No
 (Medicaid / VHAP/ Dr. Dinosaur) If denied, please explain why below.

Monthly Income

Gross Household Wages (before taxes)	\$ _____
Self-Employment after deductions from Schedule C (excluding depreciation)	\$ _____
Interest Income	\$ _____
Child Support / Alimony Received	\$ _____
Rental Property Income	\$ _____
Pension / Retirement / Unemployment / Workmen's Comp	\$ _____
Other:	\$ _____
Total Monthly Income (before taxes)	\$ _____
Total Yearly Income (before taxes)	\$ _____



Required Documentation
Applications received without supporting documents cannot be processed and will be returned to you.

1. Does anyone in your household receive Social Security Benefits or Disability Benefits?
Yes or No
If yes, please include current copies of current benefit statement. To obtain a copy of this, please call the Social Security Office at 1-866-690-2025.

2. Does anyone in your household receive Unemployment Benefits or Pension/Annuity Benefits?
Yes or No
If Yes, please provide copies of current benefit statements.

3. Is anyone in your household required to file Federal Income Taxes?
Yes or No
If yes, please provide a copy of your most recent Federal Income Tax return(s), including all schedules, for each member of your household and 90 days' worth of pay stubs from all employers. To obtain a copy of your tax return(s), please call 1-800-829-1040.

4. Is anyone in your household self-employed?
Yes or No
If yes, please provide copies of the most recent Business Tax Return including Schedule C.

****If you are unemployed and there is no income coming into the household, a written letter explaining how you are supporting yourself is required.****
Please provide a written statement of any other extenuating circumstances that you would like us to know about. If applying for Reduced Fee/Free Care on balances aged more than 30 days this written statement will be required for consideration.

For Office Use Only:

APPROVED % Discount or DENIED: Income SA Other

Account Balance after RFA: Patient Called

Minimum Monthly Payment: Letter Sent to Patient

Patient / Guarantor will pay: Account Adjusted

Balance in Full or Monthly Payment

Approved By

Approved Date

ASSETS
Please list your household's financial assets.

Financial Institution	Account Number	Balance in Account	Documentation Required
1.			Please Provide: 3 consecutive months of bank or other financial statements.
2.			
3.			
1.			Please Provide: 3 consecutive months of bank or other financial statements.
2.			
3.			
1.			Please Provide: Documentation (tax bill, mortgage agreement, tax return) that clearly identifies Real Estate Value for all properties owned.
2.			
3.			
Total Account Balances:			
If you have more than 3 checking or savings accounts please, include an additional sheet of paper listing them.			

I certify that the information provided above is an accurate and true representation of my financial information. I also certify that there is no additional insurance coverage for this patient. I understand that providing false information will result in denial of the application for any type of financial assistance through Grace Cottage Hospital and/or Grace Cottage Family Health (GCH/GCFH). If I am entitled to any action against or settlement from third party payers, I will take any action necessary or requested by GCH/GCFH to obtain such assistance and will assign to GCH/GCFH, and upon receipt, will pay GCH/GCFH, all amounts recovered up to the total amount of the outstanding balance on my bill. My failure to apply for such assistance or follow through with the application process or take those actions reasonably necessary or requested by GCH/GCFH will result in the denial and/or revocation of this application.

If you have any questions, please feel free to contact Verna Joslyn of the Finance Department at GC 802-365-3647 or vjoslyn@gracecottage.org.

Signature of Applicant: _____

Date: _____



A Plain Language Summary

Grace Cottage Financial Assistance Program

Grace Cottage offers discounted or free care. Financial assistance is for patients unable to pay for care. Patients with or without insurance may be eligible. Emergency room services will not be turned down because you cannot pay. Necessary medical care will not be turned down because you are unable to pay. Below is a summary of the Financial Assistance Program. You can also find directions on how to apply.

Eligible Services

Patients eligibility is based on financial need and other factors. If a patient meets financial need services are eligible as follows:

1. A patient must live in our service area to be eligible for financial assistance on necessary medical care.
2. A patient that does not live in our service area is eligible for financial assistance on emergency services.

Non-Eligible Services

The following services are not eligible for this benefit:

- Non-emergent services denied by your insurance company because:
 - We are out of their network
 - The patient did not complete the requirements of the insurance company
 - Patient did not get mandatory prior authorization
- Non-emergent services to patients residing outside the service area, which is defined as:
 - Athens, Bellows Falls, Bondville, Brattleboro, Brookline, Cambridgeport, Chester, Dover, Dummerston, Grafton, Guilford, Halifax, Jacksonville, Jamaica, Londonderry, Manchester, Marlboro, Newfane, Peru, Putney, Saxtons River, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, Williamsville, Wilmington, and Windham
- Non-emergent services to a patient who may be eligible for Medicaid benefits in the state that they live but refuse to apply
- Liability cases where a lien has been filed
- Acupuncture
- Chiropractic
- Insurance company sent the payment to the patient, but the patient has not sent the payment in full to Grace Cottage
- Medical care for a job
- Medical care for an insurance company



- Medical care for administrative reasons
- Medical care for liability reasons
- Medical care for a work-related injury.
- Allergy Serum
- Birth control devices
- Durable Medical Equipment

The following entities, third parties, and providers' services are not eligible for financial assistance.

- Messenger Valley Pharmacy
- Rescue Inc. Ambulance
- Kerr Ambulance
- Golden Cross Ambulance
- DHART- Emergency Transport Services
- Fletcher Allen Healthcare
- State of Vermont
- David Liebow, DPM

Eligible Patients:

Anyone living in our service area that meets the income limits are eligible for free or discounted care. Anyone living outside of our service area are eligible for free or discounted care on emergency services when they meet the income limits. Your eligibility is determined by financial need. Grace Cottage does not discriminate. Your eligibility will not be based on your age, gender, race, social or immigrant status, sexual orientation, or religious beliefs.

If you feel you will not qualify for financial assistance; please know there are many factors considered. At times, a case by case review may be done to determine eligibility.

How to Apply

To be considered for financial assistance you will need to complete an application. Applications and supporting documents can be mailed to:

Grace Cottage
Attn: Verna Joslyn
Po Box 216
Townshend, VT 05353-0216

For your convenience, financial assistance applications are available:

- Online at <https://gracecottage.org>
- You can receive a free copy by mail by calling 800-270-1298
- You can pick one up at any waiting room or registration desk at Grace Cottage



For help with your application, call 802-365-3770 to schedule a free appointment with our Resource Advocate.

For questions about financial assistance, call Verna at 802-365-3647.

Determination of Eligibility Amount to be Granted

The amount of financial assistance given is based on where your household income falls on the sliding scale. The sliding scale is based on the current federal poverty guidelines (FPGL). For household income at 150% of the FPGL or below free care will be given. Discounted care is given to patients whose household income is between 151% and 350% of the FPLG.

The table below summarizes the amount given to eligible patients based on the FPGL.

FPGL	DISCOUNT
Up to 150%	100%
200%	80%
250%	60%
300%	40%
350%	28%

We do not charge patients who are eligible for financial assistance any more than a patient who has insurance. Eligible patients will be charged no more than the amount generally billed or (AGB) to patients with insurance. The AGB is determined at least annually. The AGB is based on the allowed amount for services in the previous 12 months by Medicare and all commercial insurance plans. Our AGB is currently 72%. More information is available upon request.

For More Information

For more information, visit our website at www.gracecottage.org to:

- Read about Financial Assistance Program
- Download the policy and application
- Read about free services of Resource Advocate

For questions, call Verna at 802-365-3647. Your call and all information is confidential.

