

FY2020 Health Advocate Responses

1. Please provide by payer (Medicare, Medicaid, BCBSVT, TVHP, MVP, and Cigna):
 - a. Your budgeted net patient revenue (NPR) and proposed NPR change from FY2019.
The budget net patient revenue (NPR) by payer and the proposed change from FY2019 is outlined in the financial budget submission to the Green Mountain Care Board.
 - b. The formula(s) you used to calculate your budgeted NPR, the definition of each variable in the formula(s), and the budgeted value of each variable for FY2020.
The budgeted NPR is a factor of budgeted gross revenues less contractual adjustments, bad debt, free care (charity care) plus disproportionate share revenues plus fixed prospective payments (FPP) from the ACO.
 - c. The average ratio of the payer's reimbursement rate to Medicare's reimbursement rate.
The payer reimbursement rates are outlined in the financial budget submission to the Green Mountain Care Board.
2. Please delineate the hospital's financial performance and patient distribution by capitated business, fee for service business, and any other payment methodologies. (If you only have one type of business please state which type.)
 - a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g., insurer(s), ACO).
North Country Hospital is contracted through OneCare for the Medicaid ACO product. The FPPs account for about 6% of North Country's net revenues.
3. Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.
 - a. What other avenues are you pursuing to address this crisis in a sustainable way?
 - **Hired a psychiatric consultant to work with the newly established Psychiatric committee and the ongoing NKHS/NCH committee.**
 - **Continue monthly meetings with NKHS to troubleshoot any system or individual issues.**
 - **ENA psychiatric education modules instituted for all E.D. nurses**
 - **Hired psychiatric LNAs on the night shift for when patients need 1:1**
 - **Psychiatric Committee involved in creating activities box for boarding patients as well as changing policies, working on possible build of better safe rooms, and encouraging evidence-based care of psychiatric patients.**

- **Have instituted Tele-Psych in the E.D. so patients can have more efficient access to a psychiatrist if needed and care plans can be established by the psychiatric expert.**
 - **Are drawing up full architectural plans for using existing space in ambulance bay to create safe rooms for patients (visited Rutland's unit in the E.D. as a model)**
 - **Have requested representative from Vt. Disability Rights to come to several meetings once we have draft plans for their input as well as other key involved agencies.**
 - **Continue to contract with the local Designated Agency, Northeast Kingdom Human Services, to provide 5 days/week of psychiatry services embedded in our large Primary Care practice. This enables increased access to mental health diagnostic and treatment resources in their medical home for our primary care patients with mental health needs**
4. Please provide data on substance use treatment at your hospital, including:
- a. The number of patients currently enrolled in medication-assisted treatment at your hospital,
 - b. The number of MAT providers employed by your hospital, and
 - c. Other avenues that you are pursuing to address this crisis in a sustainable way.
- NCH currently has 0 patients enrolled in a MAT program, as the program is in its beginning stage. We have 1 Family Medicine physician who has completed the required MAT Waiver training. Although the local resources providing Spoke services do not have a waiting list, We have met with the Medical Director and Clinical Director of BAART, the local HUB which is also a Spoke in the Newport and St Johnsbury areas to discuss the logistics of transitioning patients who are clinically ready to receive Office Based Opioid Treatment. BAART is also a SPOKE provider in both Newport and St Johnsbury and has the capacity to expand their current Spoke nurse/mental health counselor team to serve additional Newport Spoke patients. NCH's will be sharing Blueprint for Health MAT funds with NVRH and that language is already written into both area Blueprint grants. NCH is partnering with our local Journey to Recovery Center, a member of Vermont's Recovery Network, to provide Recovery Coaches in our Emergency Department to connect with patients to provide support as they begin to make positive changes to support a substance free life style.**
5. Please provide the number of patient bed days attributable to patients awaiting placement in an appropriate Skilled Nursing Facility bed, and average bed days per patient, for:
- a. FY2018, and
972 days with 199 discharges for an average length of stay of 4.88 days per patient

b. FY2019 to date.

897 days with 129 discharges for an average length of stay of 6.95 days per patient as of June 2019

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

This is not a statistic that North Country Hospital is able to calculate.

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

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

There have been no changes in the shared decision making programs.

8. Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission).

North Country Hospital's Financial Assistance Policy is enclosed under attachment labeled 1-a. Our Financial Assistance Application and instructions are enclosed under attachment labeled as 1-b.

a. Please provide detailed information about the ways in which these three items can be obtained by patients, including links if they are available online.

The hospital notifies and informs patients of the availability of the Financial Assistance Policy by the following:

- **Posted on the Hospital internet page.**
- **Verbally discussed during collection calls by staff.**
- **Verbally discussed and available at time of registration if appropriate.**
- **Communicated on all statements mailed to patients.**
- **Patients with no insurance are reviewed daily and are contacted via phone/mail to discuss insurance enrollment and financial assistance options.**

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

i. Number of people who were screened for financial assistance eligibility,
North Country does not keep statistics on the number of people who were screened for financial assistance eligibility. Any patient who presents that does not have insurance is screened for financial assistance eligibility through a consult meeting with one of our financial navigators. Options for the Healthcare Exchange and Medicaid enrollment are explored and patients are assisted with getting enrolled if they are eligible. The navigators also assist patients with completion of a financial assistance application through this process.

ii. Number of people who applied for financial assistance,
North Country does not keep statistics on the number of people who applied for financial assistance.

iii. Number of people who were granted financial assistance by level of financial assistance received,

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019 YTD July
People on FA	516	522	481	569	796	236

iv. Number of people who were denied financial assistance by reason for denial.

**The data by reason of denial is as follows: FY2019 - June
18 Denials**

9 Overincome

1 Did not enroll in QHP

8 Other – Not necessary for enrollment declined

FY2018

32 Denials

18 Overincome

7 Did not enroll in QHP

7 Other – Not necessary for enrollment declined

v. Percentage of your patient population who received financial assistance.
This statistic has not been compiled at this time.

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

Please refer to the Financial Aid policy.

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

Please find the statistical information requested in the table below. North Country Hospital does not calculate case mix for projections and budget.

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019 Proj	FY2020 Budget
Case Mix Acute	1.1493	1.0331	1.1178	1.0937	N/A	N/A	N/A
Acute Discharges	1,443	1,420	1,394	1,371	1,461	1310	1405
Cost per Adjusted Discharge	8,901	8,655	8,963	9,677	9,759	N/A	N/A

10. Last year the Board's hospital budget orders instructed hospitals to negotiate with insurers rather than seeing the Board's approval as a specific set rate. Please describe how you implemented this directive.
- a. What average commercial rate increase did you implement for FY2019?
 - b. What commercial rate increase did you get from each commercial payer (BCBSVT, TVHP, MVP, Cigna)?
- Contracts were not re-negotiated during FY2019.**

FY2020 Health Advocate Responses - 2nd set of questions

Dear Health Care Advocate:

North Country Hospital understands the importance of participating in the Green Mountain Care Board's hospital budget process to provide part of the overall picture of Vermont's health care system and to reduce unnecessary costs for Vermonters while ensuring access to care and balancing the financial health of hospitals. For the past seven years, the Office of the Health Care Advocate (HCA) has asked hospitals questions about their budgets. North Country Hospital takes valuable time and resources to prepare answers to these questions, often while they are preparing for their presentation in front of the Green Mountain Care Board (GMCB).

This year and in previous years, the GMCB worked with the HCA to include their questions in the budget guidance document so that hospitals could answer HCA questions as they prepare their budget proposal. The understanding was that any follow-up questions from the HCA would respond to information in the hospital budget reports and be tailored to the individual hospital. This did not happen last year or this year. Instead, North Country Hospital received a letter that instead asked several questions that have already been asked through the hospital budget guidance and subsequently answered.

In the spirit of collaboration and transparency, we have answered the HCA's questions below to the best of our ability. We are happy to work with the HCA and GMCB to further streamline this process and ensure the best use of our collective resources.

1. Please provide your budgeted changes in utilization by payer and service category (e.g., inpatient, outpatient, professional).

This answer can be found in Appendix VI, Table 1.

2. Commercial Charge/Rate Change and Net Patient Revenue

a. Please explain in detail how you plan to implement your commercial charge or rate change, if applicable.

This answer can be found in Appendix VIII.

b. What is your anticipated commercial charge/rate change for each service area (e.g., inpatient, outpatient, professional)?

This answer can be found in Appendix VIII.

c. What commercial utilization assumptions for each service area were used to determine how the commercial charge/rate change translates to the commercial net patient revenue change included in your budget?

This answer can be found in Appendix VI.

i. Do these utilization assumptions align with those in the Green Mountain Care Board's 2020 Vermont Health Connect rate filings? If no, please explain any differences.

In developing our budget, we determine what is needed to serve our patients and communities and remain sustainable while minimizing cost.

3. Pharmacy Costs

a. Please provide your budgeted medical pharmacy trend for commercial payers, separated by unit cost and utilization.

On average, pharmacy inflation is approximately 5%, subject to utilization.

b. Please separate any change in unit cost by expense (cost of obtaining the drug) and profit margin.

The unit cost is unique to individual patient needs.

c. How does the hospital determine its profit margin for each drug (e.g., flat fee, percent of cost)?

Profit (or loss) margin for each drug is dependent on payer mix and level of service. North Country Hospital does not determine profit margin at an individual drug level.

4. How would you approach splitting your expenses into medical, administrative, and other categories?

Hospitals are complex organizations with multiple cost centers, all of which contribute to and/or are required for effective patient care and regulatory compliance. Some departments, like financial services and medical records, represent administrative overhead that cannot be avoided and which North Country Hospital has minimized by through lean process improvement, labor benchmarking and other efficiency initiatives.

North Country Hospital
Fiscal Operating Procedures

Issuing Department: Patient Financial Services
Areas Affected: Patient Financial Services
Effective: October 1, 2008
Reviewed: April 25, 2011
Revised: October 1, 2016
Owner: Christine Fortin, Director Patient Financial Services
Approved by: Andre Bissonnette, Chief Financial Officer

Financial Aid Policy

Purpose: North Country Hospital is guided by mission to provide high quality care for all of its patients. We are committed to serving all patients, including those in our service area who lack health insurance coverage and who cannot pay for all or part of the essential care they receive at our facility. We are committed to treating all patients with compassion from bedside to the billing office, including our payment collection efforts. Furthermore, we are committed to advocating for expanded access to health coverage for all our patients.

North Country Hospital is committed to maintaining financial aid policies that are consistent with its mission and values and that take into account an individual's ability to pay for medically necessary health care services:

POLICY GUIDELINES:

This policy is intended to cover the hospital's guidelines for administering financial assistance to patients requiring emergency and medically necessary care whom lack health insurance or after exhausting all sources of insurance payment. Financial aid is provided to patients with a demonstrated inability to pay, as contrasted to an unwillingness to pay, which is considered bad debt.

1. Financial aid shall be available to:

- Uninsured or underinsured individuals residing in North Country Hospital's primary service (Orleans and Essex Counties) receiving medically necessary or emergency care.
- Hospital's guidelines for financial assistance include inpatient and outpatient services as well as outpatient clinic services under Tax ID 03-0185556.
- Patients residing in our service area that have exhausted their medical benefits for medical necessary or emergent care.
- Except for emergency services, patients must reside within North Country Hospital's primary service area for a particular service to be eligible for financial aid.
- Eligibility for financial assistance for non-emergent care for patients outside our service area will be determined by a case-by-case basis and requires Vice President approval. If a patient is approved to receive financial assistance as an exception they will be screened using the same criteria as patients residing in the primary service area.
- Elective procedures that are not deemed medically necessary (i.e. cosmetic surgery, infertility treatments) are not eligible for financial aid.

- Patients can obtain a discount for elective and non-covered services.
- The Financial Aid policy follows EMTALA guidelines
- no financial assistance eligible patient will be billed more for emergency or medically necessary care than the amounts generally billed to individuals having insurance for the care
- The Prospective Method and Medicare is the method used for calculating AGB

2. North Country Hospital does not place a limit on financial assistance based on a patient's medical condition.

3. Financial aid offices are located at North Country Hospital, 186 Prouty Drive, Newport, VT 05855; Financial Counselors office: 802-334-3274 or 802-334-3273 (E-mail navigator@nchsi.org)

Paper copies of the Financial Aid Policy, the Financial Aid Summary, and/or the Financial Aid Application are available upon request, without charge, by mail or by E-Mail. E-mail requests can be sent to navigator@nchsi.org. They can also be found on the facility's website at: <http://www.northcountryhospital.org/financial-services/>

4. Uninsured patients receiving services at the Hospital's outpatient clinic locations can apply for financial aid at any time and can request applications at any location. All patients receiving services throughout North Country Hospital can visit the financial aid office above to begin or complete their applications.

5. Determination of eligibility for financial aid will be made as early in the care planning and scheduling as possible. Financial Navigators/counselors will assist any patients who require assistance with completing a financial aid application. Emergency services will never be delayed pending financial determinations. Patients can apply for financial aid prior to services or after receipt of a bill. Patients can also apply for financial aid after a bill has been sent to a collection agency within 6 months.

6. Financial aid approval will be valid for one year for Medicare patients and six months for all other payers. Patients that now have Medicaid coverage will be approved for one time coverage for previous outstanding accounts. A patient must submit a new application for subsequent free care at the end of the eligibility period.

7. Patients or financially responsible parties are expected to cooperate with North Country Hospital in applying for available public insurance coverage (i.e. Medicaid, Vermont Health Connect (during open enrollment) or (during change of circumstance) if deemed potentially eligible. For those patients who are eligible for Medicaid, financial aid is contingent on completing a Medicaid application.

8. Gross income in relation to published Federal Poverty guidelines adjusted for family size shall be used as part of eligibility for financial aid. Decisions are based on all the financial information listed on the financial aid application.

9. Financial Navigators/Counselors will be available to assist with financial aid consultations. Applications for financial aid will be reviewed and decided upon promptly and within 30 business days from date of completed application. Patients will receive financial aid decisions via mail, with notifications on the bottom of the approval/denial letter explaining how to appeal the decision. Patients are advised to disregard any bill received while an application is in process. Accounts for patients who have completed financial aid applications shall not be sent to collections while applications are in process, however, they will continue to receive statements until a determination is made.

11. Financial aid availability and office phone numbers are printed on the back of all hospital bills. This information is also on the hospital internet site. There are signs posted at the entranceways advising patients of the financial aid office location. All intake, registration, and collection agency staff are trained on the hospital's financial aid policy.

12. Patients may appeal North Country Hospital's financial aid decision if they are denied financial aid or deem a decision to be unfavorable by submitting a letter for re-determination. Based upon the information provided, the application will be reviewed by the Director of Patient Financial Services and Chief Financial Officer for final determination.

13. Patients may be offered payment plans if they are not able to make payments in full. North Country Hospital does not charge interest.

14. Patients will receive a notice 30 days prior to any account being forwarded to a collection agency for failure to request or complete a financial aid application or failure to make payments on a financial assistance balance.

15. Immigration status is not a criterion for used to determine eligibility.

Guidelines:

1. Eligible uninsured and/or underinsured individuals at or below 300% of the Federal poverty level guidelines who are approved for financial aid will be approved at 100% of the patient bill excluding copays.
2. Copayments are the responsibility of the patient/guarantor and part of the covered health plan guidelines.
3. Financial assistance for copayments may be considered after financial aid approval by writing an additional request explaining why they cannot be paid.



**North Country Hospital
Summary of Financial Aid Assistance Policy**

North Country Hospital recognizes that there are times when patients in need of care will have difficulty paying for their services provided. We can help you apply for financial assistance if you qualify based on information required for the financial aid application. In addition, we can help you apply for free or low-cost insurance if you qualify.

Who qualifies for a discount?

Financial Assistance is available for patients with limited incomes who do not have health insurance, or who have used up their health insurance benefits.

You can get a financial aid for emergency care if your financial information provided meets the financial aid guidelines.

You can get a discount for non-emergency, medical necessary care if your financial information provided meets the financial guidelines.

You cannot be denied emergency care or other medically necessary care because you need financial assistance.

What are the income limits?

The amount of the discount varies based on your income and the size of your family. These are the income limits based on 2016 Federal Poverty Guidelines at 300% of the Poverty Guideline.

Family Size	Annual Family Income 300% of the Poverty Guideline 2018
1	Up to \$36,420
2	Up to \$49,380
3	Up to \$62,340
4	Up to \$75,300
5	Up to \$88,260
6	Up to \$101,220
7	Up to \$114,180
8	Up to \$127,140

What services are covered by the hospital Financial Assistance Policy?

All emergency services and other medically necessary services provided by the hospital including inpatient and outpatient services are covered by the Financial Assistance Policy. Professional services provided by providers who are employed by the hospital and are medically necessary are covered. Charges for professional services provided in the hospital facility by private (non-employed) providers are likely not covered. The following locations are employed by North Country Hospital.

- | | |
|---|--|
| North Country Primary Care Newport | North Country Primary Care Barton Orleans |
| North Country Surgical Associates & Urology | North Country Anesthesia & Pain Treatment Center |
| North Country Neurology Services | North Country Ob/GYN Services |
| North Country Orthopaedic Surgery | Northern Vermont Center for Sleep Medicine |
| North Country Pulmonology Medicine | North Country Pediatrics |
| North Country Radiology | North Country Ears, Nose & Throat |

What Services are not covered by the Hospital Financial Assistance Policy?

Services that are not medically necessary, like cosmetic surgery, infertility treatments, or services considered experimental by your health plan are not covered. Non-covered or elective services qualify for prompt discounts. Cosmetic services are already discounted.

**North Country Hospital
Summary of Financial Aid Assistance Policy Page 2**

How do I apply for financial assistance?

You can apply for financial assistance by completing and submitting a Financial Aid Form to North Country Hospital or at any one of the medical clinics listed previously.

You may be screened for Medicaid eligibility and/or other eligible health plans and may be required to cooperate with the Financial Navigator in order to qualify for financial assistance under our policy.

What documentation do I need to provide when I apply for financial assistance?

- Completed Financial Assistance Form signed by all members applying for financial assistance in the household
- Social Security/Pension award letter or bank statement showing Social Security Deposit
- Current year's federal income tax return including all forms and schedules
- Two current consecutive bank statements
- Two current paystubs/employment verification letter or one unemployment statement
- Attestation letter explaining income, support, and/or current financial situation if other proof of income is not available.
- Medicaid notice of decision and spend down letter if applicable

How much do I have to pay?

If you are eligible for financial assistance, you will not be charged other than the co-payments required by your health plan.

How do I get financial assistance?

You have to fill out the application form. You can apply for financial assistance before you have an appointment, when you come to the hospital to get care, or when your bill comes in the mail. You will have 240 days after getting your first bill from us to submit your application.

How will I know if I was approved for assistance?

We will send you a letter within 30 days after you submit a complete application, telling you if you have been approved.

What if I get a bill while I am waiting to hear if I get assistance?

You cannot be required to pay a bill while our application is being considered. If your application is turned down, the hospital must tell you why in writing at which time you may submit a letter for reconsideration.

What if I am denied financial assistance and think there was a mistake?

You can appeal by submitting a letter in writing to the Chief Financial Officer, North Country Hospital, 189 Prouty Drive, Newport, VT 05855 within 30 days of receiving your denial letter. You can only appeal if you provided incorrect information, or there has been a change in your financial status or there is another extenuating circumstance.

What if I get denied for assistance but cannot afford to pay my bill?

If you get denied and still cannot pay your bill, you may be eligible for an interest-free installment payment plan. The payment plan may be based on your income or the amount of your bill.

How do I obtain a copy of the hospital's financial assistance policy and application?

Copies of the hospital's financial assistance policy, this summary, and the financial assistance application forms are all available on the internet at <http://www.northcountryhospital.org/financial-services>. Copies of these materials are also available in the offices listed above, and you can also request that copies of these materials be mailed to you (at no charge) by contacting 802-334-3274, 802-334-3273 or email navigator@nchsi.org. Interpreter's/interpretation is available upon request.



North Country Hospital

Where caring runs deep.

North Country Hospital Summary of Financial Aid Assistance Policy

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You cannot be denied emergency care or other medically necessary care because you need financial assistance.

What are the income limits?

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 North Country Pulmonology Medicine
 North Country Radiology

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 North Country Pediatrics

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- Social Security/Pension award letter or bank statement showing Social Security Deposit
- Current year's federal income tax return including all forms and schedules
- Two current consecutive bank statements
- All proof of income for the current year: Two current paystubs from all current employment, last pay stub from any job that has ended, workers comp/unemployment statement with dates and amount received
- Attestation letter explaining income, support, and/or current financial situation if other proof of income is not available.
- Medicaid notice of decision and spend down letter if applicable

How much do I have to pay?

If you are eligible for financial assistance, you will not be charged other than the co-payments required by your health plan.

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Financial Assistance Application

Return to: NCH, 189 Prouty Drive, Newport VT 05855
802-334-3273/802-334-3274



North Country Hospital
Where caring runs deep.

1. Patient's Information:

All personal information will be held in strictest confidence.

First Name	Last Name	Middle Initial	Date of Birth	Date
Street Address	City	State	Zip	Length at this Address
Mailing Address	City	State	Zip	
Home Phone Number	Work Phone Number	Cell Phone Number		

2. Person Responsible for Paying the Bill

First Name	Last Name	Middle Initial	Phone Number Home	Work	Cell
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3. ***Please list ALL people living in the household, including applicant:

Use additional paper if needed

Name	Relationship to Patient	Age	Date of Birth	Current Health Coverage
1.	SELF			
2.				
3.				
4.				
5.				
6.				

4. Have you applied for financial assistance at another facility? Yes No Where? _____

5. Is anyone in your household pregnant? Yes No Whom? _____

6. Is anyone in your household currently uninsured? Yes No Mark No under Current Health Care Above

7. If you are uninsured did you apply for insurance through the Health Care Exchange? Yes No
If not why? _____

8. Have you filed a workers's compensation or motor vehicle accident claim? Yes No
If yes date of accident or injury? _____ Name of Insurance Carrier? _____ Policy # _____

9. Is anyone in your household eligible for Social Security Benefits? Yes No Who: _____

10. Has anyone applied for Medicaid? Yes No Fuel Assistance? Yes No Food? Yes No

11. Have you been denied health care? Explain _____

12. Household Income Information

Person 1	Person 2	Person 3
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NAME of Household Member			
MONTHLY INCOME			
Employment	\$	\$	\$
Self-Employment	\$	\$	\$
Investment Account	\$	\$	\$
Real Estate (i.e. Rentals)	\$	\$	\$
Unemployment(Since __/__/__)	\$	\$	\$
Retirement(Social Security)	\$	\$	\$
Pension/Annuities	\$	\$	\$
Alimony/Child Support	\$	\$	\$
Public Assistance, Fuel, Food	\$	\$	\$
Other Income	\$	\$	\$
Specify: _____			
SAVINGS/INVESTMENTS			
Checking Account	\$	\$	\$
Savings Account/CD's	\$	\$	\$
IRA, 403B, 401 K	\$	\$	\$
Specify: (_____)			
Mutual Funds/Stocks/Bonds	\$	\$	\$
Other Savings/Investments	\$	\$	\$
Specify: (_____)			
LIST OF VEHICLES	Make	Model	Year
Car			
Car			
Truck			
Camper			
Recreational Vehicles			

13. Household Expenses- Monthly (if Yearly Specify -Yr)

Monthly Rent Payment: \$ _____ Monthly Mortgage Payment: \$ _____
Value Primary Residence: \$ _____ Property Tax Listing \$ _____ Mortgage Balance: \$ _____
Other Property: Value \$ _____ Property Tax Listing \$ _____ Mortgage Balance: \$ _____
Type of Property Owned and Value if additional properties:
Mobile Home: \$ _____ Farm: \$ _____ Camp: \$ _____ Acreage: \$ _____ Business: \$ _____

Utilities	\$	Insurance(Auto/Life)	\$	Property Insurance	\$
Heat	\$	Gas/Food	\$	Health Care Bills	\$
Child Care	\$	Alimony/Child Support	\$	Medications	\$
Cable/TV/Intranct	\$	Credit Card:	\$	Other:	%

14. Liabilities/Loans/Mortgage (Mortgage, School, Credit Card Debt, Vehicles, other)

Name of Creditor	What Purchased	Amount Financed	Unpaid Balance	Monthly Payment
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
			Total: \$	Total: \$

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the full payment of the hospital bill.

Signature of Applicant: _____ Date: _____
Signature of Applicant: _____ Date: _____
Signature of Applicant: _____ Date: _____