

Vermont Legal Aid Narrative

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?*

Entity/Investment	Relationship	Business Purpose/Description
Rutland Regional Health Services, Inc. (RRHS)	<i>Parent Company</i>	Planning, development and coordination of health care activities for Rutland County.
The Meadows	<i>50% Ownership Equity Investment reported through RRHS</i>	62-bed assisted living residence
The Gables	<i>50% Ownership Equity Investment reported through RRHS</i>	Retirement and senior housing
Vermont Sports Medicine	<i>50% Ownership Equity Investment reported through RRHS</i>	Outpatient rehabilitative medicine

- b. *Are hospital senior management paid by hospital-related entities other than the hospital?*

In total, Rutland Regional Medical Center transfers 7.9 FTEs to our Parent Company, Rutland Regional Health Services, and 1.0 FTE to our partnerships with assisted living facilities. The transfers support the following activity:

- Community Services Lifeline and Transportation (clerical) – 1.7 FTEs
- Respiratory Therapy Business Agreement – Nursing Home – 5.0 FTEs
- Financial Oversight and Recordkeeping – 1.2 FTEs
- Executive Director – Meadows and Gables – 1.0 FTE

- c. *Are the revenues of these entities included in your budget submission?*

The revenue of Rutland Regional Health Services is not included in the budget submission, we track all activity separately within the Rutland Regional Health Services budget. In total, the 2018 Rutland Regional Health Services budgeted revenue was \$982,000 across all programs.

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.*

Certain physicians are eligible to receive incentive compensation associated with their personal productivity, as measured by the Work Relative Value Units (Work RVU) that the physician generates. A physician may receive incentive compensation if they produce Work RVUs in excess of the minimum Work RVUs that are necessary to support their base salary. Physician Work RVU incentives have the potential to increase hospital revenue associated with each physician's personally performed services.

- a. *As part of your answer, please disclose for which procedures the hospital pays providers volume-based incentives.*

Certain physicians are eligible to receive incentive compensation associated with their personal productivity, as measured by the Work Relative Value Units (Work RVU) that the physician generates. A physician may receive incentive compensation if they produce Work RVUs in excess of the minimum Work RVUs that are necessary to support their base salary. Physician Work RVU incentives have the potential to increase hospital revenue associated with each physician's personally performed services.

Rutland Regional Medical Center does not differentiate between types of procedures in applying a Work RVU incentive. For physicians who participate in a Work RVU incentive compensation plan, the incentive applies to all the physician's billable professional services. The purpose of the incentive plan is to promote patient access to services by incentivizing the physician to see as many of the patients who are seeking services as the physician has the ability to serve. The incentive would apply to all the physician's services performed after meeting their minimum Work RVU requirement regardless of whether the service involves an evaluation and management service, consultation, or a diagnostic or therapeutic procedure. The use of Work RVU incentive plans are generally limited to those physicians who can influence patient access through the physician's own efforts. For example, a physician with a Work RVU incentive may increase their compensation by extending their hours in an outpatient clinic. On the other hand, physicians whose compensation is based on working a fixed shift, such as hospitalists, and emergency medicine physicians, do not participate in Work RVU incentive compensation plans because their work is limited to working a fixed shift.

- b. *Are these incentives the same for OneCare attributed patients as for non-attributed patients?*

Yes, there is currently no differentiation in incentives based on payer source, and there will be no differentiation in incentives in the future when we participate in OneCare.

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.)

a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g. insurer(s), ACO(s)).

Rutland Regional Medical Center has had a longstanding contract with MVP for capitated lab services.

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;

Rutland Regional Medical Center has 23 inpatient beds on our Psychiatric Services Inpatient Unit (PSIU), with six of those beds being designated as Level 1 beds for the State. In addition, we maintain five beds in our Emergency Department in an area that has been specially designed to accommodate patients in psychiatric crisis. The Emergency Department beds are staffed by ED nursing staff and specially trained Psychiatric Technicians who are shared with PSIU.

b. The range and average wait time for placement of mental health patients who report to your hospital in need of inpatient admission;

	FY 2013	FY2014	FY2015	FY2016	FY2017	5-Year Trend	%Change (2013-2017)
No. Holds	1166	1305	1484	1499	1538		32%
Average Holds/Day	3.19	3.57	4.05	4.10	4.20		32%
Total Time (hours)	10863	14850	19399	19192	23349		115%
Total Time (days)	453	619	808	800	973		115%
Average Hold (hrs)	8.9	11.1	13.1	9.3	12.3		38%
Min Hold (hours)	0.30	0.54	0.30	0.75	0.68		128%
Max Hold (hours)	284	216	311	283	310		9%
Avg. No. Holds >8 hours	35	43	54	61	73		108%

c. The range and average time patients have spent in your emergency department awaiting an appropriate mental health placement.

See chart above.

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.

See chart above.

5. *Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.*

Rutland Regional Behavioral Health

This team provides interdisciplinary outpatient behavioral health services by providing indicated clinical services to patients through a team that includes psychiatrists, psychologists, advanced practice registered nurses, and licensed clinical social workers. This team provides diagnostic assessments, limited care coordination, group psychotherapy, family therapy, couples therapy, individual psychotherapy, individualized treatment planning, and clinical services that are indicated from the diagnostic assessment. This team provides services Monday through Friday, 8:00a.m. to 5:00p.m., and provides crisis on-call services, when the clinic is closed, via a pager.

Psychiatric Services Inpatient Unit

The Psychiatric Services Inpatient Unit is a twenty-four hour per day locked unit that is located on the fourth floor of Rutland Regional Medical Center. It is an adult unit, servicing individuals from 18 years of age up through the lifespan, who are experiencing a wide array of psychiatric conditions. The unit provides both voluntary and involuntary inpatient services including: intensive psychiatric care, dual diagnosis treatment, detoxification, consultation, and liaison. Clinical services are provided by a multidisciplinary team consisting of: psychiatrists, mid-level providers, nurses, social workers, nurse care manager, an occupational therapist, and psychiatric technicians. The teamwork is guided by the following collaboratively developed vision: "PSIU thrives on the foundation of innovative leadership, teamwork, and confident engaged professionals who are supported, valued, and respected for individual strengths and diversity. We provide exemplary caring in an empathic, respectful, supportive environment, and take pride in our accomplishments. We create opportunities for growth, and excel in all that we do. We build on the foundation of the past, live in the present, and embrace the future." The philosophy of the unit was developed collaboratively with the Community Advisory Committee and states: "We believe recovery is possible for all people. We provide patient centered care in a mutually respectful, collaborative environment."

Psychiatric Intensive Care Unit

The South Wing 6 bed Psychiatric Intensive Care Unit provides a vital statewide resource for adult psychiatric admissions for patients with severe psychiatric illness that need intensive treatment services. Clinical services are provided by a multidisciplinary team of psychiatrists, a psychologist, mid-level providers, nurses, social workers, a nurse case manager, occupational therapy, and psychiatric technicians.

Emergency Department 5-bed Psychiatric Crisis Wing

A new 5 bed wing in the Emergency Department (ED East Wing) provides a comfortable area for psychiatric patients who are waiting to be screened, or are awaiting disposition. This area of the Emergency Department has been specially designed to accommodate psychiatric crisis patients with single rooms with natural light, limited ligature risks, comfortable seating areas and accessible

common space. It is protected from the usual chaos and stimulation associated with traditional Emergency Department treatment spaces and respects the dignity, privacy, and confidentiality of the person seeking care. The space includes a secure area outside the treatment room where a patient can safely move about and engage in therapeutic activities when clinically appropriate. It also includes private access to basic facilities, such as a bathroom and shower. When these rooms are utilized for non-psychiatric patients, or for psychiatric patients with acute medical needs, locked cabinet doors can be opened within the room to allow access to gases, suction, and medical equipment that might otherwise pose a risk.

In addition to ED Nursing, the East Wing is staffed by a team of specially trained Psychiatric Technicians who provide 24/7 direct supervision of patients to ensure patient safety. We have a team of 16.8 fixed FTEs who are augmented by staffing from the inpatient psychiatric unit during peak demand. All the staff providing direct supervision of patients in psychiatric crisis are oriented in the Six Core Strategies, an evidence-based model to minimize the use of seclusion, restraint, and emergency medications (i.e., emergency involuntary procedures). Additionally, they are trained and oriented on the inpatient psychiatric unit to ensure consistency in application of procedures, to maximize patient and staff safety while minimizing emergency involuntary procedures.

Embedded Social Work

This team provides Social Work services and education in the outpatient medical clinics for Rutland Regional Medical Center. This team is responsible for education, psychotherapy, short term brief intervention, health coaching, resource linkage and referral, individualized treatment planning prevention groups and education, diagnostic assessments and indicated clinical services to patients in each clinic. This team can also provide inpatient medical resources and referrals, and discharge planning when a patient is admitted to a medical unit at Rutland Regional Medical Center. This team is staffed Monday through Friday, 8:00a.m. to 4:30p.m.

De-escalation Training for All Staff

All staff providing supervision of patients in psychiatric crisis maintain active certification in Nonviolent Crisis Intervention through the Crisis Prevention Institute (CPI). The training focuses on prevention, and equips staff with evidence-based strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage.

Psychiatric and Social Work Consultation

Our employed psychiatrists assist Emergency Department staff in the provision of clinical services for patients in psychiatric crisis through direct patient assessment and on-call support to the community mental health center crisis team. With increasing demand in the Emergency Department for psychiatric services, we have also expanded our psychiatry staffing to provide coverage 7 days a week.

Suicide Risk Screening

Every patient seeking services in our Emergency Department is screened for suicidal ideation, and admitted patients are screened at least once per shift as part of regular nursing assessment procedures. Additionally, we have implemented use of the Columbia Suicide Severity Rating Scale (C-SSRS), an evidence based tool for suicide, into the assessment procedures for all patients presenting in

the Emergency Department in psychiatric crisis and on our inpatient psychiatric unit. Through our Social Work Department, we have also provided training on the C-SSRS to more than 100 members of the community including: community mental health center staff, schools, primary care offices, and private mental health professionals. For more information on the C-SSRS see: <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english>.

Community Leadership

Rutland Regional Medical Center staff provide leadership on two community-wide committees that seek to coordinate services for patients with mental health and substance abuse issues. First, Rutland Regional Medical Center staff lead the Behavioral Health Committee of our Community Collaborative. The Community Collaborative is made up of health care professionals representing all aspects of our local system of care who meet regularly to coordinate efforts to achieve community-wide health targets. Second, Rutland Regional Medical Center staff lead the Health Committee of Project Vision, a grass-roots community-wide initiative, that seeks to make Rutland one of the happiest, safest, and healthiest of communities in the country. The Project Vision Health Committee is made up of healthcare professionals, advocates, political representatives, and many community residents with interest in improving community health. Through the work of these groups we have made considerable progress in designing and implementing systems that ensure that mental health and substance abuse services are better coordinated, easier to access, and have more flexibility to meet individual patient needs.

- a. *What other avenues are you pursuing to address this crisis in a sustainable way?*

See above (embedded in descriptions).

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;*

West Ridge Center

The West Ridge Center is a state designated Hub for medication assisted treatment in Rutland County. This program serves more than 400 patients daily who are addicted to opiates. We provide professional, confidential, evidenced based counseling and pharmacotherapy to individuals who are opioid dependent. West Ridge Center is an outpatient, hospital-based program that offers the following services:

- Pre-screening/referral information.
- Intake.
- Medication assisted treatment.
- Assessment of opioid dependence and other substances.
- On-site urinalysis screening.
- Breathalyzer.
- Pregnancy testing.

- Medical evaluation, screening, medication education.
- Recovery treatment planning (individual and group).
- Case Management.
- HIV and hepatitis education/referral for testing and/or on-site testing.
- Take home medications for those who meet eligibility requirements.
- Overdose rescue training including Narcan kits and CPR training.

b. *The number of MAT providers employed by your hospital.*

We have 2 MAT providers that work through the West Ridge Center.

7. *Please describe the hospital's plans for participation in payment reform initiatives in this fiscal year and over the next five years.*

a. *How do you plan to manage financial risk, if applicable, while maintaining access to care, high quality care, and appropriate levels of utilization?*

We believe that the key to managing financial risk is to develop a robust care management system that supports the patient relationship with their primary care provider as the basis for optimizing health care utilization. Toward that end, Rutland Regional Medical Center is working closely with our community partners to develop a community-wide care management system to deliver coordinated, patient-centered, and primary care focused health services that will reduce avoidable hospital utilization and improve the health status of our patients. Rutland Regional Medical Center and the Community Health Centers of the Rutland Region have jointly funded a Director of Care Management position to lead this collaborative work across inpatient, outpatient, and specialty care settings. There are two key initiatives at the center of the Care Management System work that are focused on the relationship between the hospital and primary care, and will also include home health, mental health, and other providers in the future.

First, we have developed and implemented a Shared Care Plan that can be used to coordinate care for patients with complex medical needs. The Shared Care Plan was developed using patient identified health goals and can be accessed by all members of the health care team. This tool is also available to support the needs of all patients, without regard for payer. Currently there are over 120 patients who have active Shared Care Plans in place.

The second major initiative of the Care Management System is the alignment of inpatient and outpatient care teams that provide longitudinal provider-patient and provider-provider relationships. Inpatient care has been shifted to a patient based provider assignment, instead of a unit based assignment. This model allows patients to have the same team of physicians, case managers, social workers, and therapists working with them each time they are admitted, regardless of the unit or bed to which they are assigned. Additionally, the team assignments are aligned with the patient's primary care physician. As long as the patient has the same primary care provider, they will have the same inpatient team. This model allows for inpatient and outpatient teams to collaborate more effectively and efficiently, improving continuity of care and mutual accountability for the long-term health status of our shared patients.

Rutland Regional Medical Center has not assumed any upside or downside risk. Our projections assume that we will meet the projected cost of care targets for the 2019 Medicaid model. We have an operable Clinical Integrations Committee that is working to manage care between primary care and hospital services with the goals of decreasing utilization and improving quality.

b. *How much money will the hospital be at risk for in FY 19?*

Based on the limited data modeling, we calculate the maximum risk/reward to be \$1.2 million. This is based on the current risk corridor of 100% of a 3% corridor.

When you include the administrative cost of OneCare, and the primary care payment enhancements, our total downside risk is \$2.4 million with minimal upside risk.

i. *What will happen if a hospital loses that money?*

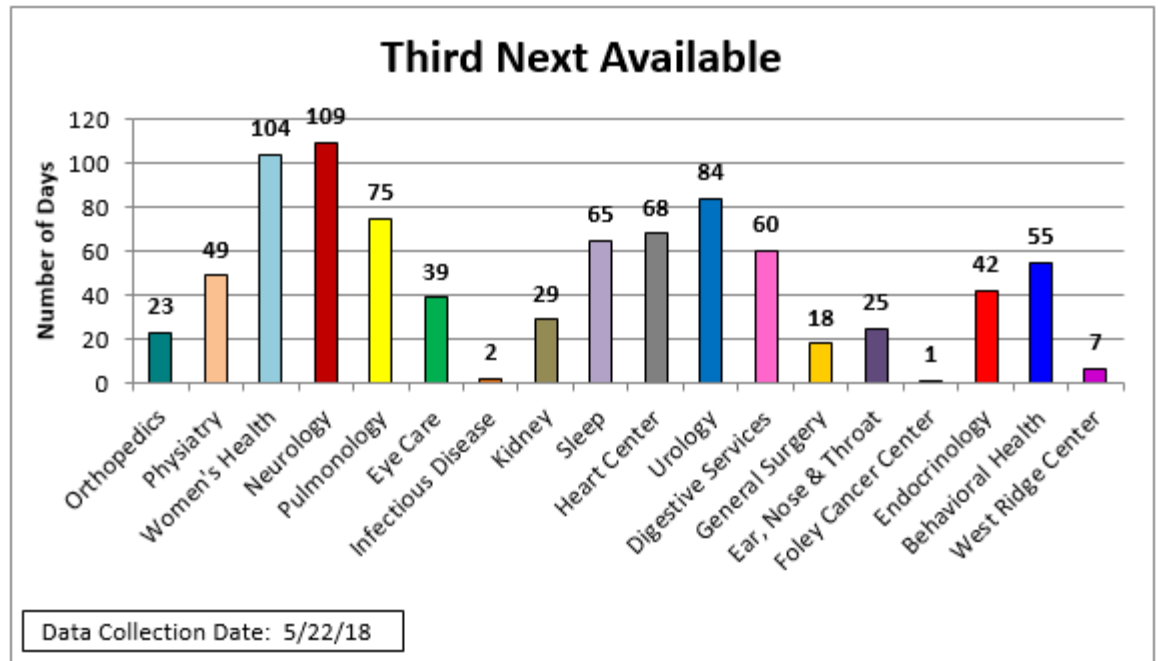
Any loss and risk realized from risk based contracts will be supported by our existing cash balances and accumulated net income. Rutland Regional Medical Center does not have a reserve account that supports this risk and potential payment settlement.

ii. *How will the hospital fill in this gap, if necessary, without increasing rates?*

In the event that we do realize a significant loss of revenue and payments, Rutland Regional Medical Center will have to consider improvement options the following year, to include care management initiatives and rate increase considerations.

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?*

Rutland Regional Medical Center monitors access to care through the tracking of wait times for outpatient clinic services (see chart below using the IHI Primary Care Third Next Available appointment definition) and emergency department holds (see response to Question 4 above).



In relation to inpatient services, we have a robust utilization management process which assures that patients meet InterQual criteria for inpatient admission and length of stay. Additionally, as part of our collaborative work as community partners on a comprehensive care management system, we track readmission rates and avoidable emergency department utilization.

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.*

At Rutland Regional Medical Center shared decision making is a process in which both the patient and physician contribute to the medical decision-making process. It is not simply a program, but rather a philosophy of care. Our providers are expected to explain the risks, benefits, and limitations of various treatment options available to patients for treatments. At the surgical level, this is the expectation of the informed consent process. At the medical treatment level, it is an expectation of proper physician communication. The informed consent process for procedures is an important shared decision-making process. All physicians performing procedures at Rutland Regional Medical Care are expected to utilize shared decision-making techniques when obtaining informed consent. We measure compliance with the informed consent process, which was 99.9% for the last 12 months. We also measure patient-physician communication. This ensures that patients are feeling well communicated with regarding their care and their ability to take part in shared decision-making processes for their care. Our patients rated our communication with physicians (HCAHPS) at the 91st percentile in our most recent quarter (Quarter 2 FY 2018, ended 3/31/2018). We do not have data on cost savings or clinical quality improvement from these initiatives.

b. *What is the extent of your Choosing Wisely initiative(s), if any?*

“Choosing Wisely” is an excellent program for reducing unnecessary utilization. We have multiple clinical variation reduction initiatives that are modeled after some of the tenants of “Choosing Wisely” occurring at Rutland Regional Medical Center in the physician group. We have point of care access to “UpToDate” imbedded in our Electronic Medical Record. “UpToDate’s” recommendations are consistent with “Choosing Wisely’s” initiatives to ensure appropriate utilization and clinical variation reduction. Some examples of recent clinical variation initiatives, that dovetail with “Choosing Wisely”, include: 1) work in our Total Hip and Total Knee Replacement Programs; 2) Antibiotic Stewardship Program; and 3) our communications with Primary Care Providers in our community regarding appropriate utilization of secondary imaging modalities, including musculoskeletal MRI and cardiac imaging modalities.

c. *What are you doing to ensure/increase provider buy-in in these programs?*

Clinical variation reduction initiatives are an expectation of our corporate action plan. Various medical staff sections are expected to work on clinical variation reduction initiatives to continually improve quality and reduce unnecessary utilization.

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.*

Refer to Appendix I (Financial Assistance Policy)

Refer to Appendix J (Financial Assistance Application)

Refer to Appendix K (Summary)

a. *Please provide the following data by year, 2014 to 2018 (to date):*

i. *Number of people who were screened for financial assistance eligibility;*

Rutland Regional Medical Center does not track the number of people screened. We only track the number of people who submit a free care application. Our screening process includes the following steps:

1. All self-pay and underinsured patients, identified during the pre-registration process, are offered assistance from Financial Counselors to support enrollment in Medicaid or in the Rutland Regional Medical Center free care program.
2. Financial Counseling offers, to all inpatients who are self-pay or underinsured, support with enrollment in Medicaid or to complete a free care application.
3. All patients presenting directly to our Financial Assistance office are offered financial counselor support for enrollment in Medicaid or the Rutland Regional Medical Center free care program.
4. Any patient who states that they are unable to pay their medical bill during a collection call is offered financial counselor support to enroll in Medicaid or the Rutland Regional Medical Center Free care program.

We feel that it is also important to note that all our financial counselors are Certified Application Counselors (CACs), or Navigators who are trained and certified by Department of Vermont Health Access, to help Vermonters enroll and maintain health coverage through Vermont Health Connect or Green Mountain Care.

ii. *Number of people who applied for financial assistance;*

See graph below – purple line.

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

See graph below - reported as two lines New enrollments and Renewals (blue and green lines).

Rutland Regional Medical Center does not track financial assistance by level of financial assistance received.

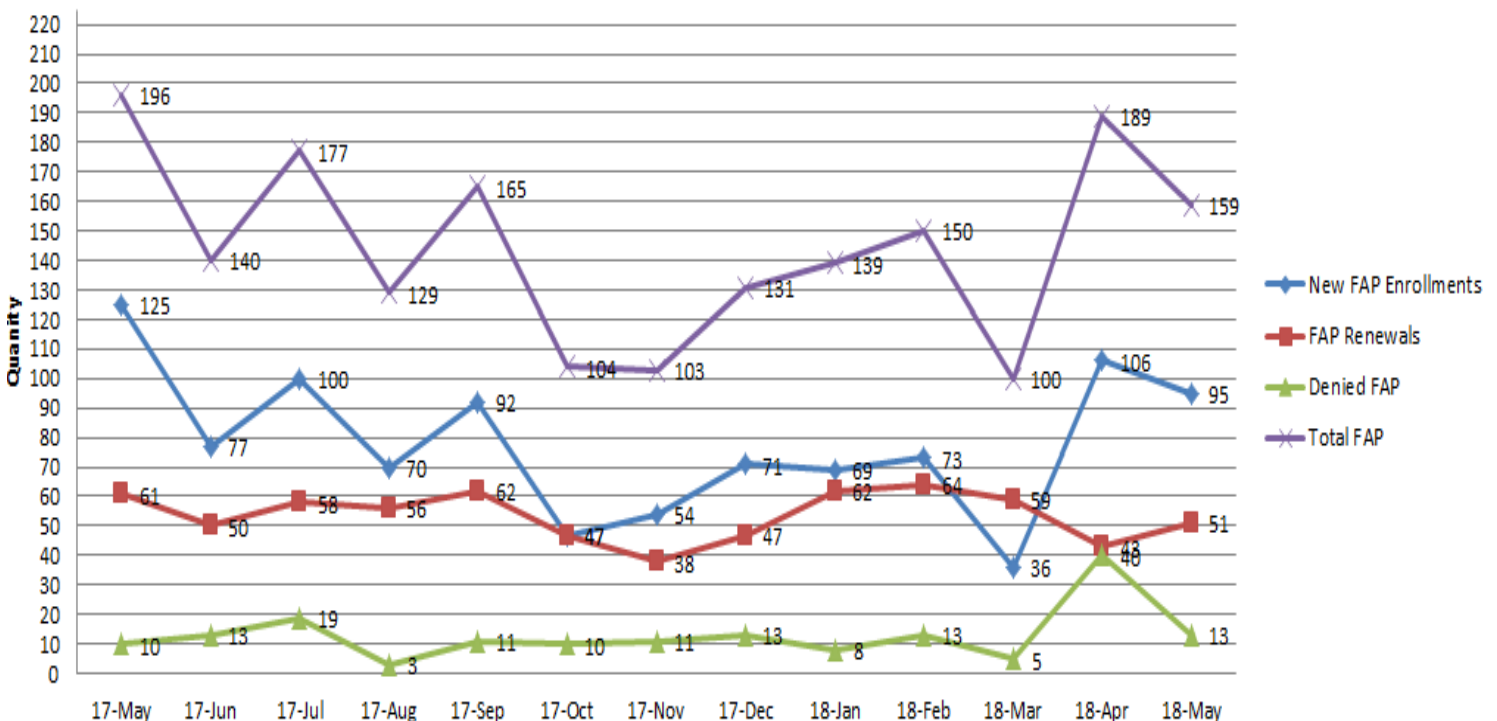
iv. *Number of people who were denied financial assistance by reason for denial.*

See graph below – green line.

Rutland Regional Medical Center does not track denial by reason code, but will state that most of the time the application is denied for failure to complete the application and provide documentation.

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.*

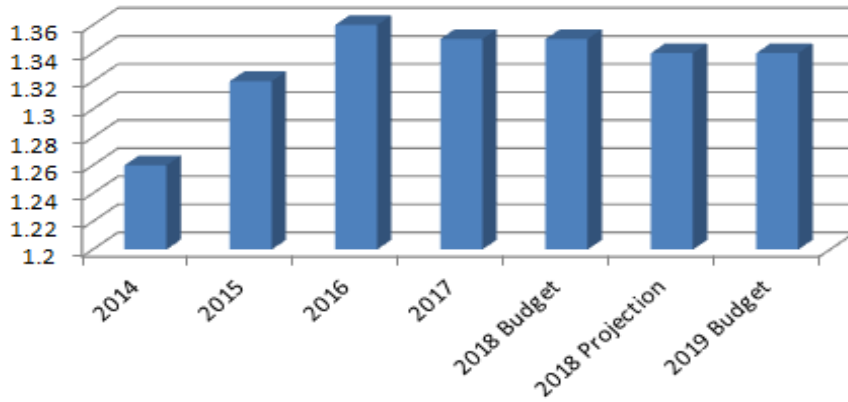
FAP Applications



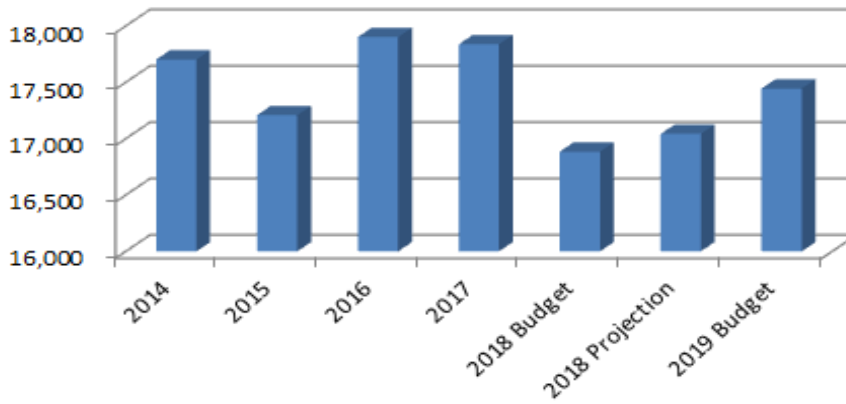
10. *For the hospital's inpatient services, please provide your all-payer case mix index, number of discharges, and cost per discharge for 2014 (actual) through the present (2018 budget and projected) and 2019 (budget).*

See chart next page.

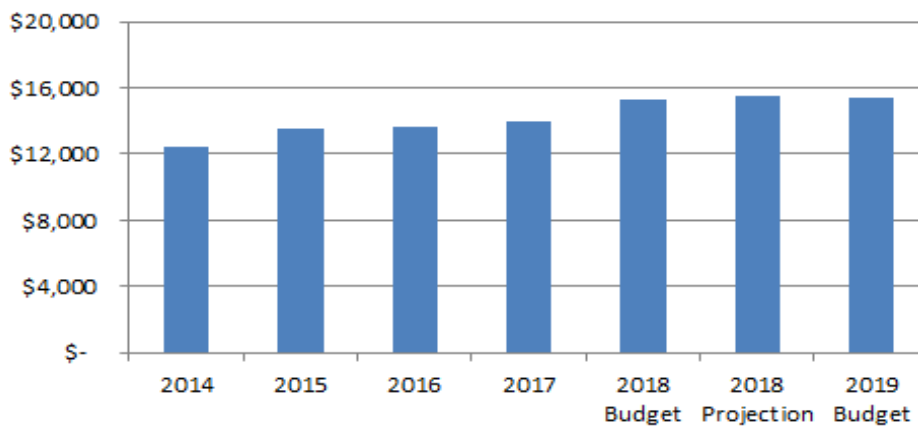
All Payer Case Mix Index



Adjusted Discharges



Cost per Adjusted Discharge



- 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 the 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.*

Based on the difference in payment structures between State/Federal payers and Commercial payers not all payers participate in rate increases to the same degree, the result is a shift in cost from between payers. The extent of the cost shift is unique to each hospital and is dependent upon their rate requests and individual contracts with commercial payers. As Rutland has reduced rates the requirement for Blue Cross to cover an increased cost shift has been significantly mitigated. Rutland Regional Medical Center has reduced prices three times: April 2016, October 2016 and May 2017. Considering the reductions, in aggregate, total gross revenue was reduced by \$27.7 million and net revenue was reduced by \$7.9 million. The overall impact to Blue cross was \$6.1 million. Taking into account the last three rate decreases, the October 2017 rate increase of 4.9% and the requested October 2018 rate increase of 3%, Rutland Regional Medical Center's net rate increase in the last three years has only been 1.7%.

- 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*

Refer to Appendix B (includes responses to a-e below)

- a. *The goals of the program;*
- b. *Any evidence you have collected on the efficacy of the program in meeting these goals;*
- c. *Any other outcomes from the program, positive or negative;*
- d. *Whether you have continued the program and why;*
- 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.*

APPENDIX B

Rutland Regional Medical Center
 Health Care Reform Investments Updates
 Fiscal 2016 - Fiscal 2018

Fiscal 2018

Proposed Investment	Planned Investment	Target Population	Implementation Partners	Health Care Reform Goals	Project Status / Outcome
Emergency Department Social Work	\$ 82,800	ED High-risk Patients	RRMC Internal	Improve care coordination for high-risk and high utilizers. Reduce ED utilization	Ongoing: ED Social work has been in place full-time since the beginning of the year. This newly created position has been instrumental in addressing the needs of high utilizing patients. We continue to see a reduction in the frequency of visits by our highest utilizing patients.
Care Management System Director	\$ 80,300	All shared RRMC/CHCRR Shared patients	CHCRR	Coordination of care between primary care and hospital	Ongoing: The Care Management System Director position has been hired with costs shared between RRMC and CHCRR.
Medication REACH Program	\$ 289,000	All Inpatients	RRMC Nursing Units	Reduction in readmissions related to medications	Ongoing: All planned staff have been hired, including three pharmacy technicians and supervising pharmacist time. Staff have been trained and are now providing medication reconciliation for every patient admitted to the hospital through the Emergency Department. In the four months of full operation the program has conducted more than 1,800 medication reconciliations. We estimate that this service has resulted in more than 10,000 significant changes in patient medication histories and more than 2,000 updates to patient allergy histories.
PSIU Peer Specialist	\$ 37,000	Psychiatric Patients with SPMI and ED	RRMC Internal; Community Advisory Committee	Reduction of readmissions; shortening of time to medication; lower LOS; reduction in EIPs	Ongoing: As planned, two part-time peer specialists have been hired and are orienting on the inpatient psychiatric unit. The hiring process included staff, peers, and members of the Community Advisory Committee
IT Support for Community Care Management	\$ 75,000	All shared RRMC/CHCRR Shared patients	CHCRR	Coordination of care between primary care and hospital	Ongoing: Work to develop a community-wide shared care plan that will be hosted in RRMC's EMR is well underway. This tool became available for use on 4/2/2018.

Transitions of Care - Care Manager	\$	100,000	High Risk Patients	CHCRR	Coordination of care for high risk patients.. Reduce Readmits	Ongoing: A Care Management Social Worker has been hired to support coordination of care and communication between inpatient and primary care offices. This is an expansion of a program that demonstrated clear results from increased care management post hospital discharge for our most complex patients.
Come Alive Outside	\$	20,000	Population Health	Come Alive Outside	Improve the health of the community	Ongoing: Additional activities being planned for early spring
BluePrint Shortfall	\$	151,300	ALL Shared Hospital/PCMH patients Coordination			Ongoing: A Care Management specialist has been hired to support coordination of care and communication between inpatient and primary care offices
SBIRT Year 3 Shortfall \$47,300	\$	146,055	SA Patients in the ED	RRMC ED	Reduction in SA use of ED; Connection of patients to follow-up care	Ongoing: Although State funding for this program ended on June 30, 2018, RRMC is working to integrate these staff and the core SBIRT functions into the Social Work staffing for the Emergency Department beginning in July, 2018. We are also working with Primary Care partners to develop SBIRT services as part of routine, integrated, health screening outside of the Emergency Department.
Community Grant Program Admin	\$	92,000	Population Health	RRMC James T. Bowse Health Trust	Support for the Administration of the James T. Bowse Health trust	Ongoing: This program provides a minimum of \$300,00 in grants to community organizations to support programs that are in alignment with the CHNA priorities.
Total Investment	\$	1,073,455				

Fiscal 2017

Proposed Investment	Planned Investment	Target Population	Implementation Partners	Health Care Reform Goals	Project Status	
Case Management in the Emergency Dept.	\$	160,000	ED High-risk Patients	RRMC Emergency Department	Coordination of care between primary care and hospital	Ongoing: Added two RN Case Managers to work with patients in the Emergency Department, focusing on reducing unnecessary utilization and increasing successful transition to outpatient follow-up.

Case Management for Transition of Care	\$	100,000	At risk discharged patients	RRMC Case Management	Coordination of care after discharge to include medication management, home safety checks, nutrition, checks, etc.	Ongoing: We have fired a full time RN who supports the transition of care for the most medically complex patients. In 2017, this program achieved a readmission rate of 9.9% for the 111 patients seen in this program which is significantly better than the general Medicare readmission rate. This program is being expanded in 2018 based on these results.
Clinical Social Workers in Specialty Clinics	\$	111,000	At risk patients in specialty clinics)	RRMC Specialty Clinics	Enables screening and support of 'whole person' healthcare needs (depression, family issue support, substance abuse)	Ongoing: One Social Worker was hired in Fiscal 2017 in the Multispecialty Clinics (Pulmonary, Sleep, Infectious Disease), one in Women's Health and in Cardiology
Member of the ACO (Assessment Fee)	\$	54,750				Ongoing:
Community Grant Programs	\$	330,000	All community members	RRMC Community Health Team	Providing support for various community programs that address sexual abuse prevention, substance abuse recovery, healthy eating, etc.	Ongoing:
Healthy Homes	\$	36,000				
IT Support for Community Care Management	\$	158,250	All shared RRMC/CHCRR Shared patients		Coordination of care between primary care and hospital	Working to develop a community-wide shared care plan that will be hosted in RRMC's EMR.
Total Investment	\$	950,000				

Fiscal 2016

In Fiscal 2016 our Net Patient Service Revenue (NPSR) increase from budget to budget was 4.06%. RRMC included two exceptions to the 3% allowed increase related to physician transfers. Marble Valley Urology and Marble Valley Eye Care. Excluding these two transfers, our net revenue increase budget to budget was 2.98%, which is below the state allowed increase of 3%.

APPENDIX I

RUTLAND REGIONAL MEDICAL CENTER	Page 1 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
TITLE: Financial Assistance Program	PREPARED BY: Roxanna Fucile
	ENDORSED BY: Judi Fox, CFO
	APPROVED BY: System Finance Board
	APPROVED DATE: 08/18/15
	NEXT REVIEW DATE: 10/1/2019
JOINT COMMISSION STANDARD:	CMS FED#:

A. SCOPE: Rutland Regional Medical Center

B. PURPOSE:

This policy and the Financial Assistance Program (FAP) outlined herein are intended to address the interests of providing access to care to those without the ability to pay and to offer a discount from billed gross charges for those who are able to pay a portion of the costs of their care. This policy sets forth the process for determining patient eligibility for financial assistance (a/k/a charity care, free care or discounted care) for the population of our community and to ensure that Rutland Regional will not discriminate in the determination of eligibility on the basis of race, color, creed, sex, sexual orientation, religion, age, or handicap. Applications will be processed and approval will be determined based on specified criteria. If approved, patient's obligation to Rutland Regional may be reduced or eliminated for a period of time as specified.

C. POLICY:

It is the policy of Rutland Regional to follow federal poverty household guidelines in making reasonable efforts to determine eligibility for patient financial assistance before pursuing collection actions.

For services provided by a professional not employed by Rutland Regional (oncologist, pathologist, radiologist, and/or anesthesiologist), these services will be billed to you separately from the hospital and are excluded from Rutland Regional's Financial Assistance Program. A list of providers covered under FAP can be provided upon request.

Eligibility is provided to patients where the following applies:

- You must be uninsured, underinsured, ineligible for any government healthcare insurance programs, or under financial hardship.
 - For Vermont residents whose household income is lower than 133% of the Federal Poverty Level, the patient must apply for Vermont Medicaid.
- The services provided to you must be medically necessary.
 - Examples of non-medical necessary exclusions in our financial assistance program includes: pharmacy, cosmetic surgery, vision enhancing intraocular lenses, life line, hearing aids and associated products, investigational services or where an Advanced Beneficiary Notice (ABN) was signed.

NAME:	rtf	AEM	rtf		
REVIEWED:					
REVISED:	2/24/16	6/19/17	1/26/18		

RUTLAND REGIONAL MEDICAL CENTER	Page 2 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- All insurances to include workers compensation and auto insurances must have been billed and benefits paid to Rutland Regional Medical Center, as well as, all insurance guidelines/plan provisions must have been followed such as obtaining a preauthorization.
- Proof of household income and family size is required along with a completed application. Your eligibility must meet the financial assistance criteria based on household income and asset calculations as compared to the Federal Poverty Level.
 - Examples of required documentation include Social Security or Disability benefit statement, Unemployment or Pension/Annuity benefits, food stamps, housing subsidy, ANFC, SSI, Federal Income Taxes, Business Taxes Returns, bank statements showing liquid assets and any other extenuating information to show special circumstances.
 - Individuals included in household size need to be a dependent on the federal tax return provided.
 - Examples of liquid assets include cash, savings, checking, and CD's.
 - Assets such as primary residence, rental property, and personal property such as vehicles, furniture, or livestock are not considered in determining eligibility.
- Catastrophic assistance is applicable when expenses exceed 20% of the household income.

The income guidelines will be reviewed on an annual basis based on the changes in the Federal Poverty Guidelines.

This policy and the FAP set forth herein constitute the official financial assistance policy within the meaning of section 501(r) of the Internal Revenue Code for Rutland Regional as approved by Rutland Regional's System Finance Committee and Board of Directors.

No FAP eligible individual will be charged more for emergency or other medically necessary care than the amounts generally billed. Rutland Regional is required to provide individuals who come to Rutland Regional's emergency department care any treatment for emergency medical conditions without discrimination as may be required to stabilize the medical condition pursuant to Rutland Regional's EMTALA-Medical Screening and Stabilizing Treatment Policy Care must be provided regardless of the individual's ability to pay or FAP eligibility.

D. DEFINITIONS:

- Advanced Beneficiary Notice (ABN): also called a "waiver of liability" – is a notice that Medicare providers and suppliers are obligated to give to an Original Medicare

RUTLAND REGIONAL MEDICAL CENTER	Page 3 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

enrollee when they find that Medicare does not cover the services the enrollee requests.

- Alcohol and Drug Abuse Program (ADAP): A program administered by the VT Dept. of Health to help Vermonters prevent and eliminate the problems caused by alcohol and other drug use. This program is limited to those individuals that are uninsured (they are not covered by insurance).
 - Amounts Generally Billed (AGB): AGB is the average amount paid by all private health insurers, Medicare, and Medicaid for emergency or other medically necessary patient services. Rutland Regional uses the “look back method” as defined in section 501 (r) (5) (b) (1) of the Internal Revenue Code. Rutland Regional will limit amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under this policy to not more than AGB. Rutland Regional will update the AGB annually. For FY2017 the AGB discount is 54.0%. The AGB will be updated annually within 120 days of Rutland Regional’s fiscal year end.
 - Annual Out of Pocket Maximum: The maximum amount a patient is responsible to pay for services received at Rutland Regional each year. If patient is FAP-eligible, this amount will not exceed 20% of the household income which is consistent with the definition of catastrophic encounters.
 - Application Period: the period during which the hospital accepts and processes FAP applications. This period begins with the date of the first post-discharge billing statement and ends 240 days after Rutland Regional provides the individual with their first post-discharge billing statement.
 - Authorized Representative: you can give a trusted person permission to talk about the Vermont Health Connect application, your information, and act for you on matters related to the Vermont Health Connect application.
 - Bad debt means a debt that is not collected and is worthless to the creditor.
 - Catastrophic Encounter: A balance owed by a patient that exceeds 20% of the patient’s household income.
 - Charged: only the amount the FAP-eligible individual is personally responsible for paying, after all deductions, discounts (including discounts available under the FAP), and insurance reimbursements have been applied.
 - Co-insurance means the percentage of total charges that a person is required by their insurance to pay out-of-pocket.
 - Commercial Payer: any insurance payer other than a State or Federal Insurer such as Medicare or Medicaid. Examples: BCBS or MVP.
 - Contractual Adjustment means a discount as a result of the contractual arrangement with an insurance carrier. Rutland Regional will bill most insurances (exception: Killington Medical Clinic and their out-of-country patients) and does not have a contract with all insurances.
 - Copay means a set fee for services that a person must pay at each visit. The amount of the copayment is determined by the person’s health insurance carrier;
-

RUTLAND REGIONAL MEDICAL CENTER	Page 4 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- Creditor: Is a person or organization to which money is owed by a debtor (Rutland Regional is a Creditor).
 - Debtor: Is a person who owes a creditor; someone who has the obligation of paying a debt (Rutland Regional's customers are debtors).
 - Extraordinary collection actions (ECA): ECAs are actions taken against the patient related to obtaining payment of a bill for care covered under Rutland Regional's FAP that require a legal or judicial process or involve selling an individual's debt to another party or reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. Examples of ECAs include, but are not limited to: place a lien on an individual's property; foreclose on an individual's real property; attach or seize an individual's bank account or any other personal property; commence a civil action against an individual; cause an individual's arrest; cause an individual to be subject to a writ of body attachment; and garnish an individual's wages.
 - Financial Assistance Program (FAP): A charity care program providing access to those without the ability to pay and to offer a discount from billed gross charges for those who are able to pay a portion of the costs of their care.
 - Federal Poverty Guidelines (FPG): a simplified calculation of the official poverty population statistics used for administrative purposes, such as, determining financial eligibility for programs.
 - Guarantor means an adult receiving medical services, or the parent of a minor child (under age 18) receiving services who signs the consent for medical treatment on their behalf (not the subscriber of insurance).
 - Household: all family members or cohabitants residing in the same home.
 - Income: Gross earnings, unemployment compensation, workers compensation, social security benefits, supplemental security income, public assistance, veteran's benefits, survivor benefits, pension or retirement, interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, annuities, and child support for a household.
 - Income-eligible means a person who meets the financial criteria according to Federal Poverty Guidelines and who qualifies for particular Medicaid programs (as outlined below).
 - Indigent means poor or destitute.
 - Insurance Deductible means an amount a person must pay for healthcare expenses before insurance covers the cost; often based on a yearly amount.
 - Liquid Assets: any asset that is cash or can be easily converted to cash such as cash, checking and savings accounts, money markets, and CD's.
 - Look Back Method: a calculation used to average the amount billed over the prior 12 months to Medicare patients for a given service or the average amount billed over the same period to Medicare patients and all private health insurers.
 - Medically Indigent: Health insurance coverage does not provide full coverage for all of the medical expenses and the self-pay unreimbursed medical expenses, in
-

RUTLAND REGIONAL MEDICAL CENTER	Page 5 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

relationship to family income, would make the patient indigent if the patient were required to pay full charges for the medical expenses.

- Medically Necessary: health services and supplies that under the applicable standard of care are appropriate: (a) to improve or preserve health, life, or function; or (b) to slow the deterioration of health, life, or function; or (c) for the early screening, prevention, evaluation, diagnosis or treatment of a disease, condition, illness or injury."
- Medicare Low Income Beneficiaries Limitation: recipients with liquid assets limited to \$7,160 for a single person and \$10,750 for married couples.
- Notification Period: the period during which Rutland Regional must notify an individual about the FAP. The period begins with the date of the first post-discharge billing statement and ends 120 days later.
- Outside Collection Agency (OCA): a company hired by Rutland Regional to collect a debt that is owed.
- Prompt Pay Discount: a discount of 20% can be offered to uninsured patients if the visit is paid within 30 days of the first billing statement.
- Reasonable Collection Efforts: Notification to an individual about our FAP; in the case of an individual who submits an incomplete FAP application, we will provide the individual with information relevant to completing the FAP application; and in the case of an individual who submits a complete FAP application, we will make and document the determination as to whether the individual is FAP eligible.
- Underinsured patient: a patient that is exposed to significant financial losses due to inadequate health insurance coverage.
- Uninsured patient: a patient who is not covered under a medical insurance plan.

E. PROCEDURE:

Rutland Regional will:

1. Post information on Rutland Regional's website, <http://www.rrmc.org/patient-visitors/billing-insurance/financial-assistance/> regarding Government Assistance Programs and the Rutland Regional FAP, including copies of the FAP, FAP plain language summary, guidelines for qualification, contact information and application forms;
2. Notify patients of the FAP at the time of registration, check-in or prior to discharge. A FAP plain language summary will be provided.
3. Post "Need Help Paying Your Bill" signs in all public areas which include Financial Counselors contact information;
4. Include FAP plain language summary, guidelines for qualification, and contact information on the back of all patient billing statements.
5. Mention FAP to the individual when discussing the bill over the phone or in e-mail. FAP plain language summary brochure and application will be mailed when:

RUTLAND REGIONAL MEDICAL CENTER	Page 6 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- a. Financial Counselor is calling the patient to ask them to develop a payment plan,
- b. The patient calls to request it.

The Financial Counselor contact information is 802.747.1648 or PatientAccounts@rrmc.org to access help with FAP applications for uninsured or underinsured patients.

To pay your bill on line, please visit us at <http://www.rrmc.org/patient-visitors/paying-your-bill/>.

6. Make the FAP plain language summary brochure available and without charge;
7. Publicize the FAP plain language summary brochure at Community Health Centers of the Rutland Region and at social service agencies: Council of Aging, Park Street Health Share and Department of Children and Families, Invest EAP, and Bennington Rutland Opportunity Council Inc.;
8. Include FAP information in Rutland Regional's newsletter to staff and physicians, as well as, in annual Rutland Regional mandatory training;
9. Include FAP information in appropriate reports filed with state governments;
10. Publicize the FAP through local news media and/or social service agencies.
11. If FAP needs to be translated into another language, Financial Counselors in Patient Financial Services should be contacted at 802.747.1648 and they will arrange for it to be done.
12. The FAP application will be used to determine if patient is eligible for ADAP. Patients that qualify for ADAP must have a household income of 250% FPL or less and they do not have any insurance coverage.

Rutland Regional Registration and all Rutland Regional clinics will:

1. Offer all patients a plain language summary brochure of the Rutland Regional FAP. PreRegistration will mail plain language summary brochure and application to patient.
2. Refer patient to a Financial Counselor for assistance in completing applications for Government Assistance Programs and the Rutland Regional FAP.
3. Note on the patient's registration that this information was provided.

RRMC Financial Counselors will:

1. Attempt to contact all inpatients who are uninsured, underinsured, or have no health insurance secondary to Medicare to provide information regarding Government Assistance Programs and the Rutland Regional FAP while still receiving inpatient care.
 2. Verify insurance coverage and benefits for all patients scheduled for services, and contact those who are uninsured, underinsured, or have no health
-

RUTLAND REGIONAL MEDICAL CENTER	Page 7 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- insurance secondary to Medicare, to provide information regarding Government Assistance Programs and the Rutland Regional FAP.
3. Take appointments with patients to review guidelines for qualification and/or help complete Government Assistance Programs and the Rutland Regional FAP applications.
 4. Document in Rutland Regional's Health Information System anything pertinent to the financial assistance process.
 5. If FAP needs to be translated for those with Limited English Proficiency, Financial Counselors will contact the Vermont Interpreting and Translating Services at 802.654.1706 or 802.655.1963. If no qualified interpreter is readily available, staff will encourage the patient to use interpreter services via phone.
 6. To access interpreter services for patients who have Limited English Proficiency and/or have indicated their preference to discuss health care issues in a language other than English, staff will identify which language the patient speaks and contact Deaf Talk's telephonic interpreting services to access an appropriate interpreter. Staff will contact Security to borrow the dual handset that allows both Rutland Regional staff and the patient to communicate with the interpreter.
 7. Attempt to contact by phone all uninsured and underinsured patients to discuss the Rutland Regional FAP.
 8. The Cerner Action codes for FAP will be used in the Revenue Cycle system to identify FAP potential patients. These are the action codes to be used: applying for FAP, FAP application received, FAP Follow-up done, FAP denied and Medicaid Application Assistance done.
 9. FAP Application Hold must be applied to the encounter while application is being reviewed.
 10. Provide each uninsured and underinsured patient an application offering financial assistance through the Rutland Regional FAP and respond to any and all requests for information and assistance while applying for financial assistance.
 11. Telephone applications will not be accepted, as supporting documentation is required.
 12. When mail is returned due to an incorrect address, demonstrate that due diligence was exercised in attempting to obtain correct contact information for the patient before referring the account to an outside agency for collection due to a bad address.
 13. Review financial assistance application to include:
 - a. A completed FAP application showing required full names, demographic information, household income, and signatures.
 - b. Review proof of income based on the application. This could include:
 - Copy of current Federal Income Tax Return (FITR) with all corresponding schedules January through June
-

RUTLAND REGIONAL MEDICAL CENTER	Page 8 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- Copy of current paystubs for four pay periods July through December
- Copy Social Security statement of income
- Copy of unemployment document
- Copy of State Aid income statement (food stamps, fuel assistance, etc.)
- Copies of business ledgers, if self-employed
- For Medicare patients, copies of bank statements both checking and savings for the prior 3 months
- Proof of incarceration
- Other information as needed

14. Screen for Medicaid eligibility.

- a. If Medicaid was active for the patient (during the period of time the date of service was provided), the Financial Counselor will update the insurance information so that billing can be done within the Medicaid 6 month timely filing period.
- b. If Medicaid was not active for the patient during this period of time and
 - i. if patients household income are within the required FPL
 - ii. the amount owed is greater than \$300
 - iii. the date of service is within 3 months of the retroactive Medicaid activation period
 - iv. the date of service is within the Medicaid timely filing period of 6 months

The Financial Counselor will attempt to complete the retroactive Medicaid form with the patient. If approved, change insurance and bill Medicaid.

- c. Lastly, if the date of eligibility is
 - i. past the 3 month retroactive period,
 - ii. past the 6 months timely filing period,
 - iii. within 240 days (from 1st billing statement) of services,
 - iv. and out of pocket expenses are due

The patient will automatically qualify for financial assistance and therefore adjustments can be done without completing a FAP application. A copy of the Medicaid website showing this proof will be used in lieu of the actual FAP application.

Note: An authorized representative form can be completed if patient isn't able to help with retroactive eligibility. An example of this would be a deceased patient

15. The patient must apply for Vermont Medicaid when:

RUTLAND REGIONAL MEDICAL CENTER	Page 9 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- a. Patient is a self-pay Vermont resident whose household income is lower than 133% of the Federal Poverty Level.
 - b. Patient is a Medicare Vermont residents whose household income is lower than 100% of the Federal Poverty Level
 - c. Any exceptions to this must be approved by the Director or Manager of Patient Financial Services.
16. For any Medicare Vermont residents whose household income is lower than 90% of the Federal Poverty Level, Financial Counselor should coordinate an appointment for patient to meet with the Social Security department to apply for Supplemental Security Income (SSI).
 17. Determine eligibility based on household gross income (less insurance benefits paid out) for non-Medicare patients and on household gross income (less insurance benefits paid out) and liquid assets for Medicare patients per the Medicare Low Income Beneficiaries Limitation.
 18. In the case of self-employed applicants or S Corporations the following will be considered:
 - Cost of goods sold
 - Employee wages
 - Officer income
 - Employee benefits
 - Pension and profit sharing plans
 - Contract labor
 19. In the case of a farming applicant, the following will be considered:
 - Custom hire
 - Feed
 - Seeds/plants
 - Hired labor
 - Pension or profit sharing plans
 - Vet
 - Supplies
 20. Any patient that is deceased and has no estate (as verified in writing by Probate Court) will have their balances adjusted off in full.
 21. Any self-pay patient of the West Ridge Center for Addiction Recovery can apply for ADAP and/or FAP assistance. If patients household income is less than 250% of FPL, amounts owed can be written off to ADAP. Otherwise, 251%-500% would fall under the Rutland Regional FAP.
 22. Patients will not be eligible for financial assistance when:
 - There is an insurance carrier or other party responsible for payment.
 - The insurance carrier determined services provided were not medically necessary.
 - Any portion of the service was denied by the insurance carrier due to non-compliance of the plan provisions or was deemed not medically necessary.
-

RUTLAND REGIONAL MEDICAL CENTER	Page 10 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- The Medicare patient does not provide bank statements, when applicable.
 - The Medicare patient has liquid assets equal to or greater than \$7,160 for a single person and \$10,750 for married couples per Medicare Low Income Beneficiaries Limitation.
 - The amount owed is for a service of medical benefit, but not medically necessary. Examples include: pharmacy, durable medical equipment (DME), DME service such as hearing aids or for elective services such as cosmetic surgery or intraocular lens.
23. The Financial Counselor will complete the Financial Assistance checklist and submit to the Director or Manager of Patient Financial Services for final review and approval.
- Approval/Denial of financial assistance will be at the discretion of the Director or Manger of Patient Financial Services following the guidelines outlined.
 - Unique situations may arise and financial assistance may be jointly approved by the Director or Manager of Patient Financial Services or the Chief Financial Officer based on circumstances relative to the patient's or guarantor's ability to make payments.
 - Rutland Regional may utilize external publicly available data sources which provide information on the ability to pay.
24. In the event the application is not returned, Rutland Regional must provide each patient at least three billing statements showing balance owed for services received, as well as, one final billing statement and notification (120 days after discharge) before transferring an encounter to an outside collection agency.
25. If the individual submits an incomplete application, the Financial Counselor will send the patient a written notification indicating what is still required within 30 days and include a plain language summary of the FAP. If ECA's began, they will be suspended until determination of FAP eligibility is completed.
- If notification of required documentation is mailed to patient at the end of the application period (prior to 240 days from first post-discharge billing statement sent to patient), Rutland Regional will not begin ECA's until day 270 days from first billing statement.
 - If FAP application is denied because patient does not meet the eligibility guidelines or the patient did not send Rutland Regional the required additional documentation to complete the application within the 30 day notification, a letter will be sent to the patient notifying the patient that they were denied and ECA's will resume if payment is not made.
 - Denied applications due to household income, the patient can reapply after one year. Exceptions to this rule will be reviewed as requested for qualifying life events such as birth, divorce, etc.
-

RUTLAND REGIONAL MEDICAL CENTER	Page 11 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

- If complete FAP application is received and approved, all ECA's will be suspended and any ECA actions taken will be reversed.
 - Financial Counselor will document determination in the health information system and make adjustments to any open accounts prior to the date of FAP approval for services provided 240 days (from 1st post-discharge billing statement) and for services 1 year after the approval date, at which time new proof of income will be required.
 - The total balance will be reduced by the AGB discount first if the patient is uninsured. FAP eligible underinsured patients will not be billed more than AGB.
 - The remaining balance after AGB discount has been applied to uninsured accounts or any balances for underinsured accounts will be adjusted as appropriate using the Federal Poverty Levels.
 - If a patient's income falls at 300% of Federal Poverty Guidelines or below, they will not be responsible for any portion of their hospital bill, and Financial Assistance will be provided at 100%;
 - If a patient's income is between 301% and 500% of Federal Poverty Guidelines, the amount owed will be reduced by a certain percent as shown below.
26. Any FAP eligible encounter payments made by the patient within the application period (prior to the application approval date) will be refunded.
27. A written notification will be sent to the patient notifying them of FAP eligibility decision, FAP eligibility timeframe, and their financial responsibility.
28. Monthly billing statements will be sent to the patient if there are remaining balances owed along with contacts to obtain information on AGB and how the amount owed was determined.
-

RUTLAND REGIONAL MEDICAL CENTER	Page 12 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

2018 Federal Poverty Guidelines						
Persons in Family or Household	90% FPL for SSI	100% FPL	Medicaid 133% FPL	Up to 300% FPL	301-400% FPL	401-500% FPL
1		\$12,060	\$16,040	\$36,180	\$48,240	\$60,300
2		\$16,240	\$21,599	\$48,720	\$64,960	\$81,200
3		\$20,420	\$27,159	\$61,260	\$81,680	\$102,100
4		\$24,600	\$32,718	\$73,800	\$98,400	\$123,000
5		\$28,780	\$38,277	\$86,340	\$115,120	\$143,900
6		\$32,960	\$43,837	\$98,880	\$131,840	\$164,800
7		\$37,140	\$49,396	\$111,420	\$148,560	\$185,700
8		\$41,320	\$54,956	\$123,960	\$165,280	\$206,600
Allowed Discount		100%	100%	100%	75%	50%
Amount Owed		0%	0%	0%	25%	50%
Medicare applicants will be denied when liquid assets are more than the Medicare Low Income Beneficiary Limitation:						
				Single	\$7,390	
				Couple	\$11,090	
				Each Addtl	add \$3700	

29. All insured accounts that were approved for financial assistance will be adjusted as appropriate using the Federal Poverty Guidelines matrix shown above.
30. In addition to Rutland Regional’s FAP, Rutland Regional will automatically consider those individuals that were approved for the following when funds are available:
 - Agan Fund – Ludlow residents
 - Goodrich Fund – Maternity only
 - Fox Fund – Rutland City residents
 - As requested, PFS will provide Finance Department with a list of applicants that are eligible for the funding listed above.

RRMC Finance Department will:

1. Inform PFS when Agan, Goodrich, or Fox funding is available.
2. Apply payments to those applicants provided by PFS for the Agan, Fox, and Goodrich funds.

F. EDUCATION

All Patient Financial Service Financial Counselors are required to read and sign that they have read and understand the policy.

G. MONITORING

These accounts will be monitored on a daily basis to adjust off approved balances as indicated for the period of time financial assistance is applicable.

RUTLAND REGIONAL MEDICAL CENTER	Page 13 of 13
DEPARTMENT: PATIENT FINANCIAL SERVICES	EFFECTIVE DATE 08/18/15
SUBJECT: FINANCIAL ASSISTANCE PROGRAM	PREPARED BY: Roxanna Fucile

H. CROSS REFERENCE

Account Adjustment Policy

Billing and Collection Policy

Notify Patients Regarding the Financial Assistance Program Policy

Probate Filing Policy

I. REFERENCES

1. 42 CFR 413.89 Bad Debts, Charity and Courtesy Allowances, Medicare Provider Reimbursement Manual, CMS Pub 15 Part 1, Ch 14, 304-326
2. Patient Protection & Affordable Care Act, Internal Revenue Code Section 9007(a) Pub. L No. 111-148
3. Healthcare Education Affordability Reconciliation Act, 2010, (H.R. 4872) Pub. L No. 111-152, Amendment to Pub. L No. 111-148, Section 501(r) (5)
4. Federal Poverty Guidelines
5. Federal Register, Vol. 77 No. 123
6. Internal Revenue Code Section 501 (r) and Treasury Regulation 1.501(r) et seq.
7. Translating Service website: <http://www.refugees.org/about-us/where-we-work/vrrp/our-services/interpretation-services.html>
8. RRM Procedure for Hearing Impaired Patients
9. RRM EMTALA-Medical Screening and Stabilizing Treatment Policy

APPENDIX J

Financial Assistance Program

Financial assistance is available through Rutland Regional Medical Center to provide help with medical bills for patients who demonstrate financial need. If you are interested in applying for assistance, please complete this application and return to Patient Financial Services.

To be completed by an RRMC representative:

Date Received: _____ **Medical Record #:** _____

PATIENT INFORMATION (Please Print)	REQUIRED DOCUMENTATION
Patient Name _____ <small style="display: flex; justify-content: space-between;">First/ Middle Initial/ LastLast four digits of SSN</small>	Applications received without supporting documents cannot be processed.
Telephone (____) _____ Date of Birth _____ <small style="display: flex; justify-content: space-between;">Area CodeMM/DD/YYYY</small>	1. Does anyone in your household receive Social Security or Disability Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide current copies of current benefit statement . To obtain a copy of this, please call the Social Security office at 1.866.690.2025.
Current Address _____ <small>Place of Residence Street</small> _____ <small>Street 2</small> _____ <small style="display: flex; justify-content: space-between;">CityStateZip</small>	2. Does anyone in your household receive Unemployment Benefits or Pension/Annuity Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies of current benefit statement .
Health Insurance <i>(Check all that apply)</i> <input type="checkbox"/> BCBS <input type="checkbox"/> MVP <input type="checkbox"/> Cigna <input type="checkbox"/> None <input type="checkbox"/> Medicare <input type="checkbox"/> Other _____	3. Does anyone in your household receive any of the following assistance? <input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing Subsidy <input type="checkbox"/> ANFC <input type="checkbox"/> SSI <input type="checkbox"/> No Assistance If you selected any of the programs above, please provide copies of current benefit statements showing the amount received.
Health Insurance ID: _____	4. Is anyone in your household required to file Federal Income Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy your most recent Federal Income Tax Return(s) , including all schedules , for each member of your household and 30 days' worth of pay stubs from all employers . To obtain a copy of your tax return(s), please call 1.800.829.1040.
Presently Employed? <input type="checkbox"/> Yes: Employer Name: _____ Address: _____ Phone: _____ Length of Employment: _____ <input type="checkbox"/> No: Date Last Worked? _____	5. Is anyone in your household Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies of the most recent Business Tax Return and last 3 months of Business Ledgers showing income and expenses.
Spouse Employed? <input type="checkbox"/> Yes: Employer Name: _____ Address: _____ Phone: _____ Length of Employment: _____ <input type="checkbox"/> No: Date Last Worked? _____	6. Provide 3 consecutive months of Bank Statements for all accounts shown in the Assets section on the next page.
	7. Please provide a written statement of any other special circumstances that you would like us to know about.

HOUSEHOLD INFORMATION

How many people are residing in your home? _____

Please list everyone residing in your home and their relationship to you:

Full Name	Last Four digits of SSN	Relation to You	Employed? Y/N
1.			
2.			
3.			
4.			

If you need more space, list additional people on a separate piece of paper and attach to this application.

DEBTS (Living expenses)

Please list your household's debts:

	Creditor Name	Monthly Payment	Months Past Due
Rent			
Mortgage(s)			
Alimony			
Child Support			
Other (specify)			
Total Monthly Payments			

If you need more space, list additional debts on a separate piece of paper and attach to this application.

ASSETS

Please list your household's financial assets and provide 3 consecutive months of bank or other financial statements.

	Financial Institution	Account Number	Balance in Acct.
Checking Accts.	1.		
	2.		
	3.		
Savings Accts.	1.		
	2.		
	3.		
Other Assets (Please Specify)	1.		
	2.		
	3.		
Total Acct. Balances			

*I certify that the information provided is correct and authorize Rutland Regional Medical Center to verify employment and earnings.
This information is to be used for the Financial Assistance Program only.*

Signature of Applicant _____ **Date** _____

If you have any questions, please call our Financial Counselors at 802.747.1648 or Patient Financial Services at 802.747.1881.
Thank you for choosing Rutland Regional Medical Center for your healthcare needs.

APPENDIX K



Financial Assistance Program Summary

The physicians and staff at Rutland Regional Medical Center are committed to providing patients, families and the community with exceptional medical care in a warm and caring environment. Our vision is “To be the Best Community Healthcare System in New England” and we take this very seriously as seen through our service excellence initiatives.

What is Rutland Regional’s Financial Assistance Program?

The Financial Assistance Program outlined here is to provide access to care for those patients without the ability to pay, and to offer a discount from billed gross charges for those who are able to pay a portion of the costs of their care. Rutland Regional will not discriminate in the determination of eligibility on the basis of race, color, creed, sex, sexual orientation, religion, age, or handicap. Applications will be processed, and approval will be determined, based on specified criteria. If approved, a patient’s obligation to Rutland Regional may be reduced or eliminated for a period of time, as specified.

How Do You Apply?

If you feel you are eligible and would like an application, assistance in completing the application, or have general questions about your bill, you may contact the following:

- Financial Counselors business days between 8am and 5pm at 802.747.1648, or PatientAccounts@rrmc.org.

Or go to <http://www.rrmc.org/patient-visitors/paying-your-bill/financial-assistance/> for a Financial Assistance Program application or to view our policy and procedure.

What are the Application Guidelines?

- You must complete an application.
- Rutland Regional will make reasonable efforts to determine whether a patient is eligible for financial assistance before pursuing collection actions.
- No Financial Assistance Program eligible individual will be charged more for emergency or other medically necessary care than the amounts generally billed to insurance companies.
- The Financial Assistance Program will cover balances first billed 240 days prior to approval date and one year forward. After which a new application will be required. Any excess patient payments made during this time will be refunded.
- A written notification will be sent notifying individual of eligibility decision, timeframe, and any financial obligation.

continues on back →

- Financial assistance adjustments will be applied to all eligible dates of service based on the federal poverty level guidelines. All charges will be forgiven up to 300% of the Federal Poverty Level Guidelines. For 301-400%, there will be a 75% discount, and at 401-500%, there will be a 50% discount.
- An account balance could be sent to an outside agency for collection if 1) failure to complete the application, 2) necessary information to determine eligibility is not provided, or 3) financial assistance is denied and payment plan was not established.
- If you need assistance or help, please follow “How Do You Apply?”
- **How Do You Qualify?**
- You must be uninsured, underinsured, ineligible for any government healthcare insurance programs, or under financial hardship.
 - ▶ For Vermont residents whose household income is lower than 133% of the Federal Poverty Level, the patient must apply for Vermont Medicaid.
- The services provided to you must be medically necessary.
 - ▶ Examples of non-medically necessary exclusions to our Financial Assistance Program include pharmacy, cosmetic surgery, intraocular lens, hearing aids, and Lifeline®.
- All insurances to include workers compensation and auto insurances must have been billed and benefits paid to Rutland Regional Medical Center, as well as, all insurance guidelines/plan provisions must have been followed, such as obtaining a preauthorization.
- Proof of household income and family size is required, along with a completed application. Your eligibility must meet the financial assistance criteria based on household income and asset calculations, as compared to the Federal Poverty Level.
 - ▶ The kinds of required documentation include Social Security or Disability benefit statement, Unemployment or Pension/Annuity benefits, food stamps, housing subsidy, ANFC, SSI, Individual and Business Federal Income Taxes, bank statements showing liquid assets, and any other extenuating information to show special circumstances. Examples of liquid assets include cash, savings, checking, and CD's.
 - ▶ Assets such as primary residence, rental property, retirement accounts and personal property such as vehicles, furniture, or livestock are not considered in determining eligibility.
- Catastrophic assistance is applicable when expenses exceed 20% of the household income.

Are There Other Vermont Healthcare Coverages?

- The State of Vermont offers Medicaid and Dr. Dynasaur health insurances for those individuals that live in Vermont. Eligibility for these plans is based on household income, family size, age, and other factors. For more information on whether you would qualify for one of the plans offered by the State of Vermont, visit the Green Mountain Care website, www.greenmountaincare.org, or call 800.250.8427 business days M-F 8am-8pm.
- Vermont Health Connect offers health plans for Vermont individuals, families, and small businesses. The plans are offered at four levels: Platinum, Gold, Silver, and Bronze. The levels vary in the amount of monthly premium versus out-of-pocket costs and include preventative care, mental health services, and dental and vision coverage. Eligibility for these plans is based on household income, family size, age, and other factors. For information about plans available through Vermont Health Connect, visit their website, www.healthconnect.vermont.gov, or call 1.855.899.9600 business days M-F 8am-8pm.