THE
University of Vermont
HEALTH NETWORK

EXECUTIVE OFFICE

462 Shelburne Road
Suite 301
Burlington, VT 05401

July 20, 2018

Michael Fisher
Chief Health Care Advocate
Office of the Health Care Advocate
264 North Winooski Ave.
Burlington, Vermont 05401

Re: Hospital Budget Guidance FY 2019

Dear Mr. Fisher,

Thank you for your patience as we assembled the information necessary to respond to your remaining FY 2019 budget-related questions. We address each in turn, below, on behalf of the UVM Health Network's three Vermont Hospitals: The University of Vermont Medical Center; Central Vermont Medical Center; and Porter Hospital.

2. **Please describe any financial incentives/bonuses that your executives, providers, coders, and other personnel are eligible to receive that are tied to services that have the potential to increase your hospital's revenue. Please include both staff and subcontractors.**

    a. **As a part of your answer, please disclose for which procedures the hospital pays providers volume-based incentives.**
    b. **Are these incentives the same for OneCare attributed patients as for non-attributed patients?**

Our leadership adjustable compensation plan, applicable to senior executives at all of the UVM Health Network's hospitals, includes incentives for achieving quality, operational, and financial targets. The financial targets are based on the overall financial health of the organization as necessary to continue to meet our missions into the future.

Our physician adjustable compensation plans at all Network hospitals include incentives for achieving quality, teaching, research, academic, and/or productivity targets. The Network's hospitals – which consist of an academic medical center, a community hospital, and a critical access hospital – have traditionally weighted these factors slightly differently. Over the years, the productivity component, measured by wRVUs, has decreased and will continue to decrease, while the quality and other related components will increase, as population health based payments continue to grow.

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None of the UVM Health Network's hospitals offer financial incentives to coders or provide financial incentives for specific procedures other services designed to increase hospital revenue.

8. **Please describe the hospital's shared-decision making programs, if any, and any plans for expanding those programs.**
    a. **Please describe the initiative(s), which departments have participated, how you have chosen which departments participate, which of these initiatives, if any, have led to identifiable cost savings and/or quality improvement, and the number of patients served by these programs.**
    b. **What is the extent of your Choosing Wisely initiative(s), if any?**
    c. **What are you doing to ensure/increase provider buy-in in these programs?**

University of Vermont Medical Center

Choosing Wisely

Choosing Wisely has been a part of The University of Vermont Medical Center efforts since 2012. To date, the organization has led many projects to advance dialogue across the organization with providers, patients, and families to avoid unnecessary testing and procedures.

The Medical Center has adopted a quality improvement process to identify and eliminate these tests and procedures, referred to as *High Value Care*. Every project has a resident or fellow assigned. Project management and data analytic support is provided through the Jeffords Institute for Quality.

Embracing a grassroots approach, physicians at the Medical Center were encouraged to propose waste reduction projects to leadership. This bottom-up approach placed the person who raised the idea for the project in the role of "clinical champion," making them the change agent in their department and encouraging them to engage colleagues in the work.

Most projects relied on a combination of physician education through mailings and meetings, best practice advisories within EHRs, or redesigned paper and electronic order sets. These methods yielded successful results so far, including:

- 72 percent *reduction in labs for patients with end-stage renal disease*, based on the recommendation from the American Society of Nephrology
- 90 percent *reduction in DXA scans for patients younger than 65 with low risk for osteoporosis*, based on the recommendation from the American College of Rheumatology
- 71 percent *reduction in portable chest X-rays on intubated patients in the Medical ICU*, based on the recommendation of the Critical Care Societies Collaborative
- 27 percent *reduction in the use of folic acid testing in low risk populations*
- 95 percent *reduction of the use of CK/MB to detect or monitor cardiac ischemia*
- 48 percent *reduction in the ordering of repetitive daily CBC and BMP on adults on the inpatient medicine service*, based on the recommendations for the Society of Hospital Medicine and the Critical Care Societies Collaborative
- 30 percent *reduction in ABG draws for patients in the ICU on mechanical ventilation*

Other initiatives include:

- reducing repeat positive ANA testing
- reducing repeat positive hep A/hep C testing
- reducing unnecessary ordering of echocardiograms on inpatients
- reducing unnecessary screening colonoscopies
- reducing phlebotomy for inpatients receiving hemodialysis

Shared Decision Making

While our organization has not yet adopted Shared Decision Making as a formal program, over the last three and half years we have embraced patient- and family-centered care as a guiding philosophy across the organization. The principles of patient- and family-centered care (PFCC) — specifically, dignity and respect, information sharing, participation in care planning and decision making and collaboration between patients, families and provides across all aspects of health care planning and decision making—highly align with the shared decision making model. We have engaged in ongoing education of staff and providers around the principles of PFCC and how to implement them in practice across the clinical setting, providing a framework for engaging with patients around their goals, priorities, and preferences for care.

In addition, we are closely monitoring indicators that reflect patient satisfaction with their opportunities to participate. As an example, decision-making questions have been adopted for use in the OAS CAHPS (Outpatient and Ambulatory) survey. The Surgery Department is tracking the responses to these questions and using the data to guide practice. Data from these surveys, along with ongoing engagement of our patients and families, help us define what is important to them and model the importance of delivering care "with" patients rather than doing "to" or "for" them.

Central Vermont Medical Center

Choosing Wisely

CVMC has a choosing wisely-type program, also called "High Value Care," that promotes appropriate use of ESR and CRP tests. The program is described in detail in the attached document from CVMC's Clinical Operations and Care Coordination Committee.

Shared Decision Making

While our organization has not yet adopted Shared Decision Making as a formal program, over the past year, we have embraced patient- and family-centered care as a guiding philosophy across the organization. The principles of patient- and family-centered care (PFCC) — specifically, dignity and respect, information sharing, participation in care planning and decision making and collaboration between patients, families and provides across all aspects of health care planning and decision making—highly align with the shared decision making model. We have educated staff and providers on the

principles of PFCC and how to implement them in practice across the clinical setting, providing a framework for engaging with patients around their goals, priorities, and preferences for care.

Porter Hospital

Choosing Wisely

Porter has participated in the following cost-saving processes and has engaged in a number of specific "Choosing Wisely"- type initiatives:

- Established electronic par levels for all OR inventory, implants, etc. which has eliminated excess inventory, created operational efficiencies, and prevent expired product.
    - Developed auto-ordering and electronic requisitioning for departments.
- Implemented inventory automation in the OR using hand held devices for accuracy and efficiency, which eliminates overtime.
- In our Medical Surgical department, we utilize a coding system to make it quick for nurses to access medical supplies. This eliminates product waste, creates operational efficiencies, and prevents the expiration of products.
- Established inventory par levels across the organization, which has eliminated excess inventory, created operational efficiencies, and prevented expired product.
- Continued improvement with our reprocessing program in our Surgical Services department.
- Order supplies based on the procedure to eliminate excess stock.
- Set up pars within the ED procedure rooms to eliminate waste due to product expiration and excess inventory.
- Eliminate the need for overnight/urgent shipments of supplies in our Surgical Services department.

Shared Decision Making

Porter Hospital has incorporated various shared decision-making programs as part of our organizational commitment to improve the health of our community:

We have established a Patient Experience Committee (PXC) with patient and clinical representation that convenes monthly. This committee helps to facilitate an organization-wide program that emphasizes the importance of a patient-and-family-centric approach to every interaction, across all functions of the organization (referred to as the "Service Excellence" program). We utilize our Press Ganey scores to evaluate this program.

Over the course of this year, our Case Management Department – which provides care coordination, improves transitions of care, and makes sure that patient and family voices are heard – has expanded its collaboration with our ACO/Blueprint Complex Care Coordination program. Care coordinators across our organization meet biweekly with representatives from multiple community agencies including the Parent-Child Center, Age Well (AAA), Addison County Home Health and Hospice, CSAC (Counseling Service of Addison County), the Turning Point Center of Addison County, and many others. One of our measures of success has been increased enrollment in Care Navigator, which is the shared decision-making program developed by OneCare for our highest-risk patient population.

9. **Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission) as well as detailed information about the ways in which these three items can be obtained by patients.**

We have attached copies of all three hospitals' financial assistance policies, applications, and plain language summaries. All of these documents, along with additional detailed information about financial assistance, can be accessed through the hospitals' websites:

http://www.portermedical.org/patient_financial_information.html

https://www.cvmc.org/our-patients/patient-financial-services/financial-assistance

https://www.uvmhealth.org/medcenter/pages/patients-and-visitors/billing-insurance-and-registration/financial-assistance.aspx

Patients and prospective patients can also access the same information through telephone and in-person conversations with the hospitals' financial assistance program staff, who are available on site at each hospital.

a. **Please provide the following data by year, 2014 to 2018 (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. **What percentage of your patient population received financial assistance?**
b. **Please provide the statistics and analyses you relied on to determine the qualification criteria and the amount of assistance provided under your current financial assistance program.**

UVM Medical Center

The UVM Medical Center does not currently track the number of patients screened for financial assistance because screening crosses multiple locations, departments, and staff. As we work to develop and implement the Epic system, we hope to improve our tracking through a consolidated tool.

There have been no changes to our financial assistance policy and program. However, in compliance with section 1557 of the ACA, we added content to our policy, plain language summary, and application reflecting our anti-discrimination statement and taglines/contact information in the top 19 languages spoken in our community. We are also currently working with our marketing and communication team to simplify the plain language summary. To improve awareness of our program within the community, we plan to proactively provide the summary and/or rack cards to locations where the underserved may reside or access services, e.g., the Refugee Resettlement Project, Area Council on Aging, Cathedral Square, etc. While we already have multiple ways to reach patients, we believe this final step of

distributing information proactively within the community will reach even those individuals not yet seeking care at UVMMC.

In addition to the information provided above and in the attached UVM Medical Center policies, please see the table below:

UVMMC Patient Assistance Program	FY14	FY15	FY16	FY17	FY18 Through June	Grand Total
Total Applications	4124	4004	4189	4334	3300	19951
Total Household Members	5899	5590	5791	6085	4752	28117
APPROVED/GRANTED						
<=200% FPL	2571	2281	2305	2321	1643	11121
201%-250%	358	436	469	483	363	2109
251%-300%	264	298	339	374	278	1553
301%-350%	155	203	230	240	182	1010
351%-400%	99	127	164	173	139	702
(blank)	6	8	13	9	2	38
APPROVED/GRANTED Total	**3453**	**3353**	**3520**	**3600**	**2607**	**16533**
DENIED						
Miscellaneous Notes	3	3	6	70	52	134
No Current/Scheduled Charges	16	4	9	9	9	47
No Eligible Charges	13	7	5	4	3	32
Incomplete Application/No Response from Patient	475	457	463	489	457	2341
Out of Area Scheduled Charges	2	2	1	3	2	10
Over Assets	66	87	59	23	13	248
Over Income	79	78	109	132	82	480
Over Income/Assets	17	13	17	1	2	50
(blank)					1	1
DENIED Total	**639**	**617**	**643**	**709**	**429**	**3037**
OPEN					**65**	**65**
% Patient Population Received Assistance	2.50%	2.20%	2.20%	2.10%	1.60%	

Central Vermont Medical Center

In addition to the information provided above and in the attached CVMC policies, please see the table below:

UVMHN CVMC Financial Assistance Program	FY14	FY15	FY16	FT17	FY18TD
Screened Patients				**2579**	**1596**
Total Applications	1040	881	866	894	464
% of Patients				34.66%	29.07%
Approved/Granted					
<=200% Federal Poverty Level	549	394	389	451	192
201%-400%	258	290	325	294	145
Approved/Granted Total	**807**	**684**	**714**	**745**	**337**
Denied					
Miscellaneous Notes	12	47	16		
No Current/Scheduled Charges	2	2	8	1	
No Eligible Charges	0	0	0	13	
Incomplete Application	133	99	86	103	58
Out of Service Area	1	1	1	1	
Over Assets**				6	3
Over Income**				25	11
Over Income/Assests	85	48	41		1
Denied Total	**233**	**197**	**152**	**149**	**73**
Open					**54**
** Over Income and Assets not broken out, all on same line until 2017 and forward					

Porter Hospital

In addition to the information provided above and in the attached Porter Hospital policies, please see the table below:

PMC Financial Assistance Program	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Actual	FY 2018 YTD May	Grand Total
APPLICATIONS						
Total Applications	732	583	676	786	603	3,380
Total Household Members	1,336	1,052	1,215	1,403	1,088	6,094
APPROVED/GRANTED						
20%	22	13	22	26	25	108
40%	29	42	54	57	46	228
60%	46	51	43	62	53	255
80%	98	79	96	99	67	439
100%	393	320	367	440	304	1,824
APPROVED/GRANTED Total	**588**	**505**	**582**	**684**	**495**	**2,854**
DENIED						
Over Income/Assets	40	36	40	62	66	244
Insufficient Application Information Received	104	42	54	40	42	282
DENIED Total	**144**	**78**	**94**	**102**	**108**	**526**
OPEN APPLICATIONS	**-**	**-**	**-**	**28**	**12**	**40**

10. For the hospital's inpatient services, please provide your all-payer case mix index, number of discharges, and cost per discharge for 2014 (actual) through the present (2018 budget and projected) and 2019 (budget).

Please see the attached spreadsheet, which contains the requested information for all three hospitals. We note that all of the information has been calculated using the same methodology that the GMCB uses to calculate cost per adjusted discharge. While hospitals understand the methodology utilized, the hospitals believe there are other considerations which should be factored into the calculation to truly put any changes in perspective.

11. Response to BCBS Statement regarding the cost shift.

We do not agree with the statement set forth in your question. That statement becomes less and less accurate when commercial rate increases fall below 6%, as they did in the FY17, FY18, and FY19 budgets. As highlighted in section 12 of our FY19 budget narrative, the commercial rate increase at UVMMC would need to be 2.78% higher (or 6.78%), and CVMC's would need to be 2.28% higher (or 6.28%) if the full extent of the cost shift were passed on to the commercial payers. Instead UVMMC's budgeted commercial rate increase is 4.0%, and CVMC's budgeted commercial rate increase is 2.8%. For

FY19, Porter Hospital is not passing on any of the cost shift to commercial payers. Porter's commercial rate increase in the FY19 is 2.8%.

Since FY17, UVMMC and CVMC have been able to find other ways to absorb the additional funding burden the cost shift creates on hospital budgets, including increases in non-patient related revenues, decreases in costs, and even reductions in margin. These other opportunities to fund the cost shift are becoming fewer and smaller each year.

If you have any questions regarding the foregoing, please do not hesitate to call.

/s/ Todd Keating

Todd Keating
Chief Financial Officer, University of Vermont Health Network
Interim Chief Financial Officer, Central Vermont Medical Center

/s/ Rick Vincent

Rick Vincent
Vice President, Finance, and Chief financial Officer at University of Vermont Medical Center and the University of Vermont Medical Group

/s/ Jennifer Bertrand

Jennifer Bertrand
Chief Financial Officer, Porter Medical Center

QUESTION #8 – ATTACHMENT

High Value Care

Promoting Appropriate Use of ESR and CRP Tests

RECOMMENDATIONS

- Choose CRP first to evaluate for acute phase inflammation in patients with an undiagnosed condition.
- Limit ordering ESR and CRP simultaneously

BACKGROUND

- CRP is a better measure of acute phase response
- CRP has a shorter half life than ESR
- ESR is influenced by multiple nonpathological factors including immunoglobulins, albumin, fibrinogen, age, and sex, and chronic diseases
- ESR has clinical utility in specific conditions such as osteomyelitis, multiple myeloma, macroglobulinemia, and certain chronic autoimmune conditions.
- CRP, clinical symptoms, and objective functional assessments are preferred to evaluate disease activity in patients with rheumatoid arthritis.

REASONS FOR CHOOSING WISELY

- Prevent unnecessary testing that may contribute to patient harm and safety
- Lower health care cost
- Promote effective use of laboratory resources and personnel

UVMHN - CVMC CLINICAL OPERATIONS AND CARE COORDINATION COMMITTEE

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Melissa Beaudry, NP
Sharon Bisson, RN, Director of Nursing/ Specialty Operations
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Mark Young, Director of Quality Operations

Thank you to our colleagues at UVMMC who developed these educational documents
Ann Vo, DO - PGY-3, Medicine, Allen Repp, MD - Medicine, Christi Wojewoda, MD - Pathology

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QUESTION #9 – ATTACHMENTS

IDENT	PAS1
Type of Document	Policy
Applicability Type	Cross-Organizational
Title of Owner	Dir Patient Access
Title of Approving Official	Chief Financial Officer, UVMMC & UVMMG
Date Effective	11/18/2016
Date of Next Review	9/26/2019

THE University of Vermont MEDICAL CENTER

TITLE: Patient Financial Assistance Program

PURPOSE:

To establish a policy and procedure for the administration of The University of Vermont Medical Center's Patient Financial Assistance Program.

POLICY STATEMENT:

The University of Vermont Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's health care insurance benefits or financial resources. Further, The University of Vermont Medical Center is committed to providing financial assistance to persons who have essential 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. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to fulfill our obligation as a non-profit organization, The University of Vermont Medical Center strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the UVM Medical Center'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.

In order to manage its resources responsibly and to allow the UVM Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, the following policies and procedures have been established for the provision of patient financial assistance.

PROCEDURES:

Patient Financial Assistance

<u>Healthcare Service Eligibility:</u>

The following services are eligible for financial assistance

- Emergency medical services provided in an emergency room setting;
- Urgent services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Elective medically necessary services for patients who meet established program guidelines

Services not eligible for financial assistance:

- Cosmetic services unless medically necessary based upon physician review

- Infertility/fertility services, e.g. birth control, vasectomies/reversals, tubal ligations/reversals, unless medical necessity documentation from physician is provided
- General Dentistry unless medically necessary extenuating circumstances are presented by the dental program
- International/Foreign national patient care unless service is provided in an emergency room setting; note: obstetrics and labor/delivery are not emergent or provided in an emergency room setting.
- Services deemed not medically necessary
- Services reimbursed directly to the patient by an insurance carrier or third party

Provider Coverage: All University of Vermont Medical Center employed medical providers rendering care at the University of Vermont Hospital and physician practices are covered under this policy. See addendum list of providers rendering care at UVMMC who are *not* covered under this policy.

Patient Eligibility: 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. The granting of charity 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, gender identity or expression, or religious affiliation.

Eligibility for financial assistance is based on an income and asset test.

- Income Test: This program is limited to patients with demonstrated financial need either due to limited income or if their medical bills are an excessive portion of their income. The most recently published Federal Provider Guidelines will be used as the primary determinant. A patient whose household income is at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size, may pass the income test and are considered for charity care assistance if they also pass the asset test.

    - Non-custodial parents may have their income adjusted for child support when supporting documentation of payment is provided.
    - Patients may have their income adjusted for alimony when supporting documentation of payment is provided.
    - Dependents may be included within the household when more than 50% of the support is provided by the guarantor. To qualify for this household extension, the dependent must be listed as a dependent on the Federal Income Tax return.

- Asset Test: Each individual/household residing in Vermont or applicable counties in New York and New Hampshire are allowed liquid assets equal to $50,000. If assets are below this guideline, the patient passes the assets test.

    - Included in the asset test:
        - Cash, savings account balances, checking account balances, money markets, CD's, term certificates, annuities, stocks, bonds, mutual funds and other "liquid" assets.
        - Homes (excluding the primary residence), rental properties, and fair market value for recreational vehicles. Depending upon the value, rental properties may be excluded from the calculation provided rental income is included in the monthly household calculation.

Exclusions:

- Primary residence, assets held in a tax deferred comparable retirement savings account and college savings accounts held by the patient for the patient are excluded from the assets review.
- Accounts already referred to a collection agency greater than 120 days from placement to agency, unless referred in error;
- Services reimbursed directly to the patient(s) by an insurance carrier or already covered by another third party.

- Tuition stipends and/or grants for education are not considered a liquid asset and shall not be factored into the assets test.

Residency Criteria: Patients must reside within the University of Vermont Medical Center service area, unless medical services were urgent or emergent in nature. Scheduled services for patients residing outside of the UVM Medical Center service area are not eligible for financial assistance. Financial assistance for residents outside of the UVM Medical Center service area will be granted only in unique circumstances and with appropriate approval. A separate policy has been developed defining the requirements, process, and required approval for the University of Vermont Medical Center physicians wishing to deliver charitable care at the UVM Medical Center international residents. (Request for Provision of Health Care Services to Foreign Nationals.)

Vermont residents, New York residents, and college students who reside in Vermont part-time must live in our service area greater than 6 months per annum meet the residency requirement.

Proof of residency may be established by one of the following:

- Service area driver's license, tax bill with service area address, lease for service area property or a service area utility bill;
- Potential exceptions may be considered on an individual case-by-case.

Health Insurance and Liability Payments: Services rendered at The University of Vermont Medical Center will be billed to patient's primary coverage, a private medical insurance, an employer occupational health plan, workers' compensation, or pending by med pay/third-party liability carriers. In cases where there is a potential auto/injury liability payment pending at a future date, The University of Vermont Medical Center will file a lien to protect its financial interests, excluding Medicare/Medicaid recipients. After the lien is filed, financial assistance may be granted assuming that the patient otherwise qualifies. If there is a future time when liability payments are distributed, the University of Vermont Medical Center lien will allow The University of Vermont Medical Center to recover some or all of the financial assistance initially granted to the patient.

Public Health Care Program/Healthcare Exchange Criterion: Patients applying for The University of Vermont Medical Center financial assistance are reviewed for their potential eligibility for state or federal healthcare program benefits and/or benefits offered through the Vermont or NY healthcare exchange programs. Any patient identified with potential to be granted such assistance will be instructed to apply. For those patients identified as candidates for eligibility for either the NY or VT or NH Healthcare Exchange Program; application for and compliance with those program guidelines is a pre-requisite for The University of Vermont Medical Center patient financial assistance.

Exclusions: A patient whose religious or cultural belief system prohibits seeking or receiving financial assistance from a government entity may be excluded from the public health care program criterion. The patient will, however, be required to assume a portion of financial responsibility to be assessed by the Patient Assistance Program Appeals Committee.

Determination of Financial Need: Financial need will be determined in accordance with procedures that involve an individual assessment of financial need which will include the following: Note, in the case of presumptive charity, the application process may be excluded.

- 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;
- Include the use of external publicly-available data sources that provide information on a patient's or a patient's guarantor's ability to pay. The University of Vermont Medical Center reserves the right to obtain a credit report, when approval from the patient is granted, to verify financial stability before financial assistance is authorized;

- Include reasonable efforts by the UVM Medical Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
- Take into account the patient's available assets, and all other financial resources available to the patient; and
- Include a review of the patient's The University of Vermont Medical Center outstanding accounts receivable for prior services rendered and the patient's payment history.

It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. A patient must have a current patient balance that is due to The University of Vermont Medical Center, an expectation that an account currently pending insurance will leave a balance that is due to The University of Vermont Medical Center, or a future scheduled/referred service at The University of Vermont Medical Center that is expected to leave a patient balance. However, the determination may be done at any point in the billing cycle.

The University of Vermont Medical Center's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for charity shall be processed promptly and the UVM Medical Center shall notify the patient / applicant of decision in writing within 30 days of receipt of a completed application.

Financial Assistance Eligibility Period: The need for charity assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known. Re-evaluation of patients whose age exceeds 65 and whose income is fixed below 400% FPLG shall occur annually. Note: It is permissible for patients to submit new supporting financial documentation provided the application on file is less than one year old.

Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance application on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources that could provide sufficient evidence to provide the patient with financial care assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, The University of Vermont Medical Center could use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
- Food Stamp Eligibility
- Participation in Women, Infants and Children programs (WIC)
- Patient is incarcerated with no health care coverage

Presumptive eligibility may additionally be determined through an automated predictive assessment. Demographic, payment history, and third-party information may be used to determine household income levels. This may be done at any time during an account life cycle. Vendor model results can be correlated to the FPLG, allowing charity to be granted even if all documentation is not available. When an automated predictive tool is used, accounts scoring < 200% of FPLG may be provided a 100% write-off for the services provided at the time of scoring. A complete application is expected from patients for ongoing approval. For accounts scoring >200% of FPLG, a formal application will be required to fully identify the poverty level and appropriate discount to be provided.

Presumptive eligibility will be adjusted to a specific transaction/pay code to ensure these dollars are excluded from the Medicare Cost Report.

Patient Financial Assistance Guidelines: In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount of assistance provided to a patient will vary based upon their income level and the grant awarded shall ensure the patient is not responsible for more than the amount generally billed to an insured patient.

As defined by the IRS, eligible patients cannot be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance coverage. The average generally billed (AGB) to patients is calculated using the "Look-Back method"; actual claims paid to the organization by Medicare only or claims paid to the organization by Medicare together with all private health insurers, including any associated portions of these claims paid or owed by beneficiaries.

The University of Vermont Medical Center uses the combined Medicare and private health insurer look-back method calculation. This forms the minimum grant percentage awarded to patients who qualify for assistance. Calculation: Allowed claims/ charges for prior fiscal year.

The amount generally billed for the previous fiscal year shall be applied to the 351 – 400% FPLG level. Additional discounts shall apply to each FPLG category up to a maximum assistance grant of 100% for <200% FPLG.

FPLG	<= 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Grant	100%	85%	75%	65%	55%

The patient grant is applied against all current balances (i.e. hospital and medical group) and extends for a coverage window of 6 months, 12 months for aged >65 years on a fixed income. When the grant period has closed, patients will be required to re-apply for financial assistance and based upon their financial status, may have their grant category adjusted.

Safe Harbor: The University of Vermont Medical Center shall limit all charges for financial assistance qualified individuals to the amounts generally billed to insured patients. The hospital will refund any amount paid in excess of the amount he or she is personally responsible for paying under the financial assistance policy within the application period or 240 days prior to the receipt of a complete application. Payments made outside the application period will not be eligible for a refund.

Catastrophic Medical Indigence: The University of Vermont Medical Center has determined that catastrophic assistance beyond 400% of the FPLG will be reviewed for an appropriate level of financial assistance. Medically Indigent in most cases will be a patient for whom the balance of a hospital bill exceeds 30% of the person's annual household gross income and who is unable to pay all or a portion of the bill balance resulting from a catastrophic illness or injury. Cases that are deemed Medically Indigent will be processed at the 55% grant level of assistance and will be applied against all current balances (i.e. hospital and medical group). Patients who qualify for catastrophic medical indigence will have their out-of-pocket liabilities capped at no more than $10,000.

Individual Case Reviews and Appeals Process: The University of Vermont Medical Center acknowledges that extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. An appeals committee will be convened on an as-needed basis to review unusual or catastrophic cases that do not meet established program guidelines but present unusual hardship.

Other cases involving services that require review for medical necessity will be presented to the Chief Medical Officer or his/her designee for a decision regarding medical necessity of services rendered. If services are deemed medically necessary and the charity eligibility guidelines are met, assistance will be granted.

Patients whose applications for charity are denied may appeal the denial decision. Requests for appeal should be sent to the financial assistance program specialist, in writing, within 30 days of receipt of the denial decision and

must clearly indicate the reason for the appeal. All cases will be reviewed by Specialist in preparation for the Appeals Committee to review. The patient will be notified of the final grant/deny decision.

Notification Period: The University of Vermont Medical Center will make reasonable efforts to notify patients about the financial assistance program. This period begins on the date a billing statement for the patient balance of care is presented and ends 120 days later. As defined in this policy multiple methods of notification occur beginning in advance of care, during care and throughout the 120 day billing cycle.

Application Period: The University of Vermont Medical Center will process applications submitted by individuals during the application period which begins on the date a billing statement for the patient balance of care is presented and ends 240 days later. If at the end of the 120 day notification period an account has been referred to a collection agency and an application is received and granted within the 240 day application period, accounts shall be recalled from the agency and processed under the financial assistance program.

Reasonable Efforts: Reasonable efforts will be made to determine if a patient is eligible for financial assistance prior to balance transfer to collections. Reasonable efforts may include the use of presumptive scoring, the notification and processing of applications and notification before, during and after care.

- The UVM Medical Center shall not initiate any ECA (extraordinary collection actions)
- Incomplete applications shall be processed with notification to patients providing direction on how to appropriately complete the application and/or what additional documentation is required along with a 30 day window of time to respond to the UVM Medical Center request.
- The UVM Medical Center shall process completed applications within 30 days of receipt.

University of Vermont Health Network Partners: Patients who have qualified at one of the partner organizations across the Health Network may be granted across all partner facilities, based upon the eligibility criteria and the patients FPLG scale which is specific to each organization. Upon assistance approval, applications will be shared with partner facilities with supporting documentation remaining at the local organization. Each partner facility will provide assistance at the appropriate grant level set for the individual institution, based upon the unique AGB calculation set for the organization. Supporting documentation will be made available to the partner organization as needed to facilitate audit functions.

Communication of the Charity Program to Patients and the Public: Notification about patient assistance charity care available from The University of Vermont Medical Center, which shall include a contact number, shall be disseminated by the UVM Medical Center by various means, which may include, but are not limited to:

- Reference to the charity program printed on each patient statement
- By posting notices in emergency rooms, admitting and registration departments, and patient financial services offices that are located on facility campuses; conspicuous displays may be found in the main Registration and Emergency Departments.
- By providing a copy of the plain language policy summary at the point of Registration on the facility campuses and making available the summary at our satellite clinics. Providing copies of the policy and application upon request
- For inpatient, observation and short stay patients, a copy of the inpatient guide will be provided which includes information regarding the financial assistance program.
- Information shall be available on the University of Vermont Medical Center website, including the policy, a plain language summary, the application, FAQ, FPLG guidelines and contact information for follow-up assistance
- Referral of patients for charity assistance may be made by any member of the University of Vermont Medical Center staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- Translations for individuals with limited English proficiency will be provided for populations with >1,000 individuals or 5% of the service area community based upon US census bureau statistics.

- Patients requiring a translated copy and/or assistance in completing the application will be assisted by financial advocates and/or customer service representatives who will secure the services of an appropriate interpreter.
- Information, rack cards and flyers are available through the Community Health Improvement office where staff routinely interact with community centers and advocates disseminating information and programs available to the public.

Application Assistance Contact Information: Assistance in completing the application may be obtained through the Financial Advocacy Office located on the main campus of the UVM Medical Center. Information regarding our policy and/or application may be obtained by contacting the Customer Service department at 1-802-847-8000 or 1-800-639-2719 or in person at the University of Vermont Medical Center main campus at either the Financial Services and/or Financial Advocacy offices, 111 Colchester Avenue, Burlington VT.

Relationship to Collection Policies: The University of Vermont Medical Center management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from The University of Vermont Medical Center, and a patient's good faith effort to comply with his or her payment agreements with The University of Vermont Medical Center. For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, The University of Vermont Medical Center may offer extended payment plans to eligible patients.

Note: The University of Vermont Medical Center will not engage in extraordinary collection actions (ECA). ECA is defined as selling an individual's debt to another party, reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus, deferring, denying or requiring payment before providing medically necessary care because of an individual's non-payment of one or more bills for previously provided care under the FAP and/or actions requiring a legal or judicial process. A copy of the University of Vermont Credit and Collections policy may be obtained by contacting the Customer Service Department at 1-802-847-8000 or 1-800-639-2719. A copy may also be obtained at any Registration location at The University of Vermont Medical Center.

FAP Adjustment Authority Levels: The following approval levels will be followed before charges may be adjusted off an individual patient's account under the Patient Financial Assistance Program:

$1 - $20,000	PFAP Specialist
$20,001 – $50,000	Manager, Registration
$50,001 to $ 100,000	Director Patient Access
>$100,001	CFO/VP Finance
Committee Appeals	CFO/VP Finance

Regulatory Requirements: In implementing this policy, The University of Vermont Medical Center 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.

Document Retention: Completed applications for the Patient Assistance Program will be maintained for a period of seven years after the date the application was approved or denied.

Monitoring Plan: Compliance with this policy will be monitored through annual review of Patient Assistance Program applications and grant/deny decisions. Quarterly department spot auditing will occur and monthly reporting of outcomes will be reviewed.

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

- **AGB:** Amount generally billed to insurance payers for services provided. The look-back method is used to calculate the AGB, reflecting a combination of fully adjudicated claims for Medicare fee for service and all private health care plans, including the portions paid by the beneficiaries.
- **Charity:** Refers to healthcare services provided without charge or at a sliding scale discount to qualifying patients.

- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption.
- **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
  - Includes earnings, unemployment compensation, workers 'compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
  - Noncash benefits (such as food stamps and housing subsidies) do not count;
  - Determined on a before-tax basis;
  - Excludes capital gains or losses; and
  - If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).
- **International/Foreign National:** Non US citizens who are in the United States under a travel/visitor visa.
- **The University of Vermont Medical Center Service Area**: Vermont, select counties in New York (Clinton, Essex, Franklin, Washington, Hamilton, Warren and St. Lawrence) and New Hampshire (Coos, Grafton, and Sullivan) for select services.
- **FSC**: Financial Status Class of a patient account, indicates the primary payer responsible for payment.
- **LEP/Translation**: Limited English Proficiency requiring translated copies of the policies, application, plain language summary and application.
- **Medical Indigence:** There are instances when individuals are financially unable to access adequate medical care without depriving themselves and their dependents of food, clothing, shelter and other essentials of living. A patient will generally be considered Medically Indigent if the balance of a hospital bill exceeds 30% of the person's annual household gross income and he or she is otherwise unable to pay all or a portion of the bill balance resulting from a catastrophic illness or injury.
- **Medical Necessity:** Services or items that are: (1) appropriate for the symptoms and diagnosis or treatment of the condition, illness, disease or injury; (2) provided for the diagnosis or the direct care of the condition, illness, disease or injury; (3) in accordance with current standards of good medical practice; (4) not primarily for the convenience of the patient or provider; and (5) the most appropriate supply or level of service that can be safely provided to the patient.
- **Patient Statement**: The monthly patient account summary mailed to a patient at their stated home address which states the amount due from the patient for patient care services rendered by the UVM Medical Center.
- **Primary Homestead:** The primary residence of the patient, whether solely or jointly owned.
- **Transaction/Paycode**: The unique transaction used to record the uninsured patient discount.
- **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations. An uninsured patient is ineligible for any government healthcare entitlement program (Medicare, Medicaid, Vermont Health Connect exchange plans, etc.) during the dates of service provided by the UVM Medical Center.
- **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.
- **Uninsured Self-Pay FSC**: The financial status class (FSC) for those patients who have no third party health care insurance benefits, and are directly responsible for payment of their health care services.
- **University of Vermont Health Network**: Includes the University of Vermont Medical Center, Central Vermont Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital and Alice Hyde Medical Center.

RELATED POLICIES:

EXEC 11 Requests for Provision of Health Care Services to Foreign National Patients
RISK 4 Medical Screening and Stabilization
CUST 1 Credit and Collections

REFERENCES:
IRC § 501®(4):
IRC § 501®(5):
IRC § 501®(6):

REVIEWERS:

Rick Vincent, CFO/VP Finance UVM Medical Center & Faculty Practice
Stephen Leffler, Chief Medical Officer
Richard Schmidgall, Director Internal Audit
Steven Klein, Director Legal Affairs/Assistant General Counsel
Jennifer Parks, Chief Compliance/Privacy Officer
Michael Hawkins, Director, Risk Management
Meg O'Donnell, Director, Government Relations
Tara Pacy, Director Clinical Support Services
Michael Barewicz, Director Professional Revenue
Meredith Moses, Manager Patient and Family Advocacy
Karen Mullin, Manager Patient Access
Deborah Dusablon, Manager Customer Service

OWNER: Shannon Lonergan, Dir Patient Access

APPROVING OFFICIAL: Rick Vincent, Chief Financial Officer, UVMMC & UVMMG

Discrimination is Against the Law

THE University of Vermont MEDICAL CENTER

The University of Vermont Medical Center complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

THE UVM MEDICAL CENTER PROVIDES FREE AIDS AND SERVICES TO DEAF PEOPLE AND PEOPLE WITH DISABILITIES TO COMMUNICATE EFFECTIVELY WITH US, SUCH AS:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you need these services, call (802) 847-3553.

THE UVM MEDICAL CENTER PROVIDES FREE LANGUAGE SERVICES TO PEOPLE WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, SUCH AS:

- Qualified interpreters
- Information written in other languages

If you need these services, call (802) 847-8899.

If you believe that the UVM Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces, you can file a grievance with:

Office of Patient and Family Advocacy
UVM Medical Center
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-3502
Fax: (802) 847-0384
PatientandFamilyAdvocacy@uvmhealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Patient and Family Advocacy is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 686-1019, (800) 537-7697(TTD)

Discrimination is Against the Law

THE University of Vermont MEDICAL CENTER

NEPALI | नेपाली
ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 802-847-8899.

BOSNIAN | Bosanski
Vi imate pravo na tumača, molimo vas da ukazuju na hrvatskom jeziku i mi ćemo pozvati prevodioca. Hvala (802) 847-8899.

ARABIC | العربية
ذ بإف ت امدخ قدعا سملا قيوغ للا رفاوت ت كل ذ اجملاب. ل صتا مقرب قظوحلم: اذإ ت نك ث دحتت ركذا الل غة، (802) 847-8899.

SOMALI | Soomaali
DHEG: haddii aad ku hadashid Soomaali, adeegyada kaalmo luqadeed bilaash ayaa laguu helayo.Wac (802) 847-8899.

SPANISH | Español
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (802) 847-8899.

MANDARIN | 國語
注意：如果您说 中文，可免费获得语言援助服务。拨打 (802) 847-8899.

CANTONESE | 廣東話
请注意：如果你講 廣東話, 語言協助服務係免費嘅，如要帮助，请撥打熱線 (802) 847-8899.

VIETNAMESE | Tiếng Việt
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (802) 847-8899.

FRENCH | Français
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (802) 847-8899.

MAAY MAAY
DIGNIIN: hattii ada ka hadalaasa Maay Maay, adeegada gargaarka luugada, oo bilaash eh, yaa lakin helee ada. Han weer (802) 847-8899.

RUSSIAN | русском
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (802) 847-8899.

SERBO CROATIAN | Srpsko-Hrvatski
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (802) 847-8899.

Thai | ภาษาไทย
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (802) 847-8899.

TAGALOG
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (802) 847-8899.

SWAHILI | Kiswahili
KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu (802) 847-8899.

JAPANESE | 日本語
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(802) 847-8899 まで、お電話にてご連絡ください。

BURMESE | ဗြာမာစကား
"စကားပြန်တစ်ယောက်ရရှိနိုင်ရန် သင့်တွင်အခွင့်အရေးရှိပါသည်၊ ကျေးဇူးပြု၊ သင်၏ဘာသာစကားကိုသာထောက်ပြပါ၊ ထိုနောက် စကားပြန်တစ်ယောက်ကို ကျွန်ုပ်တို့ခေါ်ပေးပါမည်။ ကျေးဇူးတင်ပါသည်။" (802) 847-8899

KIRUNDI | Ikirundi
ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (802) 847-8899

KAREN | unD
ပ်သွှဉ်ပ်သး– နမ့ၢ်ကတိၤ, ကညီ ကျိာ်ဆၢမီ, နမၤနၤ် ကျိာ်ဆတၢ်မၤစၢၤလ၊ တလၢ်ဘူဉ်လၢ်စ့ၢ, နီတမံၤဘဉ်သုနၤ်လီၤ, ကိး (802) 847-8899.

Financial Assistance Summary

THE University of Vermont MEDICAL CENTER

The University of Vermont Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's insurance benefits or financial resources. The University of Vermont Medical Center is committed to providing financial assistance to persons who have essential health care 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. The University of Vermont Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with our 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.

Applications are available online at www.UVMHealth.org, via Customer Service, by phone at (802) 847-8000 or (800) 639-2719, at the Financial Services Office at the Medical Center Campus or any Registration location at The University of Vermont Medical Center.

Service Eligibility

- Inpatient, emergent and urgent services and medically necessary elective services
- Exclusions from the assistance program:
  - Cosmetic services
  - Birth control, fertility and infertility services, including reversals
  - Services to residents outside of the financial eligibility area unless provided in an emergency room setting
  - Services deemed not medically necessary
  - Services reimbursed directly to the patient by an insurance carrier or third party
  - Services that have been placed in collections beyond 120 days of placement
  - Services rendered by The University of Vermont Medical Center Dental & Oral Health Clinic

Financial Need Determination

- Patients are invited to complete an application and are required to supply supporting financial documentation upon submission.
- Determination is a financial calculation based upon a patient's income and asset test.
- Coverage will be provided to patients whose income is at or below 400% of federal poverty level guidelines.
- May include the use of external publicly available date sources which provide information on ability to pay

Patient Eligibility

- Uninsured, underinsured or ineligible for any government health care benefit program.
- Eligibility shall be based upon an individualized determination of financial need and shall not take into account race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability. Protected veteran status or obligation for service in the armed forces.
- Eligibility is based upon an income and assets calculation.
- Patient must reside within The University of Vermont Medical Center financial eligibility area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in VT/NY service area.
- All insurance plans, workers' compensation, third-party liability carriers, etc., must be billed.
- Patients who would qualify for public programs, including the health exchange, will be expected to apply for benefit coverage. Exclusion: Patients whose religious or cultural beliefs prohibit government assistance, will be required to assume a portion of financial responsibility.

Provider Coverage (MD non-covered list available)

- All employed UVM Medical Center medical providers rendering care at the UVM Medical Center and physician practices are covered.

Income and Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month)

Financial Assistance Summary

THE University of Vermont MEDICAL CENTER

- Dependents >18 years of age may be included in the household size provided they are listed as a dependent on federal income tax returns.
- Liquid assets not to exceed $50,000. Assets include: cash, savings, checking, money market, CD's, term certificates, stocks/bonds, mutual funds, income drawn from retirement accounts and other liquid assets. Secondary homes, rental properties and fair market value for recreational vehicles. Exclusions include: Primary residence, rental property depending upon value, personal property such as furniture, apparel, livestock and non-recreational vehicles. Tuition stipends and/or grants for education.

Assistance Guidelines

- In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount assessed to a patient will not exceed the amount generally billed to patients who have insurance coverage.
- Financial assistance may be applied against a six month coverage window, one year for >65 years of age with a fixed income. When the period has closed, patients will be required to re-apply and, based upon their financial status, may have their financial assistance category adjusted.
- Catastrophic assistance is available to patients whose balance exceeds 30% of their annual household income.
- The University of Vermont Medical Center acknowledges extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. Where these conditions exist, patients may submit a letter for consideration detailing the hardship.
- Cases which may require review for clinical necessity will be presented to the Chief Medical Officer for a decision on medical necessity.
- Patients whose applications are denied may appeal the decision. Requests for appeal should be sent to the Patient Financial Assistance Specialist in writing within 30 days of denial receipt and must clearly indicate the reason for appeal.
- Patients who quality for assistance and who are cooperating in good faith to resolve their bills may be offered extended payment plans on balances not covered by the Patient Financial Assistance Program.
- The University of Vermont Medical Center does not engage in extraordinary collection actions.

Application Process

- Patients who face financial hardship are encouraged to apply for assistance. The full financial assistance policy and application are available online at www.UVMHealth.org, via mail by contacting Customer Service at (802) 847-8000 or (800) 639-2719, at the Patient Financial Services Office at the Medical Center Campus, 111 Colchester Ave, Burlington VT, or any Registration location. Questions regarding the policy or process and/or if you need help completing an application, please contact Customer Service via phone or in person at the Financial Services office at the Medical Center Campus.
- Applications must be completed in full and be accompanied by all required supporting documentation. Please refer to the application check list before submission.
- Incomplete applications will remain unprocessed and will be rejected if supporting documentation is not received within 14 days of submission. If incomplete, a period of 30 days shall be allowed to provide the remaining information.
- Receipt of a completed application, documentation included, will begin a processing period where the financial status of the family will be reviewed. This will include a review of all family balances, medical necessity of service and an income test/assets review.
- Requests for assistance will be processed promptly and The University of Vermont Medical Center will notify the patient applicant of a decision in writing within 30 days of receipt.
- The University of Vermont Medical Center will apply the adjustment financial assistance to all eligible services and subsequently bill the patient for any remaining balances.

Federal Poverty Level	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Financial Assistance Percentage Discount	100%	85%	75%	65%	55%

Discrimination is Against the Law

THE University of Vermont MEDICAL CENTER

The University of Vermont Medical Center complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

THE UVM MEDICAL CENTER PROVIDES FREE AIDS AND SERVICES TO DEAF PEOPLE AND PEOPLE WITH DISABILITIES TO COMMUNICATE EFFECTIVELY WITH US, SUCH AS:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

If you need these services, call (802) 847-3553.

THE UVM MEDICAL CENTER PROVIDES FREE LANGUAGE SERVICES TO PEOPLE WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, SUCH AS:

- Qualified interpreters
- Information written in other languages

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If you believe that the UVM Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces, you can file a grievance with:

Office of Patient and Family Advocacy
UVM Medical Center
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-3502
Fax: (802) 847-0384
PatientandFamilyAdvocacy@uvmhealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Patient and Family Advocacy is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019, (800) 537-7697(TTD)

Discrimination is Against the Law

THE University of Vermont MEDICAL CENTER

NEPALI | नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् (802) 847-8899.

BOSNIAN | Bosanski

PAŽNJA: Ako govorite Bosanski, usluge pomoći jezika, bez naknade, na raspolaganju su vam. Poziv (802) 847-8899.

ARABIC | العربية

ذباف ت امدخ قدعا سملا قيوغ للا رف اوت ت كل ذ اجملاب. ل صد تا م قرب
قظوحلم: اذإ ت نك ث دحتت ركذا الـلغة، (802) 847-8899.

SOMALI | Soomaali

DHEG: haddii aad ku hadashid Soomaali, adeegyada kaalmo luqadeed bilaash ayaa laguu helayo.Wac (802) 847-8899.

SPANISH | Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (802) 847-8899.

MANDARIN | 國語

注意：如果您说 中文，可免费获得语言援助服务。拨打 (802) 847-8899.

CANTONESE | 廣東話

请注意：如果你講 廣東話, 語言協助服務係免費嘅，如要帮助，请撥打熱線 (802) 847-8899.

VIETNAMESE | Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (802) 847-8899.

FRENCH | Français

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (802) 847-8899.

MAAY MAAY

DIGNIIN: hattii ada ka hadalaasa Maay Maay, adeegada gargaarka luugada, oo bilaash eh, yaa lakin helee ada. Han weer (802) 847-8899.

RUSSIAN | русском

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (802) 847-8899.

SERBO CROATIAN | Srpsko-Hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (802) 847-8899.

THAI | ภาษาไทย

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไ

ด้ฟรี โทร (802) 847-8899.

TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (802) 847-8899.

SWAHILI | Kiswahili

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu (802) 847-8899.

JAPANESE | 日本語

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(802) 847-8899 まで、お電話にてご連絡ください。

BURMESE | ဗြာမာနာ

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊
ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက်
စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် (802) 847-8899 သို့ ခေါ်ဆိုပါ။

KIRUNDI | Ikirundi

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (802) 847-8899

KAREN | unD

ဟ်သူ့ဉ်ဟ်သး– နမ့်ကတိ၊ ကညီ ကျိ$ာ်အယိ. နမၤန့ၢ် ကျိ$ာ်အတၢ်မၤစၢၤလၢ
တလၢ်ဘူ$ဉ်လၢ်စု၊ နီတမံၤဘ$ဉ်သ့နှ$ဉ်လီၤ. ကိး (802) 847-8899

THE
University of Vermont
MEDICAL CENTER

Financial Assistance Program

(802) 847-8000, 800-639-2719
Fax: (802) 847-9332
CustomerService@UVMHealth.org

Dear Applicant,

Thank you for choosing The University of Vermont Medical Center as your health care provider.

If payment of your medical bills creates a financial hardship for you, you may be eligible for financial assistance through The University of Vermont Medical Center's Financial Assistance Program. Our staff are here to help you and are willing to work through the process with you. Please note that before any financial assistance can be provided by The University of Vermont Medical Center, our staff will work with you to identify other sources of payment.

The following criteria must be met to be eligible for financial assistance from The University of Vermont Medical Center:

You must be a permanent resident within The University of Vermont Medical Center financial eligibility area which includes all of Vermont, and Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren, and Washington counties of New York, and for laboratory only, in New Hampshire Coos, Grafton, and Sullivan.

The services that were provided to you must be considered medically necessary essential health care services.

The following types of services are not eligible for financial assistance

- Cosmetic services - unless medically necessary based upon diagnosis with physician review
- Birth control, infertility treatments, fertility services, sterilization and reversal of sterilization.
- Services that have been placed in Collections beyond 120 days of placement
- General dentistry unless extenuating circumstances are presented by the dental practice
- Services to residents outside of the financial eligibility area unless provided in an emergency room setting
- Services reimbursed directly to you by your insurance carrier or already covered by a third party

Household income and assets must be within guidelines

If you meet the criteria and wish to apply for The University of Vermont Medical Center Financial Assistance Program, please complete the enclosed application form. Please note, you will continue to be financially responsible for all services you receive until it is determined you qualify for assistance.

We are here to help, if you have any questions or require aid in understanding any part of the application process please contact a member of our Customer Service team at 802-847-8000 or 800-639-2719, or contact us by email at: customerservice@uvmhealth.org. For help in completing the application, a Customer Service Representative or Financial Advocate is available M-F, 8:30 am - 4:30 pm at the UVM Medical Center main campus, Financial Services office, 111 Colchester Avenue, Burlington, VT 05401. Completed applications should be forwarded to the following address:

The University of Vermont Medical Center
Financial Assistance Program
111 Colchester Avenue
1 South Prospect St. Campus, 2nd Floor
Burlington, Vermont 05401

THE University of Vermont MEDICAL CENTER

Financial Assistance Program

For Your Convenience - Our Documentation Check List

To determine if you qualify for assistance, you will need to show proof of your income, and also supply documentation necessary for determination. Please fill out the attached application in full, sign it, and send the application along with a copy of each of the following documentation (those that are applicable) for your household:

Note: If sending Bank Statement or Online documentation, copies must include the bank name, client name, balance and current date.

1.) Complete copy of your most recent Federal Income Tax Return and all schedules and forms, e.g. 1040, 1099 etc. Note: Cannot substitue W2's, summaries, etc.. ☐

2.) Self-employed/Sole Proprieter must provide complete documentation of the following:

- a.) Federal Tax Returns and Year to Date Profit and Loss statement ☐
- b.) Partnership: All of the above, plus Partnership Federal Tax Return ☐
- c.) Corporation: All of the above, plus Corporation Federal Tax Return ☐

3.) Copies of the two (2) most recent, consecutive paycheck stubs or a statement from the employer ☐

4.) Copy of one (1) most recent bank statement, (e.g., savings, checking, money market, etc.) ☐

5.) Copy of unemployment benefits statement if applicable (e.g., check, bank statement, online, etc.) ☐

6.) Copy of disability compensation benefit statement/award letter (e.g., check, bank statement, online, etc.) ☐

7.) Copy of social security, pension, retirement income (e.g., award letter, check stub, bank statement, etc.) ☐

8.) Documentation of child support and/or alimony paid or received (e.g.,cancelled check, garnishment, bank statement, etc.) ☐

9.) Investment accounts - copies of current or quarterly statement from broker or financial institution ☐

10.) Real Estate - tax assessment or tax bill, and mortgage balance statement on property owned, excluding primary residence ☐

11.) Rental Income - Copy of current Schedule E of IRS form ☐

12.) Appraisal for recreational vehicle from www.nadaguides.com and bank loan statement if applicable ☐

13.) If an application for state assistance, (e.g. Medicaid, State Health Exchange) has been made in the last 60 days and you have received a decision, please provide a copy. Required during open enrollment. ☐

14.) If proof of residency is required, please send one of the following: VT/NY/NH driver's license, property tax bill, lease for property, or a utility bill ☐

15.) Other: _____ ☐

Please use the above checklist to be sure we have all the information we need to quickly and correctly process your application. It is important that your application be complete, and that all necessary documentation is received. All information you provide to us is confidential.

THE University of Vermont MEDICAL CENTER

Financial Assistance Program

Questions & Answers and Information You Should Know

Can I get help completing my application?

Yes. Please contact Customer Service at 847-8000 or 1-800-639-2719 with questions, or email us at CustomerService@UVMHealth.org. If you would like to speak to a representative in person our Financial Service Office is located at the Main Campus, MCHV, Level 3, 111 Colchester Avenue, Burlington, VT 05401. The staff at the Health Assistance Program are also available to meet with you to complete the application. Please call them at (802) 847-6984 to make an appointment.

If a question or section does not pertain to me, can it be left blank?

No. We cannot assume an unanswered question or section means it does not apply to you. One of the requirements when applying for financial assistance with The University of Vermont Medical Center is a complete application. If a section or question does not apply, write "N/A" for not applicable.

I don't have all the documentation requested but the application is due back. Can I send what I have?

No. You must return a complete application with all the appropriate documentation or the application will be rejected unless supporting documentation is returned. Extension will only be made on a case by case basis for extenuating circumstances and must be requested by contacting Customer Service or the Financial Assistance Program Specialist.

What is a tax assessment?

This is the tax bill you get yearly from your town clerk or City Hall office. It will say "Tax Bill" or "Property Tax Bill" at the top of the page. It gives the current housesite value, housesite municipal tax and housesite education tax values.

Where do I get the "book" value or loan value for my recreational vehicle?

If you have access to a computer and the Internet, you may go online to look up the year, make and model for an estimate at www.nadaguides.com. If you do not have access to a computer contact a local dealer. Please provide written documentation.

Why was the verification I sent for my bank account(s) not accepted?

We require a copy of the original bank statement(s). If this is not available we will only accept a substitute statement which has the following: bank name, client name, type of account, current date, and current balance. Each of these items must be printed on bank letterhead and not hand written.

What is a benefit award letter?

If you are receiving social security or disability benefits, this is the yearly letter that social security sends notifying you of your monthly eligible benefits. For verification purposes we will accept a copy of the benefit award letter, a copy of your social security (disability) check or if you have direct deposit we will accept your bank statement showing your social security deposit as verification. Whichever verification is used, the monthly eligibility benefits should match the amount given on the application.

Questions & Answers and Information You Should Know, continued

I sent my W2's then I received my application back asking for my Federal Tax Return. Why?

There is a difference between your W-2's and your Federal Tax Return. A W-2 is simply a statement of your earnings. Your Federal Tax Return is a complete recording of your total income. We require a copy of your Federal Tax Return. W-2's cannot be used as a substitute. We also do not accept summaries from your eFiles of Federal Tax Returns. If you do not have a copy of your Federal Tax Return contact the Internal Revenue Service (IRS) at 1-800-908-9946 and request a tax return transcript at no cost or visit www.irs.gov/Individuals/Get-transcript

What year of my Federal Tax Return do I send?

Provide the most current year - after April 15th.

My employer does not provide pay stubs, what should I do?

If pay stubs are not provided by your employer, an affidavit on letterhead from the company you work for will be accepted. The affidavit must show gross pay, deductions, and net pay for one month. Please note, if you are married or have a civil union partner, his/her verification is also required.

I do not complete a quarterly profit and loss for my business. Can I just send my current Federal Tax

If you are a self employed sole proprietor, Partnership, or Corporation, you will need to provide us with the most current Federal Tax Return and the current year quarterly profit and loss statement. Even though your business may not complete a profit and loss, it is a requirement when you apply for the Financial Assistance Program. If you are filing as a Partnership or Corporation we will need these Federal Tax Returns, your personal Federal Tax Returns, along with the Partnership and/or Corporation Year-to-Date, Quarterly Profit and Loss.

What is the coverage period for Financial Assistance?

Financial Assistance is valid for up to six months and may include coverage to current balances unless otherwise noted. Your coverage period will be indicated on your grant letter. If your income indicates you may be eligible for Medicaid, NY Family Health Plus or another insurance program funded by the State, you will only be granted financial assistance for current charges until a Medicaid application is made and a notice of decision letter is received by the Financial Assistance Program Specialist. If you are over the age of 65 and are on a fixed income, you may be granted coverage up to one year.

How often do I need to re-apply for financial assistance?

The Financial Assistance Program at The University of Vermont Medical Center is not an insurance company or a program such as Medicaid, or NY Family Health Plus. We are here to assist patients who face financial hardship and are unable to pay their bills. Financial Assistance should only be applied for if you have outstanding medical bills you cannot pay with The University of Vermont Medical Center; expectation that an account currently pending insurance will leave a balance, or expectation that a future scheduled service will leave you a balance.

THE University of Vermont MEDICAL CENTER

Financial Assistance Application

Applicant's Information:

Applicant Last Name | First Name | Middle Initial | Social Security Number | Date of Birth

Address | City | State | Zip code | Home Phone Number | Medical Record #

Employer | or check one: ☐ Student ☐ Unemployed ☐ Disabled ☐ Retired

Marital Status - please check one: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse Last Name | Spouse First Name | Middle Initial | Social Security Number | Date of Birth

Spouse Employer | or check one: ☐ Student ☐ Unemployed ☐ Disabled ☐ Retired

Household Information:

Please list below all dependents who live in your household. Do not include non-dependents who reside in your household.
Note: You may include dependents for which you provide at least 50 % support and who are reflected as dependents on your Federal Income Tax Returns.

Last Name	First Name	Social Security #	Relation to Applicant	Date of Birth

Monthly Expenses:

Rental or Mortgage Payment: _____ Real Estate Debt: _____

Property Tax Amount Not Included in Payment Amount Above: $ _____

Utilities	$ _____	Credit Card	$ _____	Insurance (Auto/Life/Property)	$ _____
Auto	$ _____	Health Insurance	$ _____	Alimony/Child Support	$ _____
Child Care	$ _____	Healthcare Bills	$ _____	Other: _____	$ _____
Living (food/gas)	$ _____	Medications	$ _____	Other: _____	$ _____

Extenuating Expense Circumstances: _____

Additional Information:

Are you covered under any health insurance policy? ☐ Yes ☐ No

If yes, list insurance(s): _____

If no, answer next question:

Did you enroll with Vermont Health Connect/NY Health Exchange/Medicaid? ☐ Yes ☐ No

Date: _____ Final eligibility determination letter will be required.

If no, reason: _____

Did you file and/or are you required to file a Federal Income Tax Return? ☐ Yes ☐ No
You must provide copies of your current Federal Income Tax Return.

If no, reason: _____

Do you reside in Vermont or New York greater than 6 months per year? ☐ Yes ☐ No

Do you have outstanding balances with any of the UVM Health Network partners? ☐ Yes ☐ No

☐ Alice Hyde Medical Center ☐ Central Vermont Medical Center
☐ Champlain Valley Physicians Hospital ☐ Elizabethtown Hospital

Assets, Liabilities and Income

REAL ESTATE owned other than primary residence. Please check those that apply, or **check 'Not Applicable'**

Note: Tax assessment/tax bill and mortgage balance statement, if applicable. Attach separate list if multiple properties exist.

☐ Vacation Home ☐ Second Home ☐ Land ☐ Not applicable Value: $

Location (address): Mortgage Balance: $

☐ Rental Property ☐ Not applicable Value: $

Location (address): Mortgage Balance: $

OTHER ASSETS AND LIABILITIES: Please check those that apply, or **check 'Not Applicable'**

☐ Boat	Value: $	Loan Balance: $	Not applicable ☐
☐ Camper	Value: $	Loan Balance: $	Not applicable ☐
☐ ATV / Snowmobile	Value: $	Loan Balance: $	Not applicable ☐
☐ All Other Debt		Loan Balance: $	Not applicable ☐

Monthly Income From:	**Person 1**	**Person 2**	
Name of household member:			Documentation required for verification:
Gross Salary Wages	$	$	2 consecutive pay stubs / employer pay statement
Self Employed	$	$	Tax Return plus current YTD Profit & Loss
Social Security	$	$	Award letter, check stub, bank statement, etc
Workers' Compensation	$	$	Check, bank statement, online, etc
Unemployment	$	$	Check, bank statement, online, etc
Alimony / Child Support	$	$	Cancelled check, garnishment, bank statement, etc
Pension / Retirement Income	$	$	Bank Statement or Pension check stub
Disability	$	$	Check, bank statement, online, etc
Rental Income	$	$	Schedule E of IRS tax form
Dividend Income	$	$	Current/quarterly statement from financial institution
Other Income:	$	$	Contact FAP Specialist
Total:	**$**	**$**	

Cash, Savings and Investments:			
Checking Account Balances	$	$	Bank statement
Savings	$	$	Bank statement
CD Account Balances	$	$	Copy of statement
Bonds	$	$	Copy of statement or bond
Annuities	$	$	Copy of statement
Money Market	$	$	Copy of statement
Trust Account	$	$	Copy of statement
Stocks / Mutual Funds	$	$	Copy of statement
Other - Specify: _____	$	$	Contact FAP Specialist
Total:	**$**	**$**	

Please Read Carefully

I am requesting financial assistance from The University of Vermont Medical Center. I verify that all information I have provided is accurate and complete. The University of Vermont Medical Center has my permission to pursue verification of pertinent information and exchange information regarding my accounts, application and supporting documentation with its affiliated providers. Any incorrect, incomplete or false information provided may cancel my application for financial assistance. I agree to repay the full financial assistance award if I receive payment of any kind for the medical services covered by this financial assistance application. The University of Vermont Medical Center is authorized to access credit bureau files and reports, now and in the future for collection purposes. This authorization is given pursuant to Title 9, Sec.2480e of VT Statutes. All information provided will remain confidential under the provisions of HIPAA federal regulations.

Signature of Patient (or Parent / Guardian if Patient is under 18) Date

2018 Income and Asset Guidelines

To be eligible for financial assistance from The University of Vermont Medical Center, your income and assets should be at or below the monthly guidelines shown below. Some items such as your primary residence and non-recreational vehicles are not considered assets for this purpose. If your income and/or assets exceed the guidelines (400%) but you have extenuating circumstances, an application may be considered when submitted with a letter explaining your extenuating circumstances.

You must be a permanent resident within The University of Vermont Medical Center service areas: All of **Vermont** and **Clinton, Essex, Franklin, Washington, Hamilton, Warren**, and **St. Lawrence Counties** of **New York** and **selective counties** and **services** within **New Hampshire**.

In order to manage our resources responsibly and to allow The University of Vermont Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, The University of Vermont Medical Center has implemented a policy with guidelines to provide assistance based upon a sliding fee scale. Balances after any financial assistance has been applied shall remain the responsibility of the patient and should be paid promptly.

FPLG	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%	Asset Limits
Financial Assistance Percentage	100%	85%	75%	65%	55%	
Household Size*						
1 Person	$2,023.00	$2,529.00	$3,035.00	$3,541.00	$4,047.00	$50,000.00
2 Persons	$2,743.00	$3,429.00	$4,115.00	$4,801.00	$5,487.00	$50,000.00
3 Persons	$3,463.00	$4,329.00	$5,195.00	$6,601.00	$6,927.00	$50,000.00
4 Persons	$4,183.00	$5,229.00	$6,275.00	$7,321.00	$8,367.00	$50,000.00
5 Persons	$4,903.00	$6,129.00	$7,355.00	$8,581.00	$9,807.00	$50,000.00
6 Persons	$5,623.00	$7,029.00	$8,435.00	$9,841.00	$11,247.00	$50,000.00
7 Persons	$6,343.00	$7,929.00	$9,515.00	$11,101.00	$12,687.00	$50,000.00
8 Persons	$7,063.00	$8,829.00	$10,595.00	$12,361.00	$14,127.00	$50,000.00
9 Persons	$7,783.00	$9,729.00	$11,675.00	$13,621.00	$15,567.00	$50,000.00
10 Persons	$8,503.00	$10,629.00	$12,755.00	$14,881.00	$17,007.00	$50,000.00
11 Persons	$9,223.00	$11,529.00	$13,835.00	$16,141.00	$18,447.00	$50,000.00
12 Persons	$9,943.00	$12,429.00	$14,915.00	$17,401.00	$19,887.00	$50,000.00
13 Persons	$10,663.00	$13,329.00	$15,995.00	$18,661.00	$21,327.00	$50,000.00
14 Persons	$11,383.00	$14,229.00	$17,07500	$19,921.00	$22,767.00	$50,000.00
15 Persons	$12,103.00	$15,129.00	$18,155.00	$21,181.00	$24,207.00	$50,000.00

February 1, 2018

These guidelines are subject to change at any time.

Discrimination is Against the Law

THE University of Vermont MEDICAL CENTER

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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- Information written in other languages

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Office of Patient and Family Advocacy
UVM Medical Center
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-3502
Fax: (802) 847-0384
PatientandFamilyAdvocacy@uvmhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Patient and Family Advocacy is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019, (800) 537-7697(TTD)

Discrimination is Against the Law

THE University of Vermont MEDICAL CENTER

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SUBJECT:

Patient Financial Assistance Program

PURPOSE:

To establish a policy and procedure for the administration of The University of Vermont Health Network-Central Vermont Medical Center's Patient Financial Assistance Program.

POLICY STATEMENT:

Central Vermont Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's health care insurance benefits or financial resources. Further, Central Vermont Medical Center is committed to providing financial assistance to persons who have essential 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. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to fulfill our obligation as a non-profit organization, Central Vermont Medical Center strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CVMC'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.

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

PROCEDURES:

Patient Financial Assistance

Healthcare Service Eligibility:

The following services are eligible for financial assistance

- Emergency medical services provided in an emergency room setting;
- Urgent services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;

- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
- Elective medically necessary services for patients who meet established program guidelines

Services not eligible for financial assistance:

- Cosmetic services unless medically necessary based upon physician review
- Infertility/fertility services, e.g. birth control, vasectomies/reversals, tubal ligations/reversals, unless medical necessity documentation from physician is provided
- General Dentistry unless medically necessary extenuating circumstances are presented by the dental program
- Non-Emergent foreign national including obstetrics and labor and delivery
- Services deemed not medically necessary
- Services reimbursed directly to the patient by an insurance carrier or third party

Provider Coverage: All Central Vermont Medical Center employed medical providers rendering care at the Central Vermont Hospital and physician practices are covered under this policy. See addendum list of providers rendering care at CVMC who are *not* covered under this policy.

Patient Eligibility: 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. The granting of charity 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, gender identity or expression, or religious affiliation.

Eligibility for financial assistance is based on an income and asset test.

- Income Test: This program is limited to patients with demonstrated financial need either due to limited income or if their medical bills are an excessive portion of their income. The most recently published Federal Provider Guidelines will be used as the primary determinant. A patient whose household income is at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size, may pass the income test and are considered for charity care assistance if they also pass the asset test.

    - Non-custodial parents may have their income adjusted for child support when supporting documentation of payment is provided.
    - Patients may have their income adjusted for alimony when supporting documentation of payment is provided.
    - Dependents may be included within the household when more than 50% of the support is provided by the guarantor. To qualify for this household extension, the dependent must be listed as a dependent on the Federal Income Tax return.

- Asset Test: Each individual/household residing in Vermont or applicable counties in New York and New Hampshire are allowed liquid assets equal to $50,000. If assets are below this guideline, the patient passes the assets test.

    - Included in the asset test:
        - Cash, savings account balances, checking account balances, money markets, CD's, term certificates, annuities, stocks, bonds, mutual funds and other "liquid" assets.
        - Homes (excluding the primary residence), rental properties, and fair market value for recreational vehicles. Depending upon the value, rental properties may be excluded

from the calculation provided rental income is included in the monthly household calculation.

Exclusions:

- Primary residence, assets held in a tax deferred comparable retirement savings account and college savings accounts held by the patient for the patient are excluded from the assets review.
- Accounts already referred to a collection agency greater than 120 days from placement to agency, unless referred in error;
- Services reimbursed directly to the patient(s) by an insurance carrier or already covered by another third party.
- Tuition stipends and/or grants for education are not considered a liquid asset and shall not be factored into the assets test.

Residency Criteria: Patients must reside within the Central Vermont Medical Center service area, unless medical services were urgent or emergent in nature. Scheduled services for patients residing outside of the CVMC service area are not eligible for financial assistance. Financial assistance for residents outside of the CVMC service area will be granted only in unique circumstances and with appropriate approval. A separate policy has been developed defining the requirements, process, and required approval for the University of Vermont Medical Center physicians wishing to deliver charitable care at CVMC international residents. (Request for Provision of Health Care Services to Foreign Nationals.)

Vermont residents and college students who reside in Vermont part-time must live in our service area greater than 6 months per annum meet the residency requirement.

Proof of residency may be established by one of the following:

- Service area driver's license, tax bill with service area address, lease for service area property or a service area utility bill;
- Potential exceptions may be considered on an individual case-by-case.

Health Insurance and Liability Payments: Services rendered at Central Vermont Medical Center will be billed to patient's primary coverage, a private medical insurance, an employer occupational health plan, workers' compensation, or pending by med pay/third-party liability carriers. In cases where there is a potential auto/injury liability payment pending at a future date, Central Vermont Medical Center will file a lien to protect its financial interests, excluding Medicare/Medicaid recipients. After the lien is filed, financial assistance may be granted assuming that the patient otherwise qualifies. If there is a future time when liability payments are distributed, the Central Vermont Medical Center lien will allow Central Vermont Medical Center to recover some or all of the financial assistance initially granted to the patient.

Public Health Care Program/Healthcare Exchange Criterion: Patients applying for The Central Vermont Medical Center financial assistance are reviewed for their potential eligibility for state or federal healthcare program benefits and/or benefits offered through the Vermont healthcare exchange programs. Any patient identified with potential to be granted such assistance will be instructed to apply. For those patients identified as candidates for eligibility for either the NY or VT or NH Healthcare Exchange Program; application for and compliance with those program guidelines is a pre-requisite for the Central Vermont Medical Center patient financial assistance.

Exclusions: A patient who's religious or cultural belief system prohibits seeking or receiving financial assistance from a government entity may be excluded from the public health care program criterion. The patient will, however, be required to assume a portion of financial responsibility to be assessed by the Patient Assistance Program Appeals Committee.

Determination of Financial Need: Financial need will be determined in accordance with procedures that involve an individual assessment of financial need which will include the following: Note, in the case of presumptive charity, the application process may be excluded.

- 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;
- Include the use of external publicly-available data sources that provide information on a patient's or a patient's guarantor's ability to pay. Central Vermont Medical Center reserves the right to obtain a credit report, when approval from the patient is granted, to verify financial stability before financial assistance is authorized;
- Include reasonable efforts by CVMC to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
- Take into account the patient's available assets, and all other financial resources available to the patient; and
- Include a review of the patient's Central Vermont Medical Center outstanding accounts receivable for prior services rendered and the patient's payment history.

It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. A patient must have a current patient balance that is due to Central Vermont Medical Center, an expectation that an account currently pending insurance will leave a balance that is due to Central Vermont Medical Center, or a future scheduled/referred service at Central Vermont Medical Center that is expected to leave a patient balance. However, the determination may be done at any point in the billing cycle.

Central Vermont Medical Center's value of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for charity shall be processed promptly and CVMC shall notify the patient / applicant of decision in writing within 30 days of receipt of a completed application.

Financial Assistance Eligibility Period: The need for charity assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known. Re-evaluation of patients whose age exceeds 65 and whose income is fixed below 400% FPLG shall occur annually. Note: It is permissible for patients to submit new supporting financial documentation provided the application on file is less than one year old.

Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance application on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources that could provide sufficient evidence to provide the patient with financial care assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Central Vermont Medical Center could use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
- Food Stamp Eligibility
- Participation in Women, Infants and Children programs (WIC)

- Transient (homeless)
- Patient is incarcerated with no health care coverage

Presumptive eligibility may additionally be determined through an automated predictive assessment. Demographic, payment history, and third-party information may be used to determine household income levels. This may be done at any time during an account life cycle. Vendor model results can be correlated to the FPLG, allowing charity to be granted even if all documentation is not available. When an automated predictive tool is used, accounts scoring <200% of FPLG will be provided a 100% write-off for the services provided at the time of scoring. A complete application is expected from patients for ongoing approval. For accounts scoring >200% of FPLG, a formal application will be required to fully identify the poverty level and appropriate discount to be provided.

Presumptive eligibility will be adjusted to a specific transaction/pay code to ensure these dollars are excluded from the Medicare Cost Report.

Patient Financial Assistance Guidelines: In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount of assistance provided to a patient will vary based upon their income level and the grant awarded shall ensure the patient is not responsible for more than the amount generally billed to an insured patient.

As defined by the IRS, eligible patients cannot be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance coverage. The average generally billed (AGB) to patients is calculated using the "Look-Back method"; actual claims paid to the organization by Medicare only or claims paid to the organization by Medicare together with all private health insurers, including any associated portions of these claims paid or owed by beneficiaries.

Central Vermont Medical Center uses the combined Medicare and private health insurer look-back method calculation. This forms the minimum grant percentage awarded to patients who qualify for assistance. Calculation: Allowed claims/ charges for prior fiscal year.

The amount generally billed for the previous fiscal year shall be applied to the 351 – 400% FPLG level. Additional discounts shall apply to each FPLG category up to a maximum assistance grant of 100% for <200% FPLG.

FPLG	<= 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Grant	100%	85%	75%	65%	55%

The patient grant is applied against all current balances (i.e. hospital and medical group) and extends for a coverage window of 6 months, 12 months for aged >65 years on a fixed income. When the grant period has closed, patients will be required to re-apply for financial assistance and based upon their financial status, may have their grant category adjusted.

Safe Harbor: Central Vermont Medical Center shall limit all charges for financial assistance qualified individuals to the amounts generally billed to insured patients. The hospital will refund any amount paid in excess of the amount he or she is personally responsible for paying under the financial assistance policy within the application period or 240 days prior to the receipt of a complete application. Payments made outside the application period will not be eligible for a refund.

Catastrophic Medical Indigence: Central Vermont Medical Center has determined that catastrophic assistance beyond 400% of the FPLG will be reviewed for an appropriate level of financial assistance. Medically Indigent in most cases will be a patient for whom the balance of a hospital bill exceeds 30% of the person's annual household gross income and who is unable to pay all or a portion of the bill balance resulting from a catastrophic illness or injury. Cases that are deemed Medically Indigent will be processed at the 55% grant level of assistance and will be applied against all current balances (i.e. hospital and medical group). Patients who qualify for catastrophic medical indigence will have their out-of-pocket liabilities capped at no more than $10,000.

Individual Case Reviews and Appeals Process: Central Vermont Medical Center acknowledges that extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. An appeals committee will be convened on an as-needed basis to review unusual or catastrophic cases that do not meet established program guidelines but present unusual hardship.

Other cases involving services that require review for medical necessity will be presented to the Chief Medical Officer or his/her designee for a decision regarding medical necessity of services rendered. If services are deemed medically necessary and the charity eligibility guidelines are met, assistance will be granted.

Patients whose applications for charity are denied may appeal the denial decision. Requests for appeal should be sent to the financial assistance program specialist, in writing, within 30 days of receipt of the denial decision and must clearly indicate the reason for the appeal. All cases will be reviewed by Specialist in preparation for the Appeals Committee to review. The patient will be notified of the final grant/deny decision.

Notification Period: Central Vermont Medical Center will make reasonable efforts to notify patients about the financial assistance program. This period begins on the date a billing statement for the patient balance of care is presented and ends 120 days later. As defined in this policy multiple methods of notification occur beginning in advance of care, during care and throughout the 120 day billing cycle.

Application Period: Central Vermont Medical Center will process applications submitted by individuals during the application period which begins on the date a billing statement for the patient balance of care is presented and ends 240 days later. If at the end of the 120 day notification period an account has been referred to a collection agency and an application is received and granted within the 240 day application period, accounts shall be recalled from the agency and processed under the financial assistance program.

Reasonable Efforts: Reasonable efforts will be made to determine if a patient is eligible for financial assistance prior to balance transfer to collections. Reasonable efforts may include the use of presumptive scoring, the notification and processing of applications and notification before, during and after care.

- CVMC shall not initiate any ECA (extraordinary collection actions)
- Incomplete applications shall be processed with notification to patients providing direction on how to appropriately complete the application and/or what additional documentation is required along with a 30 day window of time to respond to the CVMC request.
- CVMC shall process completed applications within 30 days of receipt.

University of Vermont Health Network Partners: Patients who have qualified at one of the partner organizations across the Health Network may be granted across all partner facilities, based upon the eligibility criteria and the patients FPLG scale which is specific to each organization. Upon assistance approval, applications will be shared with partner facilities with supporting documentation remaining at the local organization. Each partner facility will provide assistance at the appropriate grant level set for the individual

institution, based upon the unique AGB calculation set for the organization. Supporting documentation will be made available to the partner organization as needed to facilitate audit functions.

Communication of the Charity Program to Patients and the Public: Notification about patient assistance charity care available from Central Vermont Medical Center, which shall include a contact number, shall be disseminated by CVMC by various means, which may include, but are not limited to:

- Reference to the charity program printed on each patient statement
- By posting notices in emergency rooms, admitting and registration departments, and patient financial services offices that are located on facility campuses; conspicuous displays may be found in the main Registration and Emergency Departments'.
- By providing a copy of the plain language policy summary at the point of Registration on the facility campuses and making available the summary at our satellite clinics. Providing copies of the policy and application upon request
- For inpatient, observation and short stay patients, a copy of the inpatient guide will be provided which includes information regarding the financial assistance program.
- Information shall be available on the Central Vermont Medical Center website, including the policy, a plain language summary, the application, FAQ, FPLG guidelines and contact information for follow-up assistance
- Referral of patients for charity assistance may be made by any member of the Central Vermont Medical Center staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- Translations for individuals with limited English proficiency will be provided for populations with >1,000 individuals or 5% of the service area community based upon US census bureau statistics.
- Patients requiring a translated copy and/or assistance in completing the application will be assisted by financial advocates and/or customer service representatives who will secure the services of an appropriate interpreter.
- Information, rack cards and flyers are available through the Community Health Improvement office where staff routinely interacts with community centers and advocates disseminating information and programs available to the public.

Application Assistance Contact Information: Assistance in completing the application may be obtained through the Financial Counseling Office located on the main campus of the Central Vermont Medical Center. Information regarding our policy and/or application may be obtained by contacting the Customer Service department at 1-802-371-5999 or 1-802-371-4392 or in person at the Central Vermont Medical Center main campus Financial Counseling office, 130 Fisher Road, Berlin, VT.

Relationship to Collection Policies: Central Vermont Medical Center management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Central Vermont Medical Center, and a patient's good faith effort to comply with his or her payment agreements with Central Vermont Medical Center. For patients who qualify for charity and who are cooperating in good faith to resolve their hospital bills, Central Vermont Medical Center may offer extended payment plans to eligible patients.

Note: Central Vermont Medical Center will not engage in extraordinary collection actions (ECA). ECA is defined as selling an individual's debt to another party, reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus, deferring, denying or requiring payment before providing medically necessary care because of an individual's non-payment of one or more bills for previously provided care under the FAP and/or actions requiring a legal or judicial process. A copy of the Central Vermont Medical

Center's Credit and Collections policy may be obtained by contacting the Financial Counseling office at 1-802-371-4398 or 1-802-371-4209.

FAP Adjustment Authority Levels: The following approval levels will be followed before charges may be adjusted off an individual patient's account under the Patient Financial Assistance Program:

$1 - $5,000	PFAP Specialist
$5,001 – $50,000	Supervisor/Team Lead Financial Counseling
$50,001 to $ 100,000	Director Patient Access
Appeals with balance > $150,001	CFO/VP Finance/Financial Officer

Regulatory Requirements: In implementing this policy, Central Vermont Medical Center 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.

Document Retention: Completed applications for the Patient Assistance Program will be maintained for a period of seven years after the date the application was approved or denied.

Monitoring Plan: Compliance with this policy will be monitored through annual review of Patient Assistance Program applications and grant/deny decisions. Quarterly department spot auditing will occur and monthly reporting of outcomes will be reviewed.

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

- **AGB:** Amount generally billed to insurance payers for services provided. The look-back method is used to calculate the AGB, reflecting a combination of fully adjudicated claims for Medicare fee for service and all private health care plans, including the portions paid by the beneficiaries.
- **Charity:** Refers to healthcare services provided without charge or at a sliding scale discount to qualifying patients.
- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption.
- **Family Income:** Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:
  - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
  - Noncash benefits (such as food stamps and housing subsidies) do not count;
  - Determined on a before-tax basis;
  - Excludes capital gains or losses; and
  - If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).
- **Foreign National:** Non US citizens who are in the United States under a travel/visitor visa.
- **Central Vermont Medical Center Service Area**: All of Vermont
- **FSC**: Financial Status Class of a patient account, indicates the primary payer responsible for payment.
- **LEP/Translation**: Limited English Proficiency requiring translated copies of the policies, application, plain language summary and application.
- **Medical Indigence:** There are instances when individuals are financially unable to access adequate medical care without depriving themselves and their dependents of food, clothing, shelter and other essentials of living. A patient will generally be considered Medically Indigent if the balance of a

hospital bill exceeds 30% of the person's annual household gross income and he or she is otherwise unable to pay all or a portion of the bill balance resulting from a catastrophic illness or injury.

- **Medical Necessity:** Services or items that are: (1) appropriate for the symptoms and diagnosis or treatment of the condition, illness, disease or injury; (2) provided for the diagnosis or the direct care of the condition, illness, disease or injury; (3) in accordance with current standards of good medical practice; (4) not primarily for the convenience of the patient or provider; and (5) the most appropriate supply or level of service that can be safely provided to the patient.
- **Patient Statement**: The monthly patient account summary mailed to a patient at their stated home address which states the amount due from the patient for patient care services rendered by CVMC.
- **Primary Homestead:** The primary residence of the patient, whether solely or jointly owned.
- **Transaction/Paycode**: The unique transaction used to record the uninsured patient discount.
- **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations. An uninsured patient is ineligible for any government healthcare entitlement program (Medicare, Medicaid, Vermont Health Connect exchange plans, etc.) during the dates of service provided by CVMC.
- **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.
- **Uninsured Self-Pay FSC**: The financial status class (FSC) for those patients who have no third party health care insurance benefits, and are directly responsible for payment of their health care services.
- **University of Vermont Health Network**: Includes the University of Vermont Medical Center, Central Vermont Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital and Alice Hyde Medical Center.

RELATED POLICIES:

A-130 Credit and Collections for Self-Pay Balances

REFERENCES:
IRC § 501®(4):
IRC § 501®(5):
IRC § 501®(6):

REVIEWERS:

Cheyenne Holland, CFO/VP Finance CVMC
Amy Sherman, Director of Patient Access
Amy Gagne, Financial Counseling Team Lead

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APPROVING OFFICIAL'S NAME:

Cheyenne Holland, CFO/VP Finance

Patient Financial Assistance Policy Summary

The University of Vermont Health Network—Central Vermont Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's insurance benefits or financial resources. Central Vermont Medical Center is committed to providing financial assistance to persons who have essential health care 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. Central Vermont Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with our 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.

Applications are available online at www.cvmc.org, via Customer Service, by phone at 802-371-5999 or 844-321-4100, at the Financial Counseling Office at the Medical Center Campus or any Registration location at Central Vermont Medical Center.

Service Eligibility

- Inpatient, emergent and urgent services, and medically necessary elective services
- Exclusions from the assistance program:
  - ◊ Cosmetic services
  - ◊ General Dentistry unless extenuating circumstances presented by dental practice
  - ◊ Birth Control, Fertility, and Infertility services, including reversals
  - ◊ Non Emergent care for foreign national including obstetrics, and labor and delivery
  - ◊ Services deemed not medically necessary
  - ◊ Services reimbursed directly to the patient by an

Financial Need Determination

- Patients are invited to complete an application and are required to supply supporting financial documentation upon submission
- Determination is a financial calculation based upon a patients income test and assets review
- Coverage will be provided to patients whose income is at or below 400% of federal poverty level guidelines
- May include the use of external publicly available data sources which provide information on ability to pay

Patient Eligibility

- Uninsured, underinsured or ineligible for any government health care benefit program
- Eligibility shall be based upon an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation
- Eligibility is based upon an income calculation with a review of assets
- Patient must reside within The Central Vermont Medical Center service area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in the Vermont service area
- All insurance plans, workers' compensation, third-party liability carriers, etc., must be billed
- Patients who would qualify for public programs, including the health exchange will be expected to apply for benefit coverage. Exclusion: Patients whose religious or cultural belief prohibit government assistance, will be required to assume a portion of financial responsibility
- Catastrophic coverage is available when care exceeds 30% of annual household income

Provider Coverage (MD non-covered list available)

- All employed CVMC medical providers rendering care at CVMC and physician practices are covered

Income & Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month).
- Dependents >18 years of age may be included in the household size provided they are listed as a dependent on federal income tax returns.
- Liquid assets not to exceed $50,000. Assets include: Cash, savings, checking, money market, CD's, term certificates, stocks/bonds, mutual funds, income drawn from retirement accounts and other liquid assets. Secondary homes, rental properties and fair market value for recreational vehicles. Exclusions include: Primary residence, rental property depending upon value, personal property such as furniture, apparel, livestock and non-recreational vehicles. Tuition stipends and/or grants for education.

Assistance Guidelines

- In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount assessed to a patient will not exceed the amount generally billed to patients who have insurance coverage.
- The patient financial assistance may be applied against a six month coverage window, one year for >65 yrs of age with a fixed income. When the period has closed, patients will be required to re-apply and based upon their financial status may have their financial assistance category adjusted.
- Catastrophic assistance is available to patients whose balance exceeds 30% of their annual household income.
- Central Vermont Medical Center acknowledges extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. Where these conditions exist, patients may submit a letter for consideration detailing the hardship.
- Cases which may require review for clinical necessity will be presented to the Chief Quality Office for a decision on medical necessity.
- Patients whose applications are denied may appeal the decision. Requests for appeal should be sent to the Patient Financial Assistance Specialist in writing within 30 days of denial receipt and must clearly indicate the reason for appeal.
- Patients who qualify for assistance and who are cooperating in good faith to resolve their bills, may be offered extended payment plans on balances not covered by the Healthcare Assurance Program.
- Central Vermont Medical Center does not engage in extraordinary collection actions.

Application Process

- Patients who face financial hardship are encouraged to apply for assistance. The full financial assistance policy and application are available online at www.cvmc.org, via mail by contacting Customer Service at 802-371-5999 or 800-639-2719, at the Financial Counseling Office at the Medical Center Campus, 130 Fisher Road Berlin, VT, or any CVMC Medical Group Practice location. Questions regarding the policy or process and/or if you need help completing and application, please contact a Financial Counselor via phone or in person at the Financial Counseling office at the Medical Center Campus.
- Applications must be completed in full and be accompanied by all required supporting documentation. Please refer to the application check list before submission.
- Incomplete applications will remain unprocessed and will be rejected if supporting documentation is not received within 14 days of submission. If incomplete, a period of 30 days shall be allowed to provide the remaining information.
- Receipt of a completed application, documentation included, will begin a processing period where the financial status of the family will be reviewed. This will include a review of all family balances, medical necessity of service and an income test/assets review.
- Requests for assistance will be processed promptly and Central Vermont Medical Center will notify the patient applicant of a decision in writing within 30 days of receipt.
- Central Vermont Medical Center will apply the adjustment financial assistance to all eligible services and subsequently bill the patient for any remaining balances.

Federal Poverty Level	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Financial Assistance Percentage Discount	100%	85%	75%	65%	55%

THE
University of Vermont
HEALTH NETWORK
Central Vermont Medical Center

Financial Assistance Program
PO Box 547, Barre, Vermont 05641
802-371-4209, 802-371-4398
Fax: 802-371-5339
customerservice@cvmc.org

Dear Applicant,

Thank you for choosing Central Vermont Medical Center as your health care provider.

If payment of your medical bills creates a financial hardship for you, you may be eligible for financial assistance through Central Vermont Medical Center's Patient Financial Assistance Program. Our staff are here to help you and are willing to work through the process with you. Please note that before any financial assistance can be provided by Central Vermont Medical Center, our staff will work with you to identify other sources of payment.

The following criteria must be met to be eligible for financial assistance from Central Vermont Medical Center:

- You must be a permanent resident within The Central Vermont Medical Center financial eligibility area which includes all of Vermont.
- The services that were provided to you must be considered medically necessary essential health care services.
- The following types of services are not eligible for financial assistance
  - Cosmetic services - unless medically necessary based upon diagnosis with physician review
  - Birth control, infertility treatments, fertility services, sterilization and reversal of sterilization.
  - Services that have been placed in Collections beyond 120 days of placement
  - General dentistry unless extenuating circumstances are presented by the dental practice
  - Services to residents outside of the financial eligibility area unless provided in an emergency room setting
  - Services reimbursed directly to you by your insurance carrier or already covered by a third party
- Household income and assets must be within guidelines

If you meet the criteria and wish to apply for Central Vermont Medical Center's Financial Assistance Program, please complete the enclosed application form. Please note, you will continue to be financially responsible for all services you receive until it is determined you qualify for assistance.

We are here to help, if you have any questions or require aid in understanding any part of the application process please contact a member of our Customer Service team at 802-371-4398 or 802-371-4209, or contact us by email at: customerservice@cvmc.org. For help in completing the application, a Customer Service Representative or Financial Advocate is available M-F, 8:30am-4:00 pm at the CVMC main campus, Patient Finanical Counseling office 130, Fisher Road, Barre, VT 05602. Completed applications should be forwarded to the following address:

The University of Vermont Health Network - Central Vermont Medical Center
Patient Financial Assistance Program
PO Box 547
Barre, Vermont 05641

Form 036685 - Revised March 8, 2016

For Your Convenience - Our Documentation Check List

To determine if you qualify for assistance, you will need to show proof of your income, and also supply documentation necessary for determination. Please fill out the attached application in full, sign it, and send the application along with a copy of each of the following documents (those that are applicable) for your household:

Note: If sending Bank Statement or Online documentation, copies must include the bank name, client name, balance and current date.

1.) Complete copy of your most recent Federal Income Tax Return including all schedules and forms, e.g. 1040, 1099 etc. Note: Cannot substitue W2's, summaries, etc.. ☐

2.) Self-employed/Sole Proprieter must provide complete documentation of the following:

   a.) Federal Tax Returns and Year to Date Profit and Loss statement ☐

   b.) Partnership: All of the above, plus Partnership Federal Tax Return ☐

   c.) Corporation: All of the above, plus Corporation Federal Tax Return ☐

3.) Copies of the two (2) most recent, consecutive paycheck stubs or a statement from the employer ☐

4.) Copy of one (1) most recent bank statement, (e.g., savings, checking, money market, etc.) ☐

5.) Copy of unemployment benefits statement if applicable (e.g., check, bank statement, online, etc.) ☐

6.) Copy of disability compensation benefit statement/award letter (e.g., check, bank statement, online, etc.) ☐

7.) Copy of social security, pension, retirement income (e.g., award letter, check stub, bank statement, etc.) ☐

8.) Documentation of child support and/or alimony paid or received (e.g.,cancelled check, garnishment, bank statement, etc.) ☐

9.) Investment accounts - copies of current or quarterly statement from broker or financial institution ☐

10.) Real Estate - tax assessment or tax bill, and mortgage balance statement on property owned, excluding primary residence ☐

11.) Rental Income - Copy of current Schedule E of IRS form ☐

12.) Appraisal for recreational vehicle from www.nadaguides.com and bank loan statement if applicable ☐

13.) If an application for state assistance, (e.g. Medicaid, State Health Exchange) has been made in the last 60 days and you have received a decision, please provide a copy. Required during open enrollment. ☐

14.) If proof of residency is required, please send one of the following: VT/NY/NH driver's license, property tax bill, lease for property, or a utility bill ☐

15.) Other: _____ ☐

Please use the above checklist to be sure we have all the information we need to quickly and correctly process your application. It is important that your application be complete, and that all necessary documentation is received. All information you provide to us is confidential.

Questions & Answers and Information You Should Know...

Can I get help completing my application?

Yes. Please contact the Financial Counseling Office at 371-4398 or 371-4209 with questions, or email us at customerservice@cvmc.org. If you would like to speak to a representative in person our Financial Service Office is located at the Main Campus, Hospital, Level B, 130 Fisher Road, Barre, VT 05602. The staff at the Financial Assistance Program are also available to meet with you to complete the application. Please call them at 802-371-4398 to make an appointment.

If a question or section does not pertain to me, can it be left blank?

No. We cannot assume an unanswered question or section means it does not apply to you. One of the requirements when applying for financial assistance with Central Vermont Medical Center is a complete application. If a section or question does not apply, write "N/A" for not applicable.

I don't have all the documentation requested but the application is due back. Can I send what I have?

No. You must return a complete application with all the appropriate documentation or the application will be rejected unless supporting documentation is returned. Extension will only be made on a case by case basis for extenuating circumstances and must be requested by contacting the Financial Counseling office or the Patient Financial Assistance Program Specialist.

What is a tax assessment?

This is the tax bill you get yearly from your town clerk or City Hall office. It will say "Tax Bill" or "Property Tax Bill" at the top of the page. It gives the current housesite value, housesite municipal tax and housesite education tax values.

Where do I get the "book" value or loan value for my recreational vehicle?

If you have access to a computer and the Internet, you may go online to look up the year, make and model for an estimate at www.nadaguides.com. If you do not have access to a computer contact a local dealer. Please provide written documentation.

Why was the verification I sent for my bank account(s) not accepted?

We require a copy of the original bank statement(s). If this is not available we will only accept a substitute statement which has the following: bank name, client name, type of account, current date, and current balance. Each of these items must be printed on bank letterhead and not hand written.

What is a benefit award letter?

If you are receiving social security or disability benefits, this is the yearly letter that social security sends notifying you of your monthly eligible benefits. For verification purposes we will accept a copy of the benefit award letter, a copy of your social security (disability) check or if you have direct deposit we will accept your bank statement showing your social security deposit as verification. Whichever verification is used, the monthly eligibility benefits should match the amount given on the application.

Questions & Answers and Information You Should Know..., continued

I sent my W2's then I received my application back asking for my Federal Tax Return. Why?

There is a difference between your W-2's and your Federal Tax Return. A W-2 is simply a statement of your earnings. Your Federal Tax Return is a complete recording of your total income. We require a copy of your Federal Tax Return. W-2's cannot be used as a substitute. We also do not accept summaries from your eFiles of Federal Tax Returns. If you do not have a copy of your Federal Tax Return contact the Internal Revenue Service (IRS) at 1-800-908-9946 and request a tax return transcript at no cost or visit www.irs.gov/Individuals/Get-transcript

What year of my Federal Tax Return do I send?

Provide the most current year - after April 15th.

My employer does not provide pay stubs, what should I do?

If pay stubs are not provided by your employer, an affidavit on letterhead from the company you work for will be accepted. The affidavit must show gross pay, deductions, and net pay for one month. Please note, if you are married or have a civil union partner, his / her verification is also required.

I do not complete a quarterly profit and loss for my business. Can I just send my current Federal Tax

If you are a self employed sole proprietor, Partnership, or Corporation, you will need to provide us with the most current Federal Tax Return and the current year quarterly profit and loss statement. Even though your business may not complete a profit and loss, it is a requirement when you apply for the Patient Financial Assistance Program. If you are filing as a Partnership or Corporation we will need these Federal Tax Returns, your personal Federal Tax Returns, along with the Partnership and/or Corporation Year-to-Date, Quarterly Profit and Loss.

What is the coverage period for Patient Financial Assistance?

Financial Assistance is valid for up to six months and may include coverage to current balances unless otherwise noted. Your coverage period will be indicated on your grant letter. If your income indicates you may be eligible for Medicaid or another insurance program funded by the State, you will only be granted financial assistance for current charges until a Medicaid application is made and a notice of decision letter is received by the Patient Financial Assistance Program Specialist. If you are over the age of 65 and are on a fixed income, you may be granted coverage up to one year.

How often do I need to re-apply for financial assistance?

The Patient Financial Assistance Program at Central Vermont Medical Center is not an insurance company or a program such as Medicaid. We are here to assist patients who face financial hardship and are unable to pay their bills. Financial Assistance should only be applied for if you have outstanding Central Vermont Medical Center medical bills you cannot pay, expectation that an account currently pending insurance will leave a balance, or expectation that a future scheduled service will leave you a balance.

THE University of Vermont HEALTH NETWORK

Central Vermont Medical Center

Financial Assistance Application

Applicant's Information:

Applicant Last Name | First Name | Middle Initial | Social Security Number | Date of Birth

Address | City | State | Zip code | Home Phone Number | Medical Record #

Employer | or check one: ☐student ☐unemployed ☐disabled ☐retired

Marital Status - please check one: ☐single ☐married ☐separated ☐divorced ☐widowed

Spouse Last Name | Spouse First Name | Middle Initial | Social Security Number | Date of Birth

Spouse Employer | or check one: ☐student ☐unemployed ☐disabled ☐retired

Household Information:

Please list below all dependents who live in your household. Do not include non-dependents who reside in your household.
Note: You may include dependents for which you provide at least 50 % support and who are reflected as dependents on your Federal Income Tax Returns.

Last Name	First Name	Social Security #	Relation to Applicant	Date of Birth

Monthly Expenses:

Rental or Mortgate Payment: _____ Real Estate Debt: _____

Property Tax Amount Not Included in Payment Amount Above: $ _____

Utilities	$ _____	Credit Card	$ _____	Insurance (Auto/Life/Property)	$ _____
Auto	$ _____	Health Insurance	$ _____	Alimony/Child Support	$ _____
Child Care	$ _____	Healthcare Bills	$ _____	Other: _____	$ _____
Living (food/gas)	$ _____	Medications	$ _____	Other: _____	$ _____

Extenuating Expense Circumstances: _____

Additional Information:

Are you covered under any health insurance policy? ☐Yes ☐No

If yes, list insurance(s): _____

If no, answer next question:

Did you enroll with Vermont Health Connect/Medicaid? ☐Yes ☐No

Date: _____ Final eligibility determination letter will be required.

If no, reason: _____

Did you file and/or are you required to file a Federal Income Tax Return? ☐Yes ☐No
You must provide copies of your current Federal Income Tax Return.

If no, reason: _____

Do you reside in Vermont greater than 6 months per year? ☐Yes ☐No

Do you have outstanding balances with any of The UVM Health Network partners?

☐ Alice Hyde ☐ UVMMC ☐ CVPH ☐ Elizabethtown ☐Yes ☐No

Assets, Liabilities and Income

REAL ESTATE owned other than primary residence. Please check those that apply, or **check 'Not Applicable'**

Note: Tax assessment/tax bill and mortgage balance statement, if applicable. Attach separate list if multiple properties exist.

☐Vacation Home ☐Second Home ☐Land ☐Not applicable Value: $

Location (address): Mortgage Balance: $

☐Rental Property ☐Not applicable Value: $

Location (address): Mortgage Balance: $

OTHER ASSETS AND LIABILITIES: Please check those that apply, or **check 'Not Applicable'**

☐Boat	Value: $	Loan Balance: $	Not applicable ☐
☐Camper	Value: $	Loan Balance: $	Not applicable ☐
☐ATV / Snowmobile	Value: $	Loan Balance: $	Not applicable ☐
☐All Other Debt		Loan Balance: $	Not applicable ☐

Monthly Income From:	**Person 1**	**Person 2**	
Name of household member:			Documentation required for verification:
Gross Salary Wages	$	$	2 consecutive pay stubs / employer pay statement
Self Employed	$	$	Tax Return plus current YTD Profit & Loss
Social Security	$	$	Award letter, check stub, bank statement, etc
Workers' Compensation	$	$	Check, bank statement, online, etc
Unemployment	$	$	Check, bank statement, online, etc
Alimony / Child Support	$	$	Cancelled check, garnishment, bank statement, etc
Pension / Retirement Income	$	$	Bank Statement or Pension check stub
Disability	$	$	Check, bank statement, online, etc
Rental Income	$	$	Schedule E of IRS tax form
Dividend Income	$	$	Current/quarterly statement from financial institution
Other Income:	$	$	Contact PAP Specialist
Total:	**$**	**$**	

Cash, Savings and Investments:			
Checking Account Balances	$	$	Bank statement
Savings	$	$	Bank statement
CD Account Balances	$	$	Copy of statement
Bonds	$	$	Copy of statement or bond
Annuities	$	$	Copy of statement
Money Market	$	$	Copy of statement
Trust Account	$	$	Copy of statement
Stocks / Mutual Funds	$	$	Copy of statement
Other - Specify: _____	$	$	Contact PAP Specialist
Total:	**$**	**$**	

Please Read Carefully

I am requesting financial assistance from Central Vermont Medical Center. I verify that all information I have provided is accurate and complete. Central Vermont Medical Center has my permission to pursue verification of pertinent information and exchange information regarding my accounts, application and supporting documentation with its affiliated providers. Any incorrect, incomplete or false information provided may cancel my application for financial assistance. I agree to repay the full financial assistance award if I receive payment of any kind for the medical services covered by this financial assistance application. Central Vermont Medical Center is authorized to access credit bureau files and reports, now and in the future for collection purposes. This authorization is given pursuant to Title 9, Sec.2480e of VT Statutes. All information provided will remain confidential under the provisions of HIPAA federal regulations.

Signature of Patient (or Parent / Guardian if Patient is under 18) Date

2018 Income and Asset Guidelines

To be eligible for financial assistance from Central Vermont Medical Center, your income and assets should be at or below the monthly guidelines below. Some items such as your primary residence and non-recreational vehicles are not considered assets for this purpose. If your income exceeds the guidelines (400%) but you have extenuating circumstances, an application may be considered when submitted with a letter explaining your extenuating circumstances.

You must be a permanent resident within The Central Vermont Medical Center service areas: All of **Vermont.**

In order to manage our resources responsibly and to allow Central Vermont Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, Central Vermont Medical Center has implemented a policy with guidelines to provide assistance based upon a sliding fee scale. Balances after the financial assistance percentage have been applied shall remain the responsibility of the patient and shoud be paid promptly.

FPLG	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%	Asset Limits
Financial Assistance Percentage	100%	85%	75%	65%	55%	
Household Size* 1 Person	$2,023	$2,529	$3,035	$3,541	$4,047	$50,000
2 Persons	$2,743	$3,429	$4,115	$4,801	$5,487	$50,000
3 Persons	$3,463	$4,329	$5,195	$6,061	$6,927	$50,000
4 Persons	$4,183	$5,229	$6,275	$7,321	$8,367	$50,000
5 Persons	$4,903	$6,129	$7,355	$8,581	$9,807	$50,000
6 Persons	$5,623	$7,029	$8,435	$9,841	$11,247	$50,000
7 Persons	$6,343	$7,929	$9,515	$11,101	$12,687	$50,000
8 Persons	$7,063	$8,829	$10,595	$12,361	$14,127	$50,000
9 Persons	$7,783	$9,729	$11,675	$13,621	$15,567	$50,000
10 Persons	$8,503	$10,629	$12,755	$14,881	$17,007	$50,000
11 Persons	$9,223	$11,529	$13,835	$16,141	$18,447	$50,000
12 Persons	$9,943	$12,429	$14,915	$17,401	$19,887	$50,000
13 Persons	$10,663	$13,329	$15,995	$18,661	$21,327	$50,000
14 Persons	$11,383	$14,229	$17,075	$19,921	$22,767	$50,000
15 Persons	$12,103	$15,129	$18,155	$21,181	$24,207	$50,000

February 1, 2018

These guidelines are subject to change at any time.

UVM Health Network/Porter Medical Center

Subject: Financial Assistance Policy & Procedure	
Department: Patient Financial Services – Porter Medical Center and Porter Medical Group	
Original Effective: January 2012	Last Revised: 10/18

MISSION:

- Porter Hospital will provide emergency care to patients regardless of their ability to pay.
- Porter Hospital will accept a variety of payment methods and will offer resources to assist in resolving any outstanding balance. We will define the standard to be used by any outside agencies that are collecting on our behalf and will ensure that these policies are incorporated throughout the entire collection process.
- We will communicate our policy to those in need accurately and consistently. We will assist patients in applying for known programs of financial assistance that may be applicable utilizing our in house Assister. We will treat all patients with dignity, respect, and compassion.
    1. Patients may call 802-388-8808 option 5 Monday – Friday 7:30am-4pm
    2. Patients may talk to someone at any of our registration windows for an application
    3. Patients may visit our website for an application at http://www.portermedical.org
    4. Patients will be notified by registration staff and outsourced self pay staff of availability of FAP
- Financial assistance will be based solely on ability to pay and will not be judged on the basis of any particular race, color, religion, national origin, ancestry, creed, handicap, sex, age, marital status, or sexual orientation.
- The Financial Application is also in Spanish, this was determined according to the U.S. Census Bureau reporting for Addison County.

PURPOSE:

This policy will define the eligibility criteria for financial assistance and provide administrative guidelines for identification, evaluation, and documentation of eligibility.

POLICY:

It is the policy of Porter Medical Center to have an organized financial assistance program designed to support the healthcare needs of the community, specifically the uninsured, underinsured, those ineligible for a government program, or otherwise unable to pay. This policy will include eligibility criteria for financial assistance, describes the method by which patients may apply for financial assistance, and describes how the hospital will widely publicize the policy within the community served.

DEFINITIONS:

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

- **Bad Debt:** the charges incurred by a patient who based on available financial information, appears to have the financial resources to pay the charged healthcare services, but who has demonstrated by their actions an unwillingness to resolve the bill.
- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and are related by birth, marriage, or adoption.
- **Income**: Using the Census Bureau definition, the following income is used when computing federal poverty guidelines:
    - Includes earnings, unemployment compensation, workers compensation, Social Security benefits, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources,
    - Non-cash benefits such as food stamps and housing subsidies do not count,
    - Excludes capital gains or losses,

- Determined on adjusted gross income,
- Determined upon an individual patients income and assets.
- Do not include non-dependents who reside in your household. You may include dependent students (21 &under)for which are reflected as dependents on your Federal Income Tax Returns.

- **Federal Poverty Income Guidelines:** The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
- **Gross Charges:** The total charges at full established rates before deductions are applied.
- **Medically Necessary:** As defined by Medicare, services or items reasonable and necessary for the diagnosis or treatment of illness or injury. (Does NOT include elective surgical services)
- **Monetary Assets:** Assets which can be turned into cash quickly with little or no loss of value.
- **Underinsured**: Some level of insurance or third-party assistance but has an out-of-pocket expense that exceeds a patient's financial abilities.
- **Uninsured**: No level of insurance or third-party assistance to help with meeting payment obligations.

PROCEDURES:

Porter Hospital will provide a discount to any qualified patient/family who applies for financial assistance, has a family or individual income of not more than 360% of the federal poverty income guidelines for all medically necessary healthcare services, and meets our policies liquid asset limitation.

Method by Which Patients May Apply For Financial Assistance

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:

- Include an application process, in which the responsible party is required to cooperate by supplying personal, financial, and other information and documentation relevant to making a determination of financial need,
- Include the use of publically available data that provides information on a responsible party's ability to pay,
- Include reasonable efforts by Porter Hospital to explore alternative sources of payment from public and private payment programs,
- Take into account assets available to the responsible party,
- Include a review of the patient's outstanding accounts and their payment histories.

It is preferred but not required that a request for financial assistance occur prior to the rendering of non-emergent medically necessary services. However, the request and determination may be done at any point. The need for financial assistance shall be reevaluated at each subsequent time of service if the last financial evaluation was completed more than one year prior, or at any time additional information relevant to the eligibility of financial assistance becomes known.

Eligibility Evaluation Process

For the purpose of financial assistance, all sources of income and monetary assets will be included in the calculation of financial need.

Examples of income include, but are not limited to: wages and salaries before deductions, self-employment income, Social Security benefits, pensions and retirement distribution, unemployment compensation, workers compensation, Veteran's payments, Supplemental Security income, public assistance, alimony, child support, assistance from outside the household, military family allotments, regular insurance or annuity payments, income from dividends, interest, rents, royalties, estates, trusts, and legal settlements, and gambling or lottery winnings. Food or rent in lieu of wages, non-cash benefits, and payments from student loans and grants will not be considered income.

A patient whose income is documented as "$0" ***must*** complete a "Statement of Zero Income" (Attachment A).

Examples of monetary assets include, but are not limited to: cash, checking and savings accounts, certificates of deposit, stocks, bonds, mutual funds, cash value of life insurance policies, and other investments. Primary places of residence, automobiles, personal property, and assets held in pension plans or retirement accounts will not be considered as monetary assets.

Each household is allowed liquid assets limited to CMS website-Medicare low income beneficiary's limitation

Verification of Income and Assets

For determining eligibility, a patient who is requesting financial assistance must provide documentation of family income and monetary assets.

Requested information for eligibility verification may include, but is not limited to one of the below, where applicable: a copy of the most recent tax return, statement of earnings from the Social Security Office (800-772-1213), copies of two of the most recent pay stubs or last paystub of calendar year, income statement from self-employed persons, written income verification from an employer (if paid in cash), recent statements from financial institutions or other third parties verifying an asset's value, and/or evidence that all possible third party payers have been exhausted and the balance is due from the responsible party. Written documentation from the Open Door Clinic of financial information will be accepted in lieu of the above income verification. If ineligible for government program, a copy of letter or notice received from government office documenting ineligibility.

General Application Guidelines

- Services eligible under this policy:
  - Emergency medical services provided in an emergency room,
  - Services for a condition, which if not promptly treated, would lead to an adverse change in the health status of an individual,
  - Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
  - Medically necessary services, as defined by CMS.
  - Porter owned physician practice visits
- A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- For younger patients and Adults; they can apply for low cost plans available applying through the Vermont Health Connect and/or meeting with a Navigator which is preferred before applying for a slide.
- Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Porter Hospital's procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.
- It is crucial that applicants' cooperate with Porter Medical Center's need for accurate and detailed information within a reasonable time frame. Applications with information that is not legible or incomplete may be considered denied or returned until such time that all crucial information can be obtained. Applications should contain the applicant's signature or a signature of a representative acting on behalf of the applicant (i.e. power of attorney).
- Only patient balances will be considered for financial assistance.
- Once financial assistance eligibility is determined, if done prior to 240 days of last statement date retroactively to all qualifying accounts that were incurred 8 months before approval of the application. This includes any outstanding balance with a collection agency. The patient shall not receive any future bills based on undiscounted gross charges for the time the financial assistance is in effect. Any payments made in excess of the FAP-eligible amount will be refunded unless is it $5 or less. If the application applied after the 240 day of last statement date and qualified it will only be for dates going forward.
- Requests for financial assistance shall be processed promptly and Porter Hospital will notify the applicant of the financial assistance decision in writing <u>within 30 days</u> of receipt of a completed application.
- This policy applies only to Porter Medical Center services, Porter Medical Center employed Physicians and PMC owned physician practice services. (see attached)
- Once the final balance is determined the patient may set up a payment plan, if the balance on the account is not paid within the allot time frame the account may be sent to one of our outside collection agencies.
- Patients are eligible for an AGB (amount generally billed) adjustment by applying for our financial assistance program and qualifying for our sliding fee scale thus ensuring that no patient eligible is charged more than an amount generally billed to the average insured patient.
- The average AGB was determined by the look-back method using Medicare fee-for –service with all private insurers.

Financial Assistance Discounts

Services eligible for financial assistance under this policy will be discounted on a sliding schedule, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination. The basis for the amounts Porter Hospital will discount is as follows:

- Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
- Patients whose family income is at or above 201% but not more than 360% of the FPL are eligible to receive discounts based on the sliding scale matrix (see schedule A):
- Patients whose family income is above 360% of the FPL may be eligible to receive assistance on a case-by-case basis based on their specific circumstances at the discretion of Porter Hospital.

Catastrophic Financial Assistance

In the event of a catastrophic illness where proper documentation has been submitted, but the patient still has a responsible balance from Porter Hospital bills that causes an undue hardship upon the household, the Patient Financial Services Director along with Senior Leadership may review and determine if additional discounts are merited.

Relationship to Collection Policies

Porter Hospital has developed policies and procedures for internal and external collection practices that include actions the hospital may take in the event of non-payment, including credit agency reporting. These collection policies take into account the extent to which a patient qualifies for financial assistance, a patient's effort to apply for a governmental program/financial assistance, and a patient's effort to comply with his or her payment arrangements with Porter Hospital.

If a patient is requesting financial assistance and/or applied for other coverage and is cooperating with the hospital, the hospital will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe the patient may qualify for financial assistance.

For patients who qualify for financial assistance discounts and who are cooperating in good faith to resolve their discounted hospital bills, Porter Hospital may offer extended payment plans and will not send unpaid bills to outside collection agencies. However, the financial assistance application period will end 240 days from the date of the 1st post discharge billing statement.

Porter Hospital will not impose collections actions without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this policy.

Extraordinary collection action will not be engage including: wage garnishments, liens on residences, or other legal actions for any patient.

Communication of the Financial Assistance Policy to Patients and the Community

Notification of the Financial Assistance policy which shall include a contact number along with a provider list of covered and non-covered providers and will be distributed by various means including, but not limited to, posting notices in prominent patient locations and placing information on patient statements. Porter Hospital will also publicize a summary of the Financial Assistance policy on the facility website. Such notices and summary information will be provided in the primary languages spoken by the population served by Porter Hospital.

Confidentiality

All information relating to financial assistance applications will be kept confidential.

Financial assistance applications and supporting documentation will **be kept for approximately 7 years** to allow for subsequent retrieval and review.

Regulatory Requirements

In implementing this policy, Porter Hospital will comply with all other federal, state, and local laws and regulations that may apply to activities conducted pursuant to this policy.

APPROVED BY: UVMHN/PMC BOARD

APPROVED ON :

Departments that are covered under UVM Health Network/Porter Medical Center Financial Sliding Fee Scale:

1. UVM Health Network/ Porter Medical Center/Primary Care – Middlebury
   (Formerly Addison Family Medicine)
   82 Catamount Drive, Middlebury, VT 05753 / (802)-388-7185

2. UVM Health Network/Porter Medical Center /Primary Care – Brandon
   (Formerly Neshobe Family Medicine)
   61 Court Drive Brandon, VT 05733 / (802)-247-3755

3. UVM Health Network/Porter Medical Center/Ear, Nose & Throat
   Porter Drive Middlebury, VT 05753 / (802)-388-7037
   or
   69 Allen Street Rutland, VT 05701

4. UVM Health Network/Porter Medical Center/Primary Care Vergennes
   (Formerly Little City Family Practice)
   10 North Street Vergennes, VT 05491 (802)-877-3466

5. UVM Health Network/Porter Medical Center/Pediatric Primary Care
   (Formerly Middlebury Pediatric & Adolescent Medicine)
   1330 Exchange Street Suite 201 Middlebury, VT 05753 (802)-388-7959

6. UVM Health Network/Porter Medical Center/Cardiology
   115 Porter Drive Middlebury, VT 05753 (802)-382-3443

7. UVM Health Network/Porter Medical Center/Women's Health
   116 Porter Drive Middlebury, VT 05753 (802)-388-6326

8. UVM Health Network/Porter Medical Center/Primary Care Bristol
   (Formerly Bristol Internal Medicine)
   61 Pine Street Building 4, Suite 400 Bristol, VT 05443 (802)-453-7422

9. UVM Health Network/Porter Medical Center/Orthopedics
   (Formerly Champlain Valley Orthopedics)
   1436 Exchange Street Middlebury, VT 05753 (802)388-3194

10. UVM Health Network/Porter Medical Center/Podiatry
    (Formerly Middlebury Foot Care)
    76 Court Street Middlebury, VT 05753 (802)-388-1200

11. UVM Health Network/Porter Medical Center/ Express Care

11. UVM Health Network/Porter Medical Center Hospitalist inpatient physician and facility charges
    37 Porter Drive Middlebury, VT 05753
    - UVM Health Network/Porter Medical Center Emergency Room & physician
    - UVM Health Network/Porter Medical Center facility Surgical charges
    - UVM Health Network/Porter Medical Center Physical Rehabilitation charges

Departments that are not-covered under UVM Health Network/Porter Medical Center Financial Sliding Fee Scale:

1. Radiology readings done at Porter hospital – You may receive a bill from APS
2. Anesthesiology – You may receive a bill from Champlain Valley Anesthesia, PLLC
3. General Surgeons Carl Petri MD
4. Middlebury Eye Associates Inc.
5. Eye Care Associates
6. Rainbow Pediatrics
7. Middlebury College Parton Health Center
8. Mountain Health Center
9. Middlebury Family Health
10. HPHRC
11. Champlain Valley Hematology & Oncology
12. Rutland Heart Center
13. UVMC urology
14. Maple View Oral and Maxillofacial Surgery
15. UVMC –Pathology
16. Burlington-based plastic Surgery
17. Middlebury Dental Group
18. Vermont Spine Works & Rehabilitation
19. Counseling Service of Addison County
20. University of Vermont/FAHC Medical Group
21. FAHC – Cardiology
22. Developmental/Behavioral Pediatrics

10/2018

THE
University of Vermont
HEALTH NETWORK
Porter Medical Center

Application for Financial Assistance

Please bring in or mail to the Patient Financial Service Department your completed application, along with written proof of individual patient/family income, for the preceding twelve months from the date of application.

Income includes; earnings, unemployment compensation, workers compensation, social security income, public assistance, veterans payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household and other miscellaneous sources.

Until this office receives the completed application, along with your **proof of income** a determination cannot be made and the application will be denied. Your effective date will be the date that we have received all required information. Your account will remain your financial responsibility and we will expect payment according to hospital policy. If mailing your application please mail to:

UVMHN-Porter Medical Center
Patient Financial Services Dept.
115 Porter Drive
Middlebury, VT 05753.

Financial Assistance is only available for Porter Medical Center and Porter Medical Group Services done by UVMHN-PMC employed Physician's that are medically necessary services; non-medically necessary, including elective services are not covered.

If you have any questions, please direct them to our Patient Financial Services Department at 802-388-8808 option 5 and you will be directed to one of our Advocates for assistance, Monday thru Friday from 7:30-4:00.

Sincerely,

UVMHN-Porter Medical Center/Financial Services

*****Please return this completed application with:**

- **a COPY of your Federal Income Tax Return (1040)**
- **Copies of your 2 most recent paystubs.**
- **a COPY of your Social Security Statement if applicable.**

THE
University of Vermont
HEALTH NETWORK

Porter Medical Center

Solicitud para la Ayuda Financiera

Por favor, traiga o envíe por correo al Departamento de Servicios Financieros para Pacientes su solicitud completa, junto con pruebas escritas de ingresos individuales del paciente/su familia durante los doce meses inmediatamente anteriores a la fecha de solicitud.

Ingresos económicos incluyen: ahorros, compensación de desempleo, compensación al/a la trabajador(a), ingresos del seguro social, asistencia pública, pago a militares retirados, beneficios a sobrevivientes, pensión o pagos de jubilación, intereses, dividendos, rentas, regalías, ingresos de herencias, fidecomisos, pensión alimenticia, manutención de niños, asistencia fuera del hogar y otras fuentes misceláneas.

Hasta que esta oficina no reciba la solicitud completa, junto con la **prueba de ingresos económicos,** no podrá tomar ninguna determinación y la solicitud será denegada. Su fecha de vigencia será la fecha en la que hayamos recibido toda la información requerida. Su cuenta continuará siendo su responsabilidad financiera, y esperaremos el pago de acuerdo con la política del hospital. Envie su formulario de solicitud para:

UVMHN-Porter Medical Center
Patient Financial Services Dept.
115 Porter Drive
Middlebury, VT 05753

Hay asistencia financiera disponible únicamente para Servicios del Centro Médico Porter y el Grupo Médico Porter realizados por un médico empleado por UVMHN-PMC que sean servicios necesarios médicamente; los que no son necesarios médicamente, incluyendo los electivos no son cubiertos.

Si tiene usted alguna pregunta o duda, por favor diríjalas al Departamento de Servicios Financieros para Pacientes al 802-388-8808, opción 5, y será direccionado a alguien que puede ayudarlo, de lunes a jueves, de las 7:30 am a las 4 pm.

Atentamente,

UVMHN-Centro Médico Porter/Servicios Financieros

*****Por favor, envíe esta solicitud completa junto con:**

- **una COPIA de su Declaración de Impuestos Federales (1040)**
- **Copias de sus 2 talones de pago más recientes.**
- **una COPIA de su estado de cuenta del Seguro Social, si corresponde.**

(Attachment A) - 2017
(Archivo adjunto A)

THE
University of Vermont
HEALTH NETWORK

Porter Medical Center

Statement of Zero Income

Declaración de cero ingreso

To be completed by an Applicant whose household has had no income for the past 30 days.
A ser completada por un(a) solicitante cuya casa no haya recibido ingresos durante los últimos 30 días

I, _____ **, state that no member**
Yo, **(your name)** *(Su nombre completo)* *declaro que ningún miembro*

of my household has received any source of income during the past 30 days.
de mi casa ha recibido ingresos durante los últimos 30 días.

Our household has been without income since _____**. I hope and expect to receive**
Nuestro hogar ha estado sin ingresos desde **(date)** *(fecha)* *Yo espero recibir*

some income on or about _____ **from** _____ **.**
algún ingreso en o cerca de **(date)** *(fecha)* *de* **(list where income will come from)** *(lista de dónde vendrá el ingreso)*

During the above period, how did your family meet their household needs for:
Durante el período mencionado, ¿cómo su familia pagó las necesidades de:

Food? *¿Comida?*
_____
_____

Shelter (i.e. housing, heat, electricity)? *¿Abrigo (por ejemplo: casa; calefacción; electricidad)?*
_____
_____

Living Expenses (i.e. medical bills, car expenses, clothing)? *¿Gastos para vivir (por ejemplo: gastos médicos; gastos del automóvil; ropa)?*
_____
_____

I understand that I can be denied financial assistance for making false statements, and do agree that all answers provided are complete and truthful to the best of my knowledge.
Comprendo que puedo tener la asistencia financiera negada por hacer declaraciones falsas, y estoy de acuerdo que todas las respuestas aquí dadas son completas y verdaderas, según entiendo.

Applicant Signature: _____ **Date:**
Firma del solicitante: *Fecha:*

Patient Financial Services Representative Signature: _____ **Date:**
Firma del representante de Servicios Financieros de Pacientes (Patient Financial Services): *Fecha:*

Application for Financial Assistance - 2018

Applicant Name (First and Last): _____ Date of Birth: __ __/__ __/ __ __ __ __
Nombre del solicitante (Nombre y apellidos) *Fecha de nacimiento (mes/día/año)*

Street address: _____ City/State/Zip: _____
Dirección *Pueblo/Estado/Código postal*

Home Telephone: ( ) _____ Work Telephone: ( ) _____
Teléfono de casa *Teléfono de trabajo*

Current Health Insurance Company: _____ Policy Number: _____ Group Number: _____
Compañía de seguro de salud actual *Número de la póliza* *Número del grupo*

IF YOU ARE UNINSURED, YOU MAY QUALIFY FOR MEDICAID OR A QUALIFIED HEALTH PLAN THROUGH VERMONT HEALTH CONNECT.
SI NO TIENE SEGURO, PUEDE SER QUE ESTÉ CALIFICADO(A) PARA MEDICAID O UN PLAN DE SALUD CUALIFICADO POR VERMONT HEALTH CONNECT.

AN IN-PERSON ASSISTER MAY REACH OUT TO YOU OR YOU CAN CONTACT THEM FOR ASSISTANCE AT **802-388-8864**
UN ASISTENTE EN PERSONA PUEDE CONTACTARSE CON USTED, O BIEN, USTED PUEDE CONTACTARLO PARA RECIBIR ASISTENCIA LLAMANDO AL **802-388-8864**

INCOME /*INGRESOS*

Wages/Salaries $ _____
Pago/Salarios
Social Security $ _____
Seguridad Social
Pensions $ _____
Pensiones
Disability/SSI $ _____
Compensación por invalidez/Seguro de Ingreso Suplementario
Unemployment Comp $ _____
Compensación por desempleo
Workers Comp
Compensación para Trabajadores $ _____

Child/Spousal Support $ _____
Soporte para hijos(as)/esposo(a)
VA Benefits $ _____
Beneficios para veteranos
Public Assistance $ _____
Asistencia pública
Annuities $ _____
Anualidades
Trusts, Interest/Dividends $ _____
Creditos, Interés/dividendos
Other $ _____
Otro

_____

HOUSEHOLD MEMBERS reflected on your Federal income tax return:
MIEMBROS DE LA CASA/FAMILIAindicados en su declaración federal de impuestos

	Name: *Nombre*	Relationship/Age: *Relación/Edad*
1		Self *Mismo*
2		Spouse *Esposo(a)*
3		Dependent *Dependiente de Ud.*
4		Dependent *Dependiente de Ud.*
5		Dependent *Dependiente de Ud.*
6		Dependent *Dependiente de Ud.*

HOUSEHOLD COUNTABLE RESOURCES (LIQUID ASSETS)
Recursos domésticos contable (Activos Líquidos)

Checking Account $ _____
Cuenta corriente
Savings Account (incl. seasonal savings accts) $ _____
Cuenta de ahorro
Certificates of Deposits $ _____
Certificado de depósito

_____

Total Monthly Income
Ingreso mensual total

_____

Total Annual Income $ _____
Ingreso anual total

Expenses/*Gastos*

Mortgage/Rent $ _____
Renta
Property Taxes $ _____
Impuestos sobre la propriedad
Insurance $ _____
Seguro
Automobile $ _____
Automóvil
Credit Cards (Total) $ _____
Tarjetas de crédito
Water/Gas/Oil/Electric
Agua/Gasolina/Petróleo/Electricidad $ _____

Telephone $ _____
Teléfono
Medical $ _____
Cuentas médicas
Child/Spousal Support $ _____
Soporte para hijos(as)/esposo(a)
Health Savings Acct $ _____
Cuenta de ahorros médicos
Other $ _____
Otro
Total Monthly Expenses $ _____
Total de Gastos mensuales

Savings Certificates
Certificados de ahorro

_____

U.S. Savings Bonds $ _____
Bonos estadounidenses de ahoro
Stocks/Bonds $ _____
Acciones/Bonos
Trust Fund $ _____
Fondo fiduciario
Health Savings Accounts (HSA) funds $ _____
Fondos de una cuenta de ahorros médicos
Other (Please Explain) $ _____
Otro (favor de explicar)

I certify that the information contained in this application is true & complete. I understand that willful falsification of information contained in this application will result in denial of charity care. I am aware that the information provided on this application is subject to verification by Porter Hospital.
Yo certifico que la información contenida en esta solicitud es verdadera y completa. Yo entiendo que la falsificación deliberada de información contenida en esta solicitud resultará en la negación de cuidado de caridad. Estoy informado(a) que la información provista en esta solicitud está sujeta a verificación por Porter Hospital.

X _____ _____
(Applicant Signature) (Date)
Firma del solicitante *Fecha*

Hospital Use Only -
Unicamente para uso del hospital

Approved Date: _____
Approved for %: _____
Denied Date: _____
Reason Denied: _____
Date Notification Sent: _____
Pt Financial Advocate: _____
Account Number(s): _____
New Balance:

THE University of Vermont HEALTH NETWORK

Porter Medical Center

Sliding Scale Matrix

Matriz de escala proporcional

The University of Vermont Health Network – Porter Medical Center and their owned Physician Practices

Hospital Porter y consultorios médicos asociados al Hospital Porter

2018

% of Adjusted Gross Income** *Ingreso bruto ajustado*	100%	80%	60%	40%	20%
Size of Household *Tamaño de la casa/familia*					
1	$24,280	$29136	$33,992	$38,848	$43,704
2	$32,920	$39,504	$46,088	$52,672	$59,256
3	$41,560	$49,872	$58,184	$66,496	$74,808
4	$50,200	$60,240	$70,280	$80,320	$90,360
5	$58,840	$70,608	$82,376	$94,144	$105,912
6	$67,480	$80,976	$94,472	$107,968	$121,464
7	$76,120	$91,344	$106,568	$121,792	$137,016
8	$84,760	$101,712	$118,664	$135,616	$152,568

** Adjusted Gross Income based on the 2018 Federal Poverty Guidelines **

*** Ingreso bruto ajustado de acuerdo con las guías federales de la pobreza del 2018*

The Guidelines are published in the Federal Register at: www.hhs.gov

Las guías están publicadas en el registro federal en: www.hhs.gov

,

Departments that are covered under UVM Health Network/Porter Medical Center Financial Sliding Fee Scale:

1. UVM Health Network/ Porter Medical Center/Primary Care – Middlebury
82 Catamount Drive, Middlebury, VT 05753 / (802)-388-7185

2. UVM Health Network/Porter Medical Center /Primary Care – Brandon
61 Court Drive Brandon, VT 05733 / (802)-247-3755

3. UVM Health Network/Porter Medical Center/Ear, Nose & Throat
Porter Drive Middlebury, VT 05753 / (802)-388-7037
or
69 Allen Street Rutland, VT 05701

4. UVM Health Network/Porter Medical Center/Primary Care Vergennes
10 North Street Vergennes, VT 05491 (802)-877-3466

5. UVM Health Network/Porter Medical Center/Pediatric Primary Care
1330 Exchange Street Suite 201 Middlebury, VT 05753 (802)-388-7959

6. UVM Health Network/Porter Medical Center/Cardiology
115 Porter Drive Middlebury, VT 05753 (802)-382-3443

7. UVM Health Network/Porter Medical Center/Women's Health
116 Porter Drive Middlebury, VT 05753 (802)-388-6326

8. UVM Health Network/Porter Medical Center/Primary Care Bristol
61 Pine Street Building 4, Suite 400 Bristol, VT 05443 (802)-453-7422

9. UVM Health Network/Porter Medical Center/Orthopedics
1436 Exchange Street Middlebury, VT 05753 (802)388-3194

10. UVM Health Network/Porter Medical Center/Podiatry
76 Court Street Middlebury, VT 05753 (802)-388-1200

11. UVM Health Network/Porter Medical Center/Express Care
44 Collins Drive, Middlebury, VT 057536

12. UVM Health Network/Porter Medical Center Hospitalist inpatient physician and facility charges
37 Porter Drive Middlebury, VT 05753

- UVM Health Network/Porter Medical Center Emergency Room & physician
- UVM Health Network/Porter Medical Center facility Surgical charges
- UVM Health Network/Porter Medical Center Physical Rehabilitation charges

10/2017

Departments that are not-covered under UVM Health Network/Porter Medical Center Financial Sliding Fee Scale:

1. Radiology readings done at Porter hospital – You may receive a bill from APS
2. Anesthesiology – You may receive a bill from Champlain Valley Anesthesia, PLLC
3. General Surgeon Carl Petri MD
4. Middlebury Eye Associates Inc.
5. Eye Care Associates
6. Rainbow Pediatrics
7. Middlebury College Parton Health Center
8. Mountain Health Center
9. Middlebury Family Health
10. Helen Porter Nursing Home
11. Champlain Valley Hematology & Oncology
12. Rutland Heart Center
13. UVMMC urology
14. Maple View Oral and Maxillofacial Surgery
15. UVMMC –Pathology
16. Burlington-based plastic Surgery
17. Middlebury Dental Group
18. Vermont Spine Works & Rehabilitation
19. Counseling Service of Addison County
20. UVMMC /Medical Group
21. UVMMC – Cardiology
22. Developmental/Behavioral Pediatrics

10/2017

THE
University of Vermont
HEALTH NETWORK

Porter Medical Center

Summary of our Financial Assistance Program

(Plain Language Summary)

Overview

Porter Hospital is a not-for -profit acute care hospital and was established to serve the needs of the residents of Addison County and surrounding areas. The hospital is committed to providing medical services to patients regardless of their ability to pay. Porter recognizes that not all patients have the financial resources to pay their hospital bill. This Plain Language summary provides details of our policies.

Porter Medical Center Financial Assistance Program

As a participant in the Financial Assistance program, also known as charity care, we offer emergency and other medically necessary hospital-level services at no cost to patients if their income is at or below 200% of the federal poverty guidelines. Additionally, under our facility's financial assistance program, we provide financial assistance on a sliding scale discount from our normal charges if your family income does not exceed 300% of the federal poverty guidelines. If you are eligible and you do not pay the amount owed or submit an "approved" application within the specified timeframe as indicated in our Financial Assistance policy, Porter may report the account to a bed debt collection agency.

Amounts Generally Billed (AGB)

If you receive financial assistance under our Policy, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having Medicare coverage.

How to Obtain Copies of our Financial Assistance Policy and Assistance with our Application

You may obtain a FREE copy of our Financials Assistance Application and view our Policy at

- http://www.portermedical.org - quick links/Financial assistance & payment info
- At any of our registration desks in the ER or our offsite locations
- Calling our Financial Advocates at 802-388-8808 option 5 Monday-Friday 7:30am – 4pm.
- This summary as well as our Financial Application can also be found in Spanish.

QUESTION #10 – ATTACHMENT

UVMHN CVMC Financial Assistance Program	FY14	FY15	FY16	FT17	FY18TD
Screened Patients				**2579**	**1596**
Total Applications	1040	881	866	894	464
% of Patients				34.66%	29.07%
Approved/Granted					
<=200% Federal Poverty Level	549	394	389	451	192
201%-400%	258	290	325	294	145
Approved/Granted Total	**807**	**684**	**714**	**745**	**337**
Denied					
Miscellaneous Notes	12	47	16		
No Current/Scheduled Charges	2	2	8	1	
No Eligible Charges	0	0	0	13	
Incomplete Application	133	99	86	103	58
Out of Service Area	1	1	1	1	
Over Assets**				6	3
Over Income**				25	11
Over Income/Assests	85	48	41		1
Denied Total	**233**	**197**	**152**	**149**	**73**
Open					**54**
** Over Income and Assets not broken out, all on same line until 2017 and forward					