

Health Care Advocate Questions

- 1a. See organization structure in GMCB narrative
- b. Yes, paid by SMCS
- c. No
2. a. There is an RVU based incentive for specialists. There are no incentives for any other staff.
 - b. Yes
3. We are a fee for service hospital
4. Please see GMCB answers to mental health questions above.
- 5 a. A few years ago we remodeled our emergency department and created two beds that we away from the main activity in the ED to keep patients from becoming agitated. All other initiatives are handled in the local FQHC.
 - b. c. d. Please see GMCB answers to mental health questions above.
6. Please see GMCB answers to mental health questions above.
7. a. Financial risk will be handled with reserves
 - b. \$1 million
 - i. We will draw down reserves
 - ii. See above
 - iii See answers to quality questions in the GMCB narrative
8. These efforts are handled in the local FQHC at the moment
- 9 Policy attached
 - a.
 - i. 814
 - ii 814
 - iii 804
 - iv 10 over income limits
 - v .27%
 - b. See policy
10. We do not track CMI

Cost per adjusted admission (this information is available in the GMCB spreadsheets)

2014 6983

2015 6158

2016 5636

2017 5883

2018 6250

2019 6561

Discharges

2014 2090

2015 2168

2016 2066


2017 2075

2018 2134

2019 2175

11. To me the cost shift is really a hidden tax on people with commercial insurance, Medicare and Medicaid are notorious under payers. If they came close to paying their fair share commercial rates could be much lower. That being said I agree with BC.

12. We have submitted nothing in this area

	Administration Patient Financial Services Adminstrative	
	Name:	FINANCIAL ASSISTANCE POLICY
	Start Date:	01/19/2010
	Approval Date:	01/26/2018

Policy Body

FINANCIAL ASSISTANCE POLICY

I. OVERVIEW:

Springfield Medical Care Systems (SMCS) is a non-profit healthcare corporation serving portions of Windsor and Windham Counties, Vermont and portions of Sullivan and Cheshire Counties, New Hampshire. SMCS operates the SMCS Community Health Center (CHC) network which provides primary and preventative care at community health center locations dispersed throughout the service area. A subsidiary of SMCS, Springfield Hospital, (with campuses in Springfield and Bellows Falls, VT) provides acute care services, including mental health, and also operates specialty physician practices.

SMCS is committed to meeting the needs of the residents of its defined service area regardless of insurance status or ability to pay. Under no circumstances would SMCS withhold emergent medical care to any individual based upon insurance status, ability to pay or any other criteria.

II. SCOPE AND PURPOSE:

- A. To specify the criteria for identifying individuals that are eligible to receive services rendered by SMCS either free of charge (i.e.: 100% discount) or at partially discounted rates.
- B. Patients qualifying under the Financial Assistance Policy (FAP) will be exempt from liability for the determined discount.
- C. The FAP applies Federal Poverty Guidelines, updated annually, adjusted for household size, to identify patients with a documented inability to pay for either the entirety or for a portion of the services rendered. Individuals that receive a partial discount are liable for balances not discounted and will be subject to collection efforts by SMCS for the balance due after discount.
- D. The FAP does not apply to elective or cosmetic services or services that are not medically necessary. Patients are encouraged to inquire prior to the rendering of services as to whether or not a service qualifies for the FAP.

III. GENERAL REQUIREMENTS:

- A. Financial assistance will be granted only after the submission of a signed application for financial assistance by the patient, relative, legal guardian, power of attorney, or SMCS

Patient Financial Counselor with written authorization from the patient. The application must be received by SMCS within thirty (30) days of the furnishing of the application.

- B. There is no residency requirement for medical services provided by the SMCS community health center network (CHC) including dental services and ophthalmology services.
1. In order to be eligible for financial assistance for the 340B prescription drug program, applicants must have selected the CHC as their primary care provider or reside in one of the following Vermont towns: Andover, Athens, Baltimore, Cavendish, Chester, Grafton, Jamaica, Landgrove, Londonderry, Ludlow, Mt. Holly, Peru, Plymouth, Reading, Rockingham (Bellows Falls) Springfield, Stratton, W. Windsor, Weathersfield, Westminster, Weston, Windham, and Winhall or NH towns of Acworth, Alstead, Charlestown, Langdon and Walpole.

*See attachment A for the SMCS medical and pharmacy discount schedule, attachment B for the Springfield Hospital medical discount schedule, attachment C for the SMCS dental discount schedule

- C. In order to be eligible for financial assistance for services provided by Springfield Hospital, the patient/guarantor must be a resident of the State of Vermont, or Sullivan or Cheshire Counties in New Hampshire. Applicants who reside outside Vermont or the indicated New Hampshire counties, and who have been deemed eligible for assistance for CHC services, may also be deemed eligible for Springfield Hospital assistance.
- D. Neither SMCS or its agents shall pursue collection actions against patients for amounts qualifying for financial assistance.
1. Springfield Hospital will not charge eligible patients more for emergency or other medically necessary services than the amount generally billed (AGB) to patients who have Medicare. The amount generally billed (AGB) is calculated based on the percentage of what Medicare allows for services billed in a 12 month period. The percentage calculated will be multiplied times the total charges on the claim to arrive at the AGB. See sample methodology attached.
 2. Patient balance will hit the self-pay category on discharge if the patient is uninsured or after insurance has processed and a statement is then generated.
 3. Statements will contain contact information regarding inquiries for financial assistance and budget payments.
 4. Patient accounts may be sent to a collection agency for unpaid balances greater than 120 days and the patient has not applied for financial assistance.
 5. Credit bureau reporting can begin for unpaid balances greater than 240 days or for incomplete financial assistance applications.
- E. Applicants may qualify for financial assistance under the following circumstances.
1. Federal Poverty Guidelines: The patient's and/or guarantor's income is equal to or less than the current approved SMCS income poverty guidelines included in the attachments to this policy and there are no other assets available to the patient which could be used in the settlement of Springfield Hospital charges only. A principal residence generally would not be considered an available asset in this regard. Springfield Hospital allows savings of up to \$10,000 for burial expense.
 2. Medicare Beneficiaries: Deductibles and coinsurances due from Medicare beneficiaries can be eligible for discount under the FAP assuming the patients submits an application and qualifies.
 3. Medicaid Beneficiaries: Coinsurances due from Medicaid beneficiaries qualify for

- FAP. A Medicaid beneficiary need not complete a FAP application in order for coinsurances to qualify.
4. Extenuating Circumstances: Accounts that fall outside of the established SMCS guidelines but involve extenuating circumstances can be approved by the Director of Patient Business Services in consultation with the Chief Financial Officer.
- F. A patient who applies for financial assistance will receive a written notice of the determination of SMCS within 30 days of submission of the written application and all required supporting documentation.
 - G. Once SMCS determines the patient to be eligible for financial assistance, this determination MAY be in effect for 1 year from the date of the initial determination. If approved for financial assistance, any and all changes regarding income, insurance status, family size, etc. must be reported to SMCS.
 - H. SMCS shall not discriminate on the basis of race, color, national origin, ethnicity, religion, creed, sex, sexual orientation or age (for any persons beyond the age of majority) in its application of policies concerning the acquisition and verification of financial information, and eligibility for financial assistance.
 - I. The patient and/or guarantor must cooperate fully with SMCS to explore and obtain all possible alternative insurance coverage. The patient and/or guarantor are encouraged to maintain coverage through New Hampshire Medicaid or Vermont Medicaid.

IV. CRITERIA FOR NOTIFICATION AND ASSISTANCE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE.

A. NOTIFICATION:

1. Patients will be made aware of the availability of the Financial Assistance Policy through the posting of signs in all registration areas throughout SMCS and in the Patient Business Services offices located at 100 River Street, Springfield, VT.
2. SMCS shall make available copies of the Financial Assistance Policy application at any and all registration areas where patients access SMCS services.
3. On an Inpatient admission that occurs outside the hours of operation of the registration department, the admitting office will be responsible for delivering the application to the patient the following day or as soon as possible.
4. SMCS will attempt to inform the public of its Financial Assistance Policy through the SMCS website ([www. SpringfieldMed.org](http://www.SpringfieldMed.org)) and/or use of public announcements paid advertising, etc.

B. ASSISTANCE:

SMCS will assist all patients with the completion of an application for Financial Assistance and whenever possible with applications for other programs such as Medicaid, Medicare Part D, etc. A patient may obtain confidential and compassionate assistance at:

1. The SMCS Patient Business Services offices located at 100 River Street, Springfield, VT or by calling (802) 886-8950.
2. Valley Health Connections – Through an arrangement with SMCS assistance with applications is available through Valley Health Connections located at 268 River Street, Springfield, VT or by calling (802) 885-1616.

It is preferable that applicants call in advance and make an appointment and that they

arrive with all requested documentation and the application completed to the best of their ability in advance.

V. DOCUMENTATION AND AUDIT:

1. Each financial assistance application shall be accompanied by patient documentation of all efforts made by SMCS to determine eligibility.
2. Financial Assistance application documentation shall be kept on file for a period of 5 years. After 5 years all paperwork will be permanently destroyed.

VI. DECISION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE:

Patient Business Services will make the initial determination of eligibility for financial assistance using the above policy. This information will be recorded in writing in the appropriate section of the application forms.

Patient Financial Counselors will submit any applications for extreme hardship that fall outside the guidelines to the Director of Patient Business Services and/or the SMCS Chief Financial Officer to make the final determination on eligibility. An attestation may need to be provided by the applicant.

Attachment B - SPRINGFIELD HOSPITAL MEDICAL DISCOUNT SCHEDULE

Family #	60060 100% FPG Patient Pays Zero		60061 120% of FPG Patient Pays Zero		60062 140% FPG Patient Pays Zero		60063 160% FPG Patient Pays Zero		60064 180% FPG Patient Pays Zero		60065 200% FPG Patient Pays Zero	
	From	To	From	To	From	To	From	To	From	To	From	To
1	0	\$11,880	\$11,881	\$ 14,256.00	\$ 14,257.00	\$ 16,632.00	\$ 16,633.00	\$ 19,008.00	\$ 19,009.00	\$ 21,384.00	\$ 21,385.00	\$ 23,760.00
2	0	\$16,020	\$16,021	\$ 19,224.00	\$ 19,225.00	\$ 22,428.00	\$ 22,429.00	\$ 25,632.00	\$ 25,633.00	\$ 28,836.00	\$ 28,837.00	\$ 32,040.00
3	0	\$20,160	\$20,161	\$ 24,192.00	\$ 24,193.00	\$ 28,224.00	\$ 28,225.00	\$ 32,256.00	\$ 32,257.00	\$ 36,288.00	\$ 36,289.00	\$ 40,320.00
4	0	\$24,300	\$24,301	\$ 29,160.00	\$ 29,161.00	\$ 34,020.00	\$ 34,021.00	\$ 38,880.00	\$ 38,881.00	\$ 43,740.00	\$ 43,741.00	\$ 48,600.00
5	0	\$28,440	\$28,441	\$ 34,128.00	\$ 34,129.00	\$ 39,816.00	\$ 39,817.00	\$ 45,504.00	\$ 45,505.00	\$ 51,192.00	\$ 51,193.00	\$ 56,880.00
6	0	\$32,580	\$32,581	\$ 39,096.00	\$ 39,097.00	\$ 45,612.00	\$ 45,613.00	\$ 52,128.00	\$ 52,129.00	\$ 58,644.00	\$ 58,645.00	\$ 65,160.00
7	0	\$36,730	\$36,731	\$ 44,076.00	\$ 44,077.00	\$ 51,422.00	\$ 51,423.00	\$ 58,768.00	\$ 58,769.00	\$ 66,114.00	\$ 66,115.00	\$ 73,460.00
8	0	\$40,890	\$40,891	\$ 49,068.00	\$ 49,069.00	\$ 57,246.00	\$ 57,247.00	\$ 65,424.00	\$ 65,425.00	\$ 73,602.00	\$ 73,603.00	\$ 81,780.00

Family #	60066 220% of FPG Patient Pays 10%		60067 240% FPG Patient Pays 20%		60068 260% FPG Patient Pays 30%		60069 280% FPG Patient Pays 40%		60070 300% FPG Patient Pays 50%		>300% FPG Patient Pays 100%	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$ 23,761.00	\$ 26,136.00	\$ 26,137.00	\$ 28,512.00	\$ 28,513.00	\$ 30,888.00	\$ 30,889.00	\$ 33,264.00	\$ 33,265.00	\$ 35,640.00	\$ 35,641.00	+
2	\$ 32,041.00	\$ 35,244.00	\$ 35,245.00	\$ 38,448.00	\$ 38,449.00	\$ 41,652.00	\$ 41,653.00	\$ 44,856.00	\$ 44,857.00	\$ 48,060.00	\$ 48,061.00	+
3	\$ 40,321.00	\$ 44,352.00	\$ 44,353.00	\$ 48,384.00	\$ 48,385.00	\$ 52,416.00	\$ 52,417.00	\$ 56,448.00	\$ 56,449.00	\$ 60,480.00	\$ 60,481.00	+
4	\$ 48,601.00	\$ 53,460.00	\$ 53,461.00	\$ 58,320.00	\$ 58,321.00	\$ 63,180.00	\$ 63,181.00	\$ 68,040.00	\$ 68,041.00	\$ 72,900.00	\$ 72,901.00	+
5	\$ 56,881.00	\$ 62,568.00	\$ 62,569.00	\$ 68,256.00	\$ 68,257.00	\$ 73,944.00	\$ 73,945.00	\$ 79,632.00	\$ 79,633.00	\$ 85,320.00	\$ 85,321.00	+
6	\$ 65,161.00	\$ 71,676.00	\$ 71,677.00	\$ 78,192.00	\$ 78,193.00	\$ 84,708.00	\$ 84,709.00	\$ 91,224.00	\$ 91,225.00	\$ 97,740.00	\$ 97,741.00	+
7	\$ 73,461.00	\$ 80,806.00	\$ 80,807.00	\$ 88,152.00	\$ 88,153.00	\$ 95,498.00	\$ 95,499.00	\$ 102,844.00	\$ 102,845.00	\$ 110,190.00	\$ 110,191.00	+
8	\$ 81,781.00	\$ 89,958.00	\$ 89,959.00	\$ 98,136.00	\$ 98,137.00	\$ 106,314.00	\$ 106,315.00	\$ 114,492.00	\$ 114,493.00	\$ 122,670.00	\$ 122,671.00	+

For families with more than 8 persons, add \$4,160 for each additional person

Attachment B - SPRINGFIELD HOSPITAL MEDICAL DISCOUNT SCHEDULE

Family #	60040		60041		60042		60043		60044		60045	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$12,060	\$14,472.00	\$12,061	\$14,473.00	\$16,884.00	\$16,885.00	\$19,297.00	\$19,298.00	\$19,297.00	\$21,709.00	\$21,709.00	\$24,120.00
2	\$16,240	\$19,488.00	\$16,241	\$19,489.00	\$22,736.00	\$22,737.00	\$25,984.00	\$25,985.00	\$25,984.00	\$29,232.00	\$29,233.00	\$32,480.00
3	\$20,420	\$24,504.00	\$20,421	\$24,505.00	\$28,588.00	\$28,589.00	\$32,672.00	\$32,673.00	\$32,672.00	\$36,756.00	\$36,757.00	\$40,840.00
4	\$24,600	\$29,520.00	\$24,601	\$29,521.00	\$34,440.00	\$34,441.00	\$39,360.00	\$39,361.00	\$39,360.00	\$44,280.00	\$44,281.00	\$49,200.00
5	\$28,780	\$34,536.00	\$28,781	\$34,537.00	\$40,292.00	\$40,293.00	\$46,048.00	\$46,049.00	\$46,048.00	\$51,804.00	\$51,805.00	\$57,560.00
6	\$32,960	\$39,552.00	\$32,961	\$39,553.00	\$46,144.00	\$46,145.00	\$52,736.00	\$52,737.00	\$52,736.00	\$59,328.00	\$59,329.00	\$65,920.00
7	\$37,140	\$44,568.00	\$37,141	\$44,569.00	\$51,996.00	\$51,997.00	\$59,424.00	\$59,425.00	\$59,424.00	\$66,852.00	\$66,853.00	\$74,280.00
8	\$41,320	\$49,584.00	\$41,321	\$49,585.00	\$57,848.00	\$57,849.00	\$66,112.00	\$66,113.00	\$66,112.00	\$74,376.00	\$74,377.00	\$82,640.00

Family #	60046		60047		60048		60049		60050	
	From	To	From	To	From	To	From	To	From	To
1	\$24,121.00	\$26,532.00	\$26,533.00	\$28,944.00	\$28,945.00	\$31,356.00	\$31,357.00	\$33,768.00	\$33,769.00	\$36,180.00
2	\$32,481.00	\$35,728.00	\$35,729.00	\$38,976.00	\$38,977.00	\$42,224.00	\$42,225.00	\$45,472.00	\$45,473.00	\$48,720.00
3	\$40,841.00	\$44,924.00	\$44,925.00	\$49,008.00	\$49,009.00	\$53,092.00	\$53,093.00	\$57,176.00	\$57,177.00	\$61,260.00
4	\$49,201.00	\$54,120.00	\$54,121.00	\$59,040.00	\$59,041.00	\$63,960.00	\$63,961.00	\$68,880.00	\$68,881.00	\$73,800.00
5	\$57,561.00	\$63,316.00	\$63,317.00	\$69,072.00	\$69,073.00	\$74,828.00	\$74,829.00	\$80,584.00	\$80,585.00	\$86,340.00
6	\$65,921.00	\$72,512.00	\$72,513.00	\$79,104.00	\$79,105.00	\$85,696.00	\$85,697.00	\$92,288.00	\$92,289.00	\$98,880.00
7	\$74,281.00	\$81,708.00	\$81,709.00	\$89,136.00	\$89,137.00	\$96,564.00	\$96,565.00	\$103,992.00	\$103,993.00	\$111,420.00
8	\$82,641.00	\$90,904.00	\$90,905.00	\$99,168.00	\$99,169.00	\$107,432.00	\$107,433.00	\$115,696.00	\$115,697.00	\$123,960.00

For families with more than 8 persons, add \$4,180 for each additional person