



A Dartmouth-Hitchcock Affiliate

June 30, 2018

Attn: Office of the Health Care Advocate  
264 North Winooski Ave.  
Burlington, Vermont 05401

**Re: HCA FY19 Hospital Budget Guidance Letter – Full List of Questions**

To Whom It May Concern,

This letter serves as the responses required as instructed in the FY19 Hospital Budget Guidance letter.

1. Please describe all entities related financially to the hospital, the purpose of each entity, and the financial relationships between the entities (e.g., parent organization(s), subsidiary organization(s), membership organization(s), etc.). In particular:
  - a. What non-profit and/or for-profit entities does the hospital or its parent organization own in part or in full and/or is the hospital owned by in part or in full?

<u>Name of Entity</u>	<u>Description</u>	<u>Tax status</u>	<u>Ownership</u>	<u>Senior Mgmt.</u>	<u>Revenues in budget?</u>
Mt. Ascutney Hospital & Health Center (MAHHC)	Hospital	non-profit	Parent	Chief Nurse paid by D-HH, all others paid by MAHHC	yes
Historic Homes of Runnemedede (HHR)	Residential care facility	non-profit	Subsidiary of MAHHC	Administrator paid by MAHHC	no
Mt. Ascutney Hospital Professional Center Owners Association	Business office & Physician office space	for profit	50% ownership of MAHHC	no salaries	no
Mt. Ascutney Hospital Auxiliary	Membership organization - perform fundraising activities in support of MAHHC	non-profit	no ownership	no salaries	no
Dartmouth-Hitchcock Health and Subsidiaries (D-HH)	Parent of Affiliation	non-profit	Parent of MAHHC	n/a	no

- b. Are hospital senior management paid by hospital-related entities other than the hospital?  
**No**
- c. Are the revenues of these entities included in your budget submission?  
**No, see above.**

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.  
**There is one individual who is eligible for incentive payments based on volume. He is an employed physician and is awarded incentive based on RVUs.**
  - b. Are these incentives the same for OneCare attributed patients as for non-attributed patients?  
**These are incentives are based on all patients, regardless of payor.**
  
3. 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.)

MAHHC	
Type of Reimbursement	%
Cost Based Reimbursement	38%
Fee Schedule	29%
Percent of Charges	24%
Prospective Payment (DRG)	8%
Capitation	1%

- a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g., insurer(s), ACO(s)).  
**Refer to GMCB Narrative**
  
4. Please provide data on the experience of mental health patients at your hospital, including:
  - a. The total number of mental health beds at your hospital;  
**Refer to GMCB Narrative**
  - b. The range and average wait time for placement of mental health patients who report to your hospital in need of inpatient admission;  
**Refer to GMCB Narrative**
  - c. The range and average time patients have spent in your emergency department awaiting an appropriate mental health placement;  
**Refer to GMCB Narrative**
  - d. The total number of patients who waited in your emergency department for an available mental health bed at your hospital or at another facility.  
**Refer to GMCB Narrative**
  
5. Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.  
**Refer to GMCB Narrative**

- a. What other avenues are you pursuing to address this crisis in a sustainable way?  
**Refer to GMCB Narrative**
6. 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;  
**Refer to GMCB Narrative**
  - b. The number of MAT providers employed by your hospital;  
**Refer to GMCB Narrative**
7. Please describe the hospital's plans for participation in payment reform initiatives in this fiscal year and over the next five years.  
**Refer to GMCB Narrative**
  - a. How do you plan to manage financial risk, if applicable, while maintaining access to care, high quality care, and appropriate levels of utilization?  
**Refer to GMCB Narrative**
  - b. How much money will the hospital be at risk for in FY19?  
**Refer to GMCB Narrative**
    - i. What will happen if a hospital loses that money?  
**Refer to GMCB Narrative**
    - ii. How will the hospital fill in this gap, if necessary, without increasing rates?  
**Refer to GMCB Narrative**
    - iii. How does the hospital track access to care, utilization, and quality of care to ensure that provider financial incentives do not have a negative impact on patient care?  
**Refer to GMCB Narrative**
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.  
**MAHHC has many initiatives promoting shared-decision making in the Emergency Department and Inpatient setting.**

**Educational outreach to Emergency Medicine providers on the following initiatives: limiting imaging as first diagnostic test for low rest VTE patients, limiting imaging in work-up for uncomplicated low back pain, avoidance of CT scanning for children with suspected appendicitis.**

**Educational outreach to Hospitalist providers on the following initiatives: daily assessment of the need for indwelling urinary and vascular catheters and online decision support from our EMR, limited stress ulcer prophylaxis, and adopting restrictive blood transfusion policy.**

These departments were chosen because the opportunity and need were identified. All the Choosing-Wisely initiatives create cost savings and quality of care improvements. As these programs touch all the patients in said departments in one way or another.

- b. What is the extent of your Choosing Wisely initiative(s), if any?  
**Emergency and Inpatient Setting**
  - c. What are you doing to ensure/increase provider buy-in in these programs?  
**Regular educational outreach to providers.**
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. **See Appendix**
- a. Please provide the following data by year, 2014 to 2018 (to date):
    - i. Number of people who were screened for financial assistance eligibility;  
**See table below**
    - ii. Number of people who applied for financial assistance; **See table below**
    - iii. Number of people who were granted financial assistance by level of financial assistance received; **See table below**
    - iv. Number of people who were denied financial assistance by reason for denial. **See table below**
    - v. What percentage of your patient population received financial assistance?  
**See table below**

MAHHC								
Year	Financial Assistance Approval Statistics				Total #	Denied	Total Screened	
	25%	50%	75%	100%				
2014	8	10	16	372	406			
2015	7	7	18	270	302			
2016	5	19	13	221	258			
2017	8	17	17	144	186			
2018 Projected	7	4	9	131	151			
<b>Total:</b>					<b>1,303</b>	<b>300</b>	<b>1,603</b>	
<b>Financial Assistance Denial Statistics (FY14 - MAY18)</b>								
Reason	Total #	% of Denials						
Incomplete Application	149	50%						
Over Income	116	39%						
Assets	16	5%						
Insurance Available	14	5%						
Not Resident of Service Area	5	2%						
<b>Total:</b>	300							
<b>% Denied of Total Screened</b>	19%							

- 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.

We aligned our policy with that of D-HH and the Federal Poverty Guidelines.

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).

MAHHC							
	FY14	FY15	FY16	FY17	BUDGET FY18	PROJECTED FY18	BUDGET FY19
ALL PAYER CASE MIX INDEX	1.2370	1.1533	1.0638	0.9800	1.1100	1.0534	1.0500
DISCHARGES	916	1,073	977	775	996	1,118	792
COST PER (ADJUSTED) DISCHARGE	\$ 10,027	\$ 10,107	\$ 13,036	\$ 17,932	\$ 13,269	\$ 12,777	\$ 13,074

11. As part of the GMCB’s rate review process during the summer of 2017, Blue Cross Blue Shield of Vermont (BCBSVT) was asked to “explain how the cost shift factors into your approach when negotiating with providers.” BCBSVT responded: “Since the creation of the GMCB hospital budget and the greater transparency that it has created, providers insist that it is the responsibility of BCBSVT’s members to fund the cost shift. Providers acknowledge that they manage to a revenue target, insist that commercial members must fund the cost shift in order for providers to meet their revenue targets, and remind BCBSVT that the GMCB has approved the revenue target.” (GMCB 08-17rr, SERFF Filing, July 5, 2017 Response Letter). Do you agree with this statement? Please explain why or why not. If you disagree, please point to any data available that supports your position.

We hesitate to agree or disagree with the statement. This statement was made from their perspective, based on discussions with MAHHC and thirteen other hospitals. We were not a party to any of those other discussions so we cannot state whether this was a prevailing stance or not. We are not aware of any available data to validate their assertion, nor the contrary.

That said, we agree that increased transparency has impacted the negotiation process. Essentially, in effect, a market standard has been created. There is a sense that receiving GMCB approval validates a hospital’s budget request as reasonable since it has been scrutinized by an external party. Compared to insurers in other states with little or no regulatory oversight, unrestricted rate increases, and operating margins of 5% or greater, the Vermont regional insurers should have some comfort that most (if not all) of what would be considered “unreasonable” has been removed from the hospital budgets before the negotiations begin. Additionally, we are unaware of any commercial payer who has been willing to increase their reimbursement in recent years, beyond what was approved by the GMCB.

A budget, by definition, requires a revenue target. For MAHHC, that target is determined by the margin required to sustain the organization and the cost of the services that we

provide. Once these costs to operate are determined, we calculate the amount of additional revenue needed to cover the costs and to achieve the necessary margin. This revenue generally comes from the increase in pricing. For MAHHC, our recent requests have been operational losses and break-even margins. NPSR growth limits versus changes in payer mix, the cost shift, and expense inflation reduce margins for most hospitals below industry standards.

We believe that as we continue to work our cost structures and to deliver appropriate and necessary care to our community, that all payer sources contribute cost or cost-plus reimbursement so that the cost shift is not a complicating factor for any stakeholder within the healthcare system. Until governmental payers are able to provide cost-plus-based reimbursement, the cost shift will exist and non-governmental payers, employers, and patients will bear the brunt of the cost shift. We don't insist that any group bear the brunt, but the simple fact is that for an organization like MAHHC, the cost shift deficit needs to be paid by some party in order for us to continue to provide the medically necessary services for our community.

12. Please provide updates on all health reform activities that you have submitted under the GMCB's extended NPR cap during previous budget reviews including
  - a. The goals of the program; **Refer to GMCB Narrative**
  - b. Any evidence you have collected on the efficacy of the program in meeting these goals; **Refer to GMCB Narrative**
  - c. Any other outcomes from the program, positive or negative; **Refer to GMCB Narrative**
  - d. Whether you have continued the program and why. **Refer to GMCB Narrative**
  - e. If you have discontinued one or more of these programs, please describe how you have accounted for this change in past or current budgets. **Refer to GMCB Narrative**

# Mt. Ascutney Hospital and Health Center Policy

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## FINANCIAL ASSISTANCE FOR HEALTHCARE SERVICES POLICY

### PURPOSE

To establish a policy for the administration of Mt. Ascutney Hospital and Health Center's (MAH) financial assistance for healthcare services program. This policy outlines the following with respect to all emergency or other medically necessary care provided by all MAH facilities:

- eligibility criteria for financial assistance
- method by which patients may apply for financial assistance
- basis for calculating amounts charged to patients eligible for financial assistance under this policy and limitation of charges for emergency or other medically necessary care
- MAH's measures to publicize the policy within the community served

This policy is intended to comply with the requirements of VT, the Internal Revenue Code Section 501(r) and the Patient Protection and Affordable Care Act of 2010 and will be changed from time to time to the extent required by applicable law.

### POLICY SCOPE

For purposes of this policy, "financial assistance" requests pertain to the provision of emergency and other medically necessary care provided in any MAH facility by MAH or any provider employed by MAH.

### DEFINITIONS

**Financial assistance** (also known as "affordable care"): The provision of healthcare services free or at a discounted rate to individuals who meet the criteria established pursuant to this Policy.

**Presumptive financial assistance:** The provision of financial assistance for medically necessary services to patients for whom there is not a completed MAH Financial Assistance Form due to lack of supporting documentation or response from the patient. Determination of eligibility for assistance is based upon individual life circumstances demonstrating financial need. Presumptive financial assistance is not available for balances after Medicare.

**Family:** As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption.

- The state law regarding marriage or civil union and the federal guidelines are used to determine who is included in a family.
- In the case of applicants who earn income by caring for disabled adults in their homes, the disabled adult will be counted as a family member and their income included in determination.
- The Internal Revenue Service rules that define who may be claimed as a dependent for tax purposes are used as a guideline to validate family size in granting financial assistance.

**Household:** A group of individuals primarily residing in the same household who have a legal union (blood, marriage, adoption), as well as unmarried parents of a shared child or children. A patient's household includes the patient, a spouse, a dependent child, unmarried couples with a mutual child dependent living under the same roof, same sex couple (married or civil union), parents claimed on adult child's claim on a tax return.

**Family Income:** As defined under the federal poverty guidelines as published annually by the U.S. Department of Health and Human Services ("FPL"), based on:

- earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension

# Mt. Ascutney Hospital and Health Center Policy

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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;
- pre-tax income;
- the income of all family members (Non-relatives, such as housemates, do **not** count).

**Uninsured patient:** A patient with no insurance or other third party source of payment, whose out-of-pocket expenses nevertheless exceed his/her ability to pay in as determined according to this Policy.

**Gross Charges:** The total charges at the organization's full established rates for the patient's healthcare services

**Emergency medical conditions:** As defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd), a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- serious impairment to bodily functions, or
- serious dysfunction of any bodily organ or part

**Medically necessary:** As defined by Medicare with respect to healthcare items or services, reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

## **POLICY**

MAH is committed to providing financial assistance to persons who have healthcare needs but do not have the financial means to pay for services or balances that are their responsibility. MAH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. A patient can apply for financial assistance any time before, during, and after service is provided, including after an account has been referred to an outside collection agency.

MAH will provide care for emergency medical conditions and medically necessary services to individuals regardless of their ability to pay or eligibility for financial or government assistance, and regardless of age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with MAH 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. Individuals with the financial capacity to purchase health insurance are required 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.

MAH will not impose extraordinary collections actions, such as sending to collections or other legal actions, for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance. Any exceptions must be approved by the Chief Financial Officer. For information on actions MAH may take in the event of nonpayment, including extraordinary collection actions and reasonable efforts to determine eligibility for assistance, please refer to our credit and collections policy. Copies of the Credit and



# Mt. Ascutney Hospital and Health Center Policy

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Collection Policy are available online or can be requested at the Patient Financial Services Offices or can be mailed to you by calling 802-674-7471.

**A. Eligibility Criteria for Financial Assistance.** In order to qualify for financial assistance under this Policy, a patient must meet the following criteria:

- Be in our service area, see attachment B, or a non-resident who receives emergency treatment at MAH.
- Be uninsured or, underinsured, ineligible for any government health care benefit program, and unable to pay for their care as outlined in the Credit and Collections Policy, based upon a determination of financial need under this Policy.
- Have gross Family Income, inclusive of all members of the patient's household, during the past 12 months of less than 300% of FPL. These guidelines will be updated annually. The guidelines are set up with a prorated scale of assistance based on income
- Ownership, Liquid Assets and Assets with limited liquidity will be considered for each application for assistance totaling over \$10,000. Ability to satisfy the obligation through these assets will be determined. Assets such as Retirement Accounts, Real Estate, and others will be considered to be available resources.
- For purposes of determining value of assets, assets includes but is not limited to: savings, alimony, certificates of deposit, IRA's, stocks, bonds, 401ks, and mutual funds. In calculating the amount of assets for purposes of qualifying a patient for charity above, (i) savings (which includes savings accounts, alimony, or certificate of deposit) are sheltered up to 100% of FPL, (ii) retirement accounts (which includes IRA's, stocks, bonds, 401ks and mutual funds) are sheltered up to \$100,000, equity in a primary residence is sheltered up to \$200,000 for applicants up to age 54, and (iv) equity in a primary residence is sheltered up to \$250,000 for applicants age 55 or older. When dividends are noted on a tax return, the source of the dividends will be requested along with a recent market value statement. Documentation of all trust fund payments and ability to access funds is required.
- Demonstrate compliance with the requirements to apply for qualified health plan coverage the New Hampshire or Vermont Healthcare Exchange Program if eligible for these programs.

Exceptions to this requirement may be approved by senior leadership for good cause on a case by case basis.

"Good cause" will depend on facts and circumstances, and may include:

- Those that missed the open enrollment period and do not fall into a life changing event category outside of open enrollment.
- Those for whom the financial burden will be greater for the patient to enroll in a qualified health plan than not to do so.

If there is no interaction with the patient concerning financial assistance, or the patient is unable to complete the application procedures required under this Policy, such patients may nevertheless be considered for eligibility for presumptive financial assistance.

## **B. Method by Which Patients May Apply for Financial Assistance**

1. MAH will explore alternative sources of payment from federal, state or other programs and assist patients in applying for such programs. With respect to any balances remaining after such other sources have been exhausted, MAH will conduct an individual assessment of a patient's financial need in order to determine whether an individual qualifies for assistance under this policy, using the following procedures:

# Mt. Ascutney Hospital and Health Center Policy

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- A patient or guarantor is required to submit an application on a form approved by MAH management, and provide such personal, financial and other information and documentation as required for MAH to determine whether such individual qualifies for assistance, including, but not limited to, documentation to verify Family Income and available assets or other resources. If MAH is unable to obtain an application or any required supporting documentation from the patient or the patient's guarantor, MAH may consider whether the patient is eligible for presumptive financial assistance;
- In lieu of an application and supporting documentation from the patient, staff may use any of the following to support a recommendation for approval of a financial assistance application:
  - MAH may utilize one or more vendors to screen individuals for eligibility using publicly available data sources that provide information on a patient's or guarantor's capacity and propensity to pay;
  - Current eligibility for Medicaid;
  - Current statement from a Federal or State housing authority;
  - Verification from a homeless shelter or a Federal Qualified Health Center;
  - Verification of incarceration with no source of payment from the correction facility; or
  - For an individual patient, a patient's verbal attestation of income and assets, in lieu of a written income verification, may be accepted with respect to one (1) account only, provided that the balance on such account is less than \$1,000.

2. It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to rendering non-emergent medically necessary services. However, a patient may be considered for financial assistance at any point in the collection cycle. An approved financial assistance application applies to all balances for which the patient has applied for charity, in addition to emergency and other medically necessary care provided for a period of time, dates of service prior to receipt of the financial assistance application, including balances placed at a collection agency, and any services provided before or on the expiration date listed on the acknowledgement letter as long as the service is not listed on the Financial Assistance Policy Exclusions Job Aid (linked below). After that time, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known, MAH will re-evaluate the individual's financial need in accordance with this Policy.

MAH: MAH recognizes decisions made by the following assistance programs without requesting copies of applications. All applicable co-pays or other patient responsibility amounts should be requested in accordance with requirements of such programs.

- NH Health Access Network Card for insured patients only
- Good Neighbor Health Clinic
- Manchester Community Health Center
- Nashua Area Health Clinic
- Mobile Community Health
- Teen Health Clinic
- Current Medicaid eligibility if not retroactive to cover past services

3. It is the goal of MAH to process a financial application and notify the patient of a decision in writing within 30 days of receipt of the completed application.

**4. Appeals Process:** If MAH denies partial or total financial assistance then the patient (or his/her agent) can appeal the decision within 30 days. The patient must write a letter to the Director of Eligibility and Enrollment to explain why the decision made by MAH was inappropriate. The appeal letter will be reviewed by MAH and a final decision will be sent to the patient within 30 days of the receipt of the request for appeal.

## C. Determination of Amount of Financial Assistance

# Mt. Ascutney Hospital and Health Center Policy

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All insurance payments and contractual adjustments as well as the uninsured discount are taken prior to the financial assistance adjustment being applied. See MAH Uninsured Patient Discount Policy: Revenue Management Division. If an individual is approved for financial assistance, the amount of such assistance to be provided for applicable care will be as follows:

- Family income at or below 225% of FPL will receive 100% financial assistance;
- Family income between 226% - 250% of FPL will receive a 75% discount,
- Family income between 251% - 275% of FPL will receive a 50% discount, and
- Family income between 276% - 300% of FPL will receive a 25% discount.
- As discussed above, patients whose family income exceeds 300% of FPL may be eligible to receive a discount based on the self-pay balance. Discounts will be granted such that the total self-pay bill does not exceed 10% of 2 years gross income, plus 10% of assets in excess of the sheltered asset calculation described earlier in the Policy. Any discounts other than those described above must be approved by the Financial Assistance Appeals Committee based on a written appeal from the patient or responsible party.
- Patients meeting criteria for Presumptive Financial Assistance, will receive 100% financial assistance.

Patients without insurance, including uninsured patients who qualify for financial assistance under this Policy, may not be charged any more than the amount generally billed to patients who have insurance covering the same care. MAH applies a discount against gross charges to all balances for patients who have no insurance, resulting in a discounted balance which the patient is expected to pay. The discount is based on the “prospective Medicare” method as described under applicable regulations implementing Section 501(r) of the Internal Revenue Code. This discount is applied prior to billing the patient and prior to applying any financial assistance adjustments. This discount doesn’t apply to any copayments, coinsurance, deductible amounts, pre-payment or package services which already reflect any required discount, or to services classified as non-covered by all insurance companies.

## **D. Communication Regarding the MAH Financial Assistance Policy to Patients and Within the Community**

Referral of patients for financial assistance may be made by any MAH staff member or agent, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient,

Information regarding financial assistance from MAH is from MAH, including but not limited to this policy, a plain language summary of this policy, an application form and information concerning D- MAH's patient collection policies and procedures, will be available to the public and to MAH patients through at least the mechanisms described below:

- On the MAH website,
- Posted in patient care areas,
- Available on Information Cards in the registration and admitting departments,
- Available in other public spaces as determined by MAH,
- Provided in the primary languages spoken by the population serviced by MAH; translation services are utilized as needed.
- If the balance is approved, the patient is sent a letter indicating approval.

## **E. Financial Assistance Appeals Process**

- If the balance is not approved, the patient will be sent a denial letter or if requested, a copy of the application highlighting the reason for disapproval. A letter outlining the formal appeals process is also sent with every denial or those letters providing only a partial reduction.

# Mt. Ascutney Hospital and Health Center Policy

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- A committee of three MAH Leaders not involved in the original process will review the appeal and make recommendations on all denial appeals.

## **F. Charity Determination Levels**

Approval levels are as follows:

- Less than \$500 – Financial Counselor
- Less than \$1000.00 - Supervisor
- Less than \$10,000 – Manager
- \$10,000 - \$50,000 – Conifer Directors
- Over \$50,000 –Director of Revenue Management

## **EDUCATION**

Staff Education

- Staff education regarding fall assessment and fall prevention plan of care shall occur during the new employee orientation process and be reinforced as appropriate.

Patient Education

- Educate and involve the patient, family and/or significant other regarding fall risk reduction including home safety measures.
- Provide age appropriate fall risk education hand-out as needed.
- Patient and family education shall be documented in the designated patient/family interdisciplinary teaching document.

## **COMMUNICATION/REPORTING**

- This policy will be implemented and disseminated through the organization and will be published in the organizations Policy Library. Access to this document is open to all.
- It is the responsibility of the departmental managers to ensure all staff working in financial assistance area are aware of this policy.
- Departmental managers are responsible for ensuring staff receives training to support the implementation of this policy.
- Monitoring of staff competence will form part of the individual's annual performance review and where necessary, additional training will be provided.

## **REFERENCES**

- N/A

## **KEYWORDS**

- Financial Assistance, Affordable Care



FINANCIAL ASSISTANCE -- CONFIDENTIAL FINANCIAL STATEMENT

1. Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Patient's address \_\_\_\_\_

2. Name of person responsible for payment of bill \_\_\_\_\_

3. Address if different from patients \_\_\_\_\_

4. Do you have health/medical insurance? Yes \_\_\_ No \_\_\_ Name of insurance \_\_\_\_\_

Certificate Number \_\_\_\_\_ Effective Date of Policy \_\_\_\_\_

5. Have you applied for INSURANCE COVERAGE thru an Exchange Program (ie Medicaid, VT Health

Connect etc) ? Yes \_\_\_ No \_\_\_ If yes, Where \_\_\_\_\_ When \_\_\_\_\_

ID Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Please attach copy of pending application or denial letter.

Reason why denied \_\_\_\_\_

6. Have you recently filed a worker' compensation or motor vehicle accident claim? Yes \_\_\_ No \_\_\_

7. Do you own a home used for your primary residence? Yes \_\_\_ No \_\_\_ Do you rent? Yes \_\_\_ No \_\_\_

Mortgage or Rent Amt\$ \_\_\_\_\_

Year Purchased \_\_\_\_\_ Amount owed\$ \_\_\_\_\_ Value\$ \_\_\_\_\_ Yearly Taxes \_\_\_\_\_

Do you own other residential or non-residential property? Yes \_\_\_ No \_\_\_

Year Purchased \_\_\_\_\_ Amount owed\$ \_\_\_\_\_ Value\$ \_\_\_\_\_ Yearly Taxes\$ \_\_\_\_\_

8. List all savings, checking accounts, alimony, IRA's, stocks, bonds, 401ks, mutual funds and certificate of deposits

Type of account \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of account \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please provide a complete copy of your most recent bank statement. This will show all direct deposits to your account(s).**

9. If you receive monthly income that **is not directly deposited, we will need to see a copy of that benefit/payment.** Ex: Social Security, disability, retirement, alimony, rental income, unemployment compensation, or from friends/relatives.

Type of income \_\_\_\_\_ Monthly Amount\$ \_\_\_\_\_

Type of income \_\_\_\_\_ Monthly Amount\$ \_\_\_\_\_

10. If currently unemployed, last day of work \_\_\_\_\_ When do you expect to return back to work? \_\_\_\_\_

11. List or attach list of all vehicles (including recreational vehicles) owned by you or your dependents and indicate monthly payments.

Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

12. Please provide information on the following monthly expenses:

<u>Monthly Expense</u>	<u>Monthly Payment</u>	<u>Current Balance Due</u>
Living(gas,food,clothes)	\$ _____	\$ _____
Utilities (phone,electric etc)	\$ _____	\$ _____
Heating/gas/wood/propane	\$ _____	\$ _____
Insurance(Auto/Life/Property)	\$ _____	\$ _____
Other	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Childcare	\$ _____	\$ _____
Healthcare Bills/Prescriptions	\$ _____	\$ _____

13. List other debts. /expenses not listed above (bank/personal loans, credit cards, etc.)

<u>Name of Company</u>	<u>Monthly Payment</u>	<u>Balance Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. If you have no income, please write below how you are meeting monthly expenses:

\_\_\_\_\_  
\_\_\_\_\_



## Do you need assistance completing an application?

You can get help in the following ways:

**Receive in-person assistance by going to the following locations**

Mt. Ascutney Hospital and Health Center  
289 County Road  
Windsor, VT 05089

Ottauquechee Health Center  
32 Pleasant Street  
Woodstock, VT 05091

Mt. Ascutney Hospital Ophthalmology  
80 S. Main Street  
Hanover, NH 03755

**Call one of our Financial Counselors at**

(802) 674-7471 or Windsor Community  
Health Clinic at (802) 674-7213

**Please send completed applications to:**

ATTN: Customer Service Department  
Mt. Ascutney Hospital and Health Center  
289 County Road  
Windsor, VT 05089

# FINANCIAL ASSISTANCE POLICY



## Do you need assistance to pay your bill for emergency or medically necessary care at Mt. Ascutney Hospital and Health Center?

You may be eligible for financial assistance. MAHHC offers free or discounted care for emergency or medically necessary services provided to patients within our service area who qualify and are residents or to non-residents who experience a medical emergency while in our service area.

### Generally, financial assistance will be available to help with balances you owe if:

- You have no insurance or you are under-insured.
- You are not eligible for insurance coverage or other governmental assistance, and either of the following is true:
  - Your family income is at or below 300% of the Federal Poverty Limit; issued by the Department of Health and Human Services (HHS), updated on a yearly basis, or;
  - If you believe that your assets, liquid assets, or other available resources are not enough to cover the cost of your care.

In addition to your completed application, we may require documents verifying your income, assets and medical expenses to determine whether you qualify for assistance. If you do not qualify for financial assistance, you may still be eligible for the prompt pay discount. You can find information below about how to get a copy of the full MAHHC Financial Assistance Policy which describes these potential discounts in more detail.

## MAHHC Financial Policy

Patients without insurance cannot be charged any more than amounts generally billed to patients who have insurance covering the same care. MAHHC applies a discount to the FAP eligible patient's gross charges to all balances where there is no insurance, or to medically necessary services processed by insurance carriers resulting in a balance, which the patient is expected to pay. This discount doesn't apply to any co-payments, co-insurance, deductible amounts, pre-payment or package services which already reflect any required discounts or any non-covered services per our policy.

### How do I apply for financial assistance?

Windsor Community Health Clinic Patient Advocates and our Financial Counselors can assist you in identifying and applying for insurance coverage or other resources and with completing an application for financial assistance. If you have a remaining balance after exhausting all other coverage options, you may be eligible for financial assistance. An application can be requested in person, over the telephone or obtained via the web link below.

At your request, a financial application form or copy of the Financial Assistance Policy will be mailed to you at no charge. Also, these documents and this brochure summary of the policy are available on our website at [MtAscutneyHospital.org/FAP](http://MtAscutneyHospital.org/FAP) and can be printed in alternative languages by contacting the public relations office at (802) 674-7327. Translation and sign language services can also be arranged by request through any MAHHC clinical or clerical staff.



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15. Please indicate the phone number and best time to contact you if additional information is needed  
Phone \_\_\_\_\_ Time \_\_\_\_\_
16. What monthly payment would you be able to make toward your Hospital/Physician bill? \$ \_\_\_\_\_
17. Are you claimed as a dependent on anyone's tax return? (Parent, Guardian, Spouse, Partner, Other)  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered yes to question 17, we will need a copy of the tax return from the person who claims you as a dependent.**

**Please attach a complete copy of your last Federal Income Tax Return for \_\_\_\_\_. If you do not have a copy of this return, please contact the I.R.S. at 800-829-1040 for a free transcript.**

**If you do not file a tax return, please list the reason why:**

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**WE ARE UNABLE TO PROCESS AN APPLICATION WITHOUT DOCUMENTATION.**

If you have any questions, please contact a Financial Counselor  
at 802-674-7471 or WCHC at 802-674-7213

Receive in-person assistance by going to the following locations  
Mt Ascutney Hospital and Health Center 289 County Road Windsor, VT  
Ottauquechee Health Center 32 Pleasant Street Woodstock, VT  
Mt Ascutney Hospital Ophthalmology 80 S. Main Street Hanover, NH

**Please return form to: Mt. Ascutney Hospital, 289 County Rd. Windsor, VT 05089  
ATTN: Customer Service Department Additional Copies found at [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org)**

**(Please DO NOT FAX this application, as your information is confidential)**

**Thank you.**

<p>The above facts are accurate and true. I realize that failure to provide truthful information will cancel any approval of a bill reduction at Mt. Ascutney Hospital and Health Center. I give permission for Mt. Ascutney</p>
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