

Northeastern Vermont Regional Hospital, Inc.
HCA Question 9 - Patient Assistance Information

	FY2018 through May	FY2017	FY2016	FY2015
i Number of people screened for Financial Assistance Eligibility.	812	1099	1273	944
ii Number of people who applied for Financial Assistance.	812	1099	1273	na

	FY2018 through May	FY2017	% for FY15 & Fy16	FY2016	FY2015
iii Number of people who were granted financial assistance by level of financial assistance received.					
100%	492	662	100%	891	759
85%	113	152	75%	170	110
70%	104	137	50%	116	52
57%	43	71	25%	76	23
47%	31	35			

	FY2018 through May	FY2017	FY2016	FY2015
iv Number of people who were denied financial assistance by reason for denial.				
Income over policy limits	29	42	20	na
v What Percentage of patient population received assistance.	4.1%	4.5%	3.9%	4.0%

NVRH Patient Assistance Documents included

- * Financial Assistance Policy Summary
- * Financial Assistance Policy Detail w Addendum 1 & 2
- * Assistance Guidelines / Application Process
- * 2018 Patient Assistance Application for Patients with Primary Insurance
- * 2018 Patient Assistance Application for Medicare or Self Pay Patients



NORTHEASTERN VERMONT REGIONAL HOSPITAL

Financial Assistance Policy Summary

Northeastern Vermont Regional Hospital 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. NVRH 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. NVRH 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.nvrh.org/understanding-your-bill, or by calling 802-748-7518 or 802-748-7522, or at the Patient Accounts Office in the Business and Conference Center at NVRH.

Service Eligibility

- Inpatient, emergent and urgent services, and medically necessary elective services
- Exclusions from the assistance program:
 - ◊ Cosmetic services
 - ◊ Dental
 - ◊ Fertility, and Infertility services, including reversals
 - ◊ 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
 - ◊ Hearing Aids
 - ◊ Physical Therapy Independent Program

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 assets
- Coverage will be provided to patients whose income/assets are at or below 400% of federal poverty level guidelines

Income & Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month).
- Students 18–21 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 and rental properties.
- 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.

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 and asset calculation
- Patient must reside within NVRH service area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in VT/NH service area
- All insurances 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

Providers not covered under the FAP

- CardioNet, Dr. David Brody's Office, Dr. Jedlovsky from North Country Pulmonology, Eye Associates of Northern New England, iRT, Lab Services sent to the University of Vermont Medical Center, Northern Counties Health Clinic providers and VT Radiologists

NORTHEASTERN VERMONT REGIONAL HOSPITAL



Financial Assistance Program (Charity Care)

PURPOSE:

To establish a policy and procedure for the administration of Northeastern Vermont Regional Hospital's Financial Assistance Program.

POLICY STATEMENT:

Northeastern Vermont Regional Hospital 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, Northeastern Vermont Regional Hospital 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, Northeastern Vermont Regional Hospital 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 NVRH'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 and to allow NVRH 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 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. vasectomies/reversals, tubal ligations/reversals, unless medical necessity documentation from physician is provided
- Hearing aids
- Independent Physician Therapy training
- 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

Provider Coverage: All NVRH employed medical providers rendering care at NVRH and affiliated physician practices are covered under this policy. See **Addendum 1** list of providers rendering care at NVRH 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 race, religion, marital status, sexual orientation, age, language, socioeconomic status, physical or mental disability, protected veteran status or obligation for service in the armed forces.

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 Poverty 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 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 New Hampshire is 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, CDs, term certificates, annuities, stocks, bonds, mutual funds and other “liquid” assets.
 - Homes (excluding the primary residence), camps and rental properties. Depending on 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 NVRH financial eligibility area, unless medical services were emergent in nature. Scheduled services for patients residing outside of the NVRH financial eligibility area are not eligible for assistance. Financial assistance for residents outside of the NVRH financial eligibility area will be granted only in unique circumstances and with appropriate approval.

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

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

- Service area driver's license, tax bill with area address, lease for service area property or a service area utility bill.

Health Insurance and Liability Payments: Services rendered at NVRH 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, NVRH 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 lien will allow NVRH to recover some or all of the financial assistance initially granted to the patient.

Public Health Care Program/Healthcare Exchange Criterion: Patients applying for NVRH financial assistance are reviewed for their potential eligibility for state or federal healthcare program benefits and/or benefits offered through the VT or NH 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 VT or NH Healthcare Exchange Program, application for and compliance with those program guidelines is a pre-requisite for the NVRH financial assistance program.

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.

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. NVRH 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 NVRH 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.

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 NVRH, an expectation that an account currently pending insurance will leave a balance that is due to NVRH, or a future scheduled/referred service at NVRH that is expected to leave a patient balance. However, the determination may be done at any point in the billing cycle.

NVRH'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 NVRH 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 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, NVRH 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
- We honor all VT and NH Hospital financial assistance with copy of acceptance letter

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.

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, private health insurers and Medicaid.

NVRH used combined Medicare, Medicaid and private health insurer look-back method calculation. This forms the minimum grant percentage awarded to patients who qualify for assistance. Calculation: See **Addendum 2**.

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%	70%	57%	47%

The patient grant is applied against all current balances (i.e. hospital and physician practices) 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: NVRH 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.

Individual Case Reviews and Appeals Process: NVRH acknowledges that extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. Cases that do not meet established program guidelines but are catastrophic and/or present unusual hardship will be reviewed on a case by case basis by the Financial Assistance Program Specialist and the Business Office Manager. In some circumstances approval by the CFO may be needed.

Patients whose applications for financial assistance 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 the Specialist and the Business Office Manager. The patient will be notified of the final grant/deny decision.

Notification Period: NVRH 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: NVRH 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.

- NVRH 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 NVRH request.
- NVRH shall process completed applications within 30 days of receipt.

Communication of the Charity Program to Patients and the Public: Notification about the financial assistance program is available from NVRH, which shall include a contact number, shall be disseminated by NVRH 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 the emergency rooms and in the admitting and registration departments.
- By providing copies of the policy and application upon request.
- For inpatient, observation and short stay patients, case managers will help with the process of filling out the patient assistance application if after being informed the patient decides he/she may be eligible.
- Information shall be available on the NVRH website, including the policy, the application, FAQ, FPLG guidelines and contact information for follow-up assistance.
- Referral of patients for financial assistance may be made by any member of the NVRH 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 members, close friend, or associate of the patient, subject to applicable privacy laws.
- Applications are also available through Community Connections, located at 55 Sherman Drive in St. Johnsbury, VT.
- NVRH will attend local health fairs to provide information about the Financial Assistance Program, upon employer request.

Application Assistance Contact Information: Assistance in completing the application may be obtained through the Financial Assistance Specialist and the staff at Community Connections. Information

regarding our policy and/or application may be obtained by contacting the Financial Assistance Specialist at 1-802-748-7518 or in person at NVRH, 1315 Hospital Drive, St. Johnsbury, VT.

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

Note: NVRH 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.

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

\$1 - \$20,000	PFAP Specialist
\$20,001 - \$100,000	CFO

Regulatory Requirements: In implementing this policy, NVRH 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 Financial 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 Financial 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 general 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, Medicaid 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 Incomes, 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).
- **NVRH Financial Eligibility Area:** Vermont, New Hampshire and out of state emergency services only.
 - **FSC:** Financial Status Class of a patient account, indicates the primary payer responsible for payment.
 - **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 NVRH.
 - **Primary Homestead:** The primary residence of the patient, whether solely or jointly owned.
 - **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 NVRH.
 - **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.
 - **Underinsured 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.
 - **NVRH Network:** Includes Northeastern Vermont Regional Hospital, NVRH Corner Medical, NVRH ENT, NVRH Kingdom Internal, NVRH Mental Health, NVRH Neurology, NVRH Orthopedics, NVRH Physical Therapy, NVRH Specialty Clinics, NVRH Surgical Group, NVRH St. Johnsbury Pediatrics and Women's Wellness.

Addendum 1

The following is a list of the providers rendering care at NVRH who are not covered under the financial assistance program:

- CardioNet
- Dr. David Brody's office
- Dr. Jedlovsky from North Country Pulmonology
- Eye Associates Northern New England
- iRT
- Lab Services sent to the University of Vermont Medical Center
- Northern Counties Health Clinic providers
- VT Radiologists

Addendum 2

Calculation of Amount Generally Billed

For the 12 Month Period July 1, 2015 to June 30, 2016

Total Charges Generated and Billed	142,059,241
Less: Total Contractual Discounts	<u>(66,308,522)</u>
Total Allowed Charges	75,750,719

Total Percentage of Allowed Charges:

Total Allowed Charges	<u>75,750,719</u> = 53.3%
Total Charges Generated	142,059,241



NORTHEASTERN VERMONT REGIONAL HOSPITAL

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. Patients 65 or older on a fixed income will have financial assistance applied for a twelve month period. 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.
- NVRH acknowledges extenuating circumstances may exist where an individual's income and assets 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 CFO 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 Patient Financial Assistance Program.
- NVRH will not engage in extraordinary collection actions beyond adverse credit reporting to consumer credit reporting agencies. Reporting will not occur until 60 days have expired with the collection agency.

Application Process

- Patients who face financial hardship are encouraged to apply for assistance. Applications are available online at www.nvrh.org/understanding-your-bill by calling 802-748-7518 or 802-748-7522, or at the Patient Accounts Office in the Business and Conference Center at NVRH.
- Applications must be completed in full and be accompanied by all required supporting documentation.
- Incomplete applications will remain unprocessed until all information is received. If no response to our attempt to attain this documentation within 14 days the application will be rejected.
- 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 and assets test.
- Requests for assistance will be processed promptly and NVRH will notify the patient applicant of a decision in writing within 30 days of receipt.
- NVRH 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%	70%	57%	47%



Northeastern Vermont
Regional Hospital

2018 Patient Assistance Application

✓ *Patients with Primary Insurance*

Please call Angie with questions at 802-748-7518

[Place Patient Label Here]

Instructions

Northeastern Vermont Regional Hospital's staff understands the confusion surrounding healthcare today. We have designed this packet to make your application for Patient Assistance both easy and efficient. The process does require an investment of time. Please read carefully.

Applications must be completed in full and be accompanied by all required supporting documentation. Incomplete applications will remain unprocessed until all information is provided. Applications may be mailed back or a phone call requesting missing information may be made. Applications will be rejected if supporting documentation is not received within 14 days of request.

If you qualify: Since you already have healthcare insurance, simply complete the 2018 Patient Assistance Application and provide the necessary documentation.

Preferred Proof of Income:

1. Complete copy of most current tax return

In the event you do not file taxes: (one of the following)

2. Letter from employer confirming earnings
3. Three months of check stubs
4. Social Security Annual Notification of Payment

Documentation necessary for determination:

1. Copy of a recent bank statement
2. Copy of property tax bill
3. Documentation of investment accounts from a broker or financial institution
4. Documentation of child support and/or alimony paid or received

Mail the completed application with proof of income and documentation to:

NVRH Attention: PA
PO Box 905
St. Johnsbury, VT 05819

Sincerely,

Mindy S. Vigeant

Mindy S. Vigeant, CRCS-P, CRCS-I
Director of Patient Accounts

Income: is defined as total annual cash receipts before taxes from all sources except as identified below.

Income includes:

1. Money from wages and salaries before any deductions
2. Net receipts from non-farm or farm self-employment
3. Regular payments from social security, railroad retirement, unemployment compensation, worker's compensation, or strike benefits from union funds
4. Disability benefits, veteran's benefits, public assistance including Aid to Families with Dependent Children, Supplemental Security Income and General Assistance money payments
5. Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household
6. Private pensions, government employee pensions, and regular insurance or annuity payments, dividends, interest, rents, royalties, periodic receipts from estates or trusts, net gambling, or lottery winnings.

Income does not include the following:

1. Liquid assets less than \$50,000, tax refunds, gifts, loans and lump-sum inheritances
2. One-time insurance payment or other one-time compensation for injury
3. Non-cash benefits such as employee fringe benefits
4. The value of food and fuel produced and consumed on farms
5. Federal non-cash benefit programs such as food stamps, school lunches and housing assistance.

List current or last employment (including Business or self-employment) for all household members:

Household Member	Employer	Hire Date	Term Date	Weekly GROSS income

Income from other Sources: Please list if you receive income from- Social Security, disability, retirement, alimony, pensions, renters, business interest, unemployment compensation, workers compensation, child support, friends, or relatives. ***If none, please indicate how you support yourself.***

Household Member	Type of Income	Monthly GROSS Income

Expenses: Please list the total for your monthly expenses as they apply.

Home/Auto Insurance: \$ _____ /month **Credit Cards:** \$ _____ /month
Automobile loan/lease: \$ _____ /month **Mortgage/Rent:** \$ _____ /month
Medical (Dental, RXs): \$ _____ /month **Fuel (Heat):** \$ _____ /month
Utilities (water,electric): \$ _____ /month **Property Tax:** \$ _____ /month
Other Expenses: \$ _____ /month **Describe:** _____

Assets: List assets such as checking or savings accounts in bank and credit unions, stocks, bonds, mutual funds, bank CD's, annuities, trust funds, or any other assets. If none, indicate "NONE".

Type, Person Example: Checking, Sally Smith	Institution Passumpsic Savings Bank, St. Johnsbury, VT	Value
		\$
		\$
		\$
		\$

Liabilities: List liabilities such as mortgage and/or home equity loans, car loans, credit card balances or other debt. If none, indicate "NONE".

Type, Person Example: Mortgage, Sally Smith	Institution Passumpsic Savings Bank, St. Johnsbury, VT	Balance
		\$
		\$
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Real Estate: Do you own real estate? No ___ Yes ___ If yes, list all real estate, including primary residence.

Location: _____ Assessed Value: \$ _____

Location: _____ Assessed Value: \$ _____

Insurance: Does the patient have **medical** insurance (Example: Medicaid or BC)? No _____ Yes _____
(if yes)

Insurance Name and ID Numbers: _____
(if no)

Have you lost coverage in the last 3 months? No _____ Yes _____

Explain:

Other Open Accounts with NVRH: List all open accounts for all family members for the affiliated providers listed below: If not applicable write "NONE".

Provider	Account or Statement Number	Balance
Community Clinics		\$
Mental Health		\$
Hospital- ER, PT, OP.NPSPC		\$

I certify, under penalties of law, that the above information is true and accurate to the best of my knowledge. Furthermore, I will make application for any assistance, which may be available for payment of my hospital charge, and I will take any action reasonable to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges. I understand this application is made so the hospital can judge my eligibility for uncompensated services based on the established criteria on file in the hospital. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action is deemed appropriate to include legal action.

This application is for NVRH HOSPITAL & NVRH PROVIDER PRACTICES services only.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

_____ **Please Do Not Write Below This Line** _____

Approved By: _____ Date: _____

Percentage: _____ Ending: _____

In making the determination of eligibility I have considered this patient's income, expenses, assets and liabilities.

Financial Assistance Application Checklist

- Complete copy of your most recent Federal Income Tax Return and all schedules and forms. (example: Schedule E needed for rental income)
- Copy of a recent bank statement (savings, checking), must include bank name, client name, balance and current date.
- Copy of social security, disability compensation, pension and/or retirement income.
- Copy of current statement for investment accounts from broker or financial institution.
- Tax bill or tax assessment on property owned.
- Copy of unemployment benefits statement, if applicable.
- Documentation of child support and/or alimony paid or received.
- Signatures, applications cannot be processed without signatures from all adults in the household wishing to receive financial assistance.
- Entire application is filled out, if a section or question does not apply, please write "N/A" for not applicable.

Financial assistance is valid for 6 months unless 65 years or older and on a fixed income, then financial assistance is valid for 12 months. The Financial Assistance Program at NVRH is not an insurance company and should not be applied for unless you have an outstanding balance that you cannot pay.

The following is a list of the providers rendering care at NVRH who are not covered under the financial assistance program:

- CardioNet
- Dr. David Brody's office
- Dr. Jedlovsky from North Country Pulmonology
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- iRT
- Lab Services sent to the University of Vermont Medical Center
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Northeastern Vermont Regional Hospital

Family Size	100% Reduction Up to 200% FPLG FAMILY INCOME LEVEL	85% Reduction 201%-250% FPLG FAMILY INCOME LEVEL	70% Reduction 251%-300% FPLG FAMILY INCOME LEVEL	57% Reduction 301%-350% FPLG FAMILY INCOME LEVEL	47% Reduction 351%-400% FPLG FAMILY INCOME LEVEL	Not Eligible > 400% FPLG FAMILY INCOME LEVEL
Assets	<\$50,000	<\$50,000	<\$50,000	<\$50,000	<\$50,000	
1	\$1- \$24,280	\$24,281- \$30,350	\$30,351-\$36,420	\$36,421-\$42,490	\$42,491-\$48,560	>\$48,560
2	\$1- \$32,920	\$32,921- \$41,150	\$41,151-\$49,380	\$49,381-\$57,610	\$57,611-\$65,840	> \$65,840
3	\$1- \$41,560	\$41,561- \$51,950	\$51,951-\$62,340	\$62,341-\$72,730	\$72,731-\$83,120	>\$83,120
4	\$1- \$50,200	\$50,201- \$62,750	\$62,751-\$75,300	\$75,301-\$87,850	\$87,851-\$100,400	>\$100,400
5	\$1- \$58,840	\$58,841- \$73,550	\$73,551-\$88,260	\$88,261-\$102,970	\$102,971-\$117,680	>\$117,680
6	\$1- \$67,480	\$67,481- \$84,350	\$84,351-\$101,220	\$101,221-\$118,090	\$118,091-\$134,960	> \$134,960
7	\$1- \$76,120	\$76,121-\$95,150	\$95,151-\$114,180	\$114,181-\$133,210	\$133,211-\$152,240	> \$152,240
8	\$1- \$84,760	\$84,761- \$105,950	\$105,951-\$127,140	\$127,141-\$148,330	\$148,331-\$169,520	> \$169,520
9	\$1- \$93,400	\$93,401- \$116,750	\$116,751-\$140,100	\$140,101-\$163,450	\$163,451-\$186,800	> \$186,800
10	\$1- \$102,040	\$102,041- \$127,550	\$127,551-\$153,060	\$153,061-\$178,570	\$178,571-\$204,080	> \$204,080

2018 Patient Assistance Guidelines



Northeastern Vermont
Regional Hospital

2018 Patient Assistance Application

✓ *Medicare or Self-Pay Patients*

Please call Angie with questions at 802-748-7518

[Place Patient Label Here]

Instructions

Northeastern Vermont Regional Hospital's staff understands the confusion surrounding healthcare today. We have designed this packet to make your application for Patient Assistance both easy and efficient. The process does require an investment of time. Please read carefully.

Applications must be completed in full and be accompanied by all required supporting documentation. Incomplete applications will remain unprocessed until all information is provided. Applications may be mailed back or a phone call requesting missing information may be made. Applications will be rejected if supporting documentation is not received within 14 days of request.

If you qualify: If you are a resident of Vermont or New Hampshire, complete the enclosed application for Medicaid for the state you reside in and mail to the address indicated on the corresponding envelope. Once the application for Medicaid has been processed, you will receive a Notice of Decision from the state. The Notice of Decision and Proof of Income must be attached to the completed Patient Assistance application before it can be processed. Incomplete applications will be returned to the sender until completed.

Preferred Proof of Income:

1. Complete copy of most current tax return

In the event you do not file taxes: (one of the following)

2. Letter from employer confirming earnings
3. Three months of check stubs
4. Social Security Annual Notification of Payment

Documentation necessary for determination:

1. Copy of your Notice of Decision from the state
2. Copy of a recent bank statement
3. Copy of property tax bill
4. Documentation of investment accounts from a broker or financial institution
5. Documentation of child support and/or alimony paid or received

Mail the completed application with proof of income and documentation to:

NVRH Attention: PA
PO Box 905
St. Johnsbury, VT 05819

Sincerely,

Mindy S. Vigeant

Mindy S. Vigeant, CRCS-P, CRCS-I
Director of Patient Accounts

Income: is defined as total annual cash receipts before taxes from all sources except as identified below.

Income includes:

1. Money from wages and salaries before any deductions
2. Net receipts from non-farm or farm self-employment
3. Regular payments from social security, railroad retirement, unemployment compensation, worker's compensation, or strike benefits from union funds
4. Disability benefits, veteran's benefits, public assistance including Aid to Families with Dependent Children, Supplemental Security Income and General Assistance money payments
5. Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household
6. Private pensions, government employee pensions, and regular insurance or annuity payments, dividends, interest, rents, royalties, periodic receipts from estates or trusts, net gambling, or lottery winnings.

Income does not include the following:

1. Liquid assets less than \$50,000, tax refunds, gifts, loans and lump-sum inheritances
2. One-time insurance payment or other one-time compensation for injury
3. Non-cash benefits such as employee fringe benefits
4. The value of food and fuel produced and consumed on farms
5. Federal non-cash benefit programs such as food stamps, school lunches and housing assistance.

List current or last employment (including Business or self-employment) for all household members:

Household Member	Employer	Hire Date	Term Date	Weekly GROSS income

Income from other Sources: Please list if you receive income from- Social Security, disability, retirement, alimony, pensions, renters, business interest, unemployment compensation, workers compensation, child support, friends, or relatives. ***If none, please indicate how you support yourself.***

Household Member	Type of Income	Monthly GROSS Income

Expenses: Please list the total for your monthly expenses as they apply.

Home/Auto Insurance: \$ _____ /month **Credit Cards:** \$ _____ /month
Automobile loan/lease: \$ _____ /month **Mortgage/Rent:** \$ _____ /month
Medical (Dental, RXs): \$ _____ /month **Fuel (Heat):** \$ _____ /month
Utilities (water,electric): \$ _____ /month **Property Tax:** \$ _____ /month
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