APPENDIX X

Vermont Legal Aid, Inc.

Health Care Advocate Hospital Budget Guidance Questions FY2020:

1. Please provide by payer (Medicare, Medicaid, CHIP, MVP, and Cigna):
   a. Your budgeted net patient revenue (NPR) and proposed NPR change from FY2019.

	BY 2019	Proposed Change in NPR	Proposed BY 2020
Medicare (including HMO)	100,984,995	(496,000)	100,488,995
Medicaid	29,449,328	(1,660,898)	27,788,430
BCBSVT (includes OOS and TVHP)	90,539,127	3,165,785	93,704,912
TVHP (included in BCBSVT)	0	0	0
MVP	5,562,713	5,034,149	10,596,862
Cigna	14,629,373	1,666,655	16,296,028

Unable to determine NPR for segments of CHIP (i.e. OOS, CHIP, TVHP, Health Connect, etc.)

MVP and CHIP large increases due to Health Connect programs.

b. The formula(s) you used to calculate your budgeted NPR, the definition of each variable in the formula(s), and the budgeted value of each variable for FY2020.

The NPR is determined based on the Gross Revenue current and historical payer mix and service mix. Anticipated changes in service are factored in to determine total Gross Revenue by payer. The current reimbursement percentage by payer is then adjusted for known or anticipated reimbursement changes by payer. The only reimbursement changes incorporated in the Proposed Budget 2020 were in Medicare and Medicaid. For Medicare a 2.6% improvement in IP facility effective 10/1/19 and a .5% improvement in Physician effective 1/1/20 were included. For Medicaid the VHCA estimated improvement of $212% for OPPS and the 3.4% improvement in Physician IP and OP of $77,000 were both included.

c. The average ratio of the payer's reimbursement rate to Medicare's reimbursement rate.

EXHIBIT F

Financial Assistance Program Application

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)

Patient Name _____ _____
First/ Middle Initial/ Last *Last four digits of SSN*

Telephone (_____**)** _____ **Date of Birth** _____
Area Code *MM/DD/YYYY*

Current Address _____
Place of Residence *Street*

_____
Street 2

_____
City *State* *Zip*

Health Insurance *(Check all that apply)*

☐ BCBS ☐ Cigna
☐ Medicare ☐ MVP
☐ None ☐ Other _____

Health Insurance ID:

_____

Presently Employed?

☐ **Yes:** Employer Name:
Address:
Phone:
Length of Employment:

☐ **No:** Date Last Worked?

Spouse Employed?

☐ **Yes:** Employer Name:
Address:
Phone:
Length of Employment:

☐ **No:** Date Last Worked?

REQUIRED DOCUMENTATION

Applications received without supporting documents cannot be processed.

1. **Does anyone in your household receive Social Security or Disability Benefits? ☐ Yes ☐ 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.

2. **Does anyone in your household receive Unemployment Benefits or Pension/Annuity Benefits? ☐ Yes ☐ No**

   If yes, please provide **copies of current benefit statement.**

3. **Does anyone in your household receive any of the following assistance?**
   ☐ Food Stamps ☐ Housing Subsidy ☐ ANFC ☐ SSI ☐ No Assistance

   If you selected any of the programs above, please provide **copies of current benefit statements** showing the amount received.

4. **Is anyone in your household required to file Federal Income Taxes?**
   ☐ Yes ☐ 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.

5. **Is anyone in your household Self Employed? ☐ Yes ☐ No**

   If yes, please provide **copies of the most recent Business Tax Return** and **last 3 months of Business Ledgers** showing income and expenses.

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	

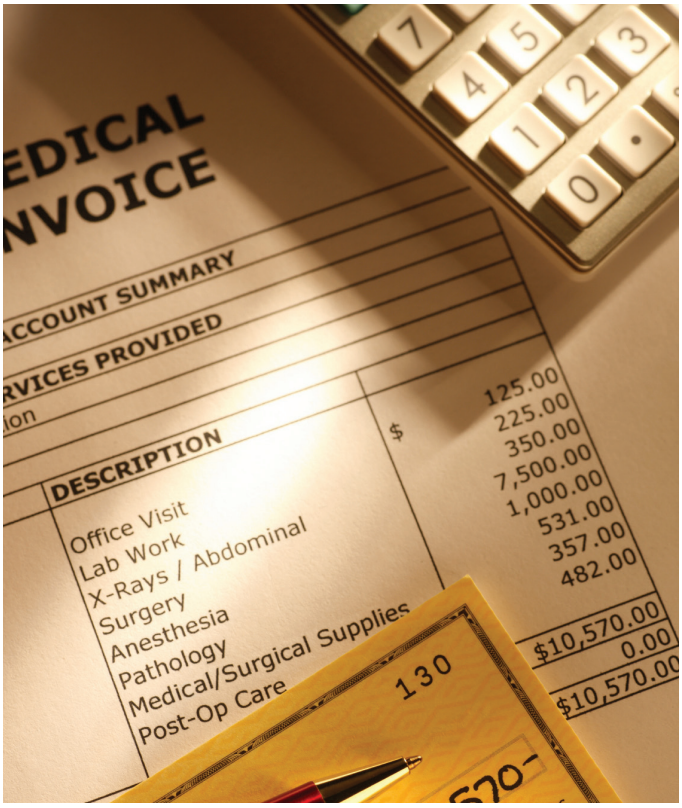
I certify that the information provided is correct and authorize Rutland Regional Medical Center to verify employment and earnings. This information is to be used for the Financial Assistance Program only.

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.

EXHIBIT G

Financial Assistance Program Summary



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.

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- 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 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.

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EXHIBIT H

RRMC Financial Assistance Policy

Rutland Regional Medical Center

Origination: *8/18/2015*
Effective: *3/7/2019*
Last Revised: *3/7/2019*
Owner: *T Eric Apjohn: MGR COLLECTIONS AND PT ACCESS*
Area: *Revenue Cycle*
Reference Groups:

Financial Assistance Program

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, under-insured, ineligible for any government health care 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.

- 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 pre-authorization.
- 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 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;
- **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 individuals' 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 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:
    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 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
        - 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
        - Medicaid Notice of Decision Letter
        - 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
        1. if patients household income are within the required FPL
        2. the amount owed is greater than $300

3. the date of service is within 3 months of the retroactive Medicaid activation period
4. 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

1. past the 3 month retroactive period,
2. past the 6 months timely filing period,
3. within 240 days (from 1st billing statement) of services,
4. 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:
    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 resident whose household income is lower than 100% of the Federal Poverty Level
    c. If denied, the patient must provide a state issued Medicaid Notice of Decision Letter, to be included with the application.
    d. 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.
    - 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.
- 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 service**s 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.

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.

EDUCATION

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

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.

RELATED POLICIES AND FORMS

Account Adjustment Policy
Billing and Collection Policy
Notify Patients Regarding the Financial Assistance Program Policy
Probate Filing Policy

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. RRMC Procedure for Hearing Impaired Patients
9. RRMC EMTALA-Medical Screening and Stabilizing Treatment Policy

Attachments:

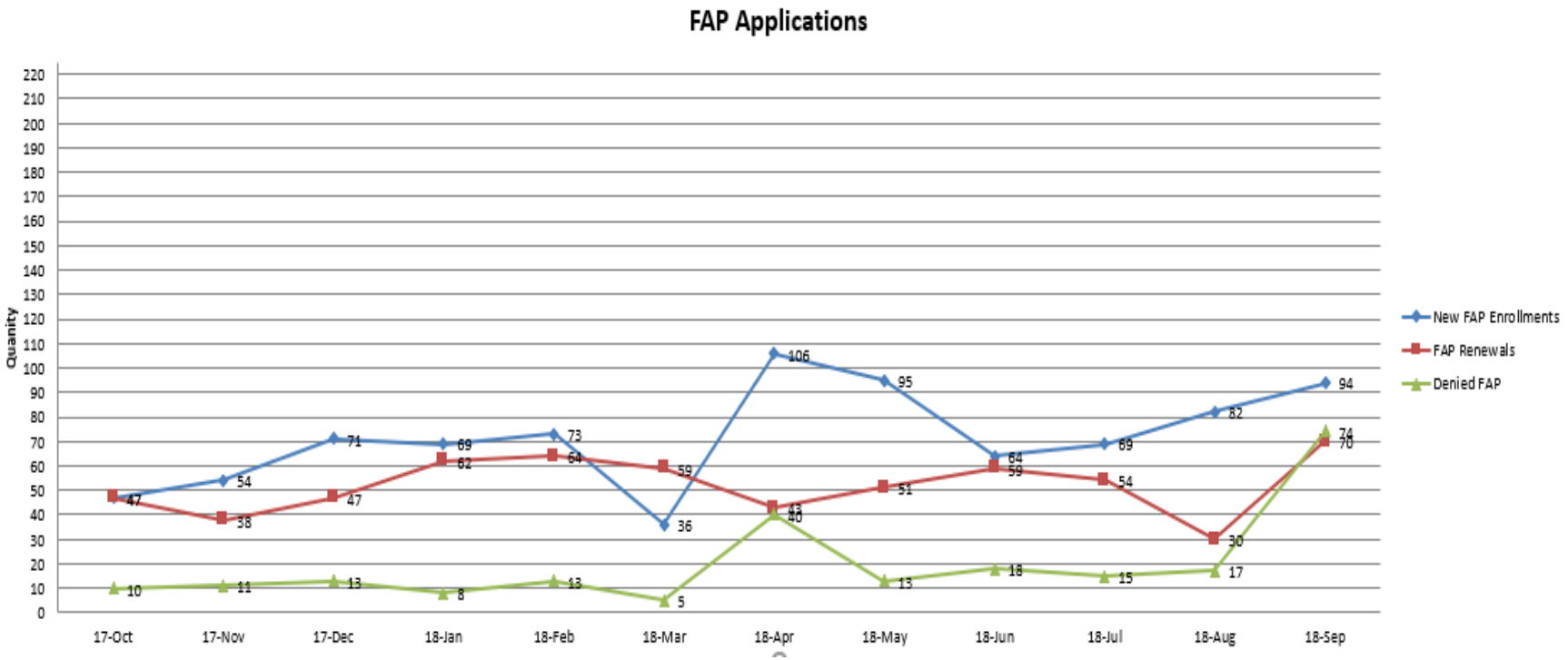
 Image 01

Approval Signatures

Approver	Date
JUDI FOX: VP CHIEF FINANCIAL OFFICER	3/7/2019
T ERIC APJOHN: MGR COLLECTIONS AND PT ACCESS	3/6/2019

EXHIBIT I

Financial Assistance Chart 1


FAP Applications
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New FAP Enrollments
FAP Renewals
Denied FAP
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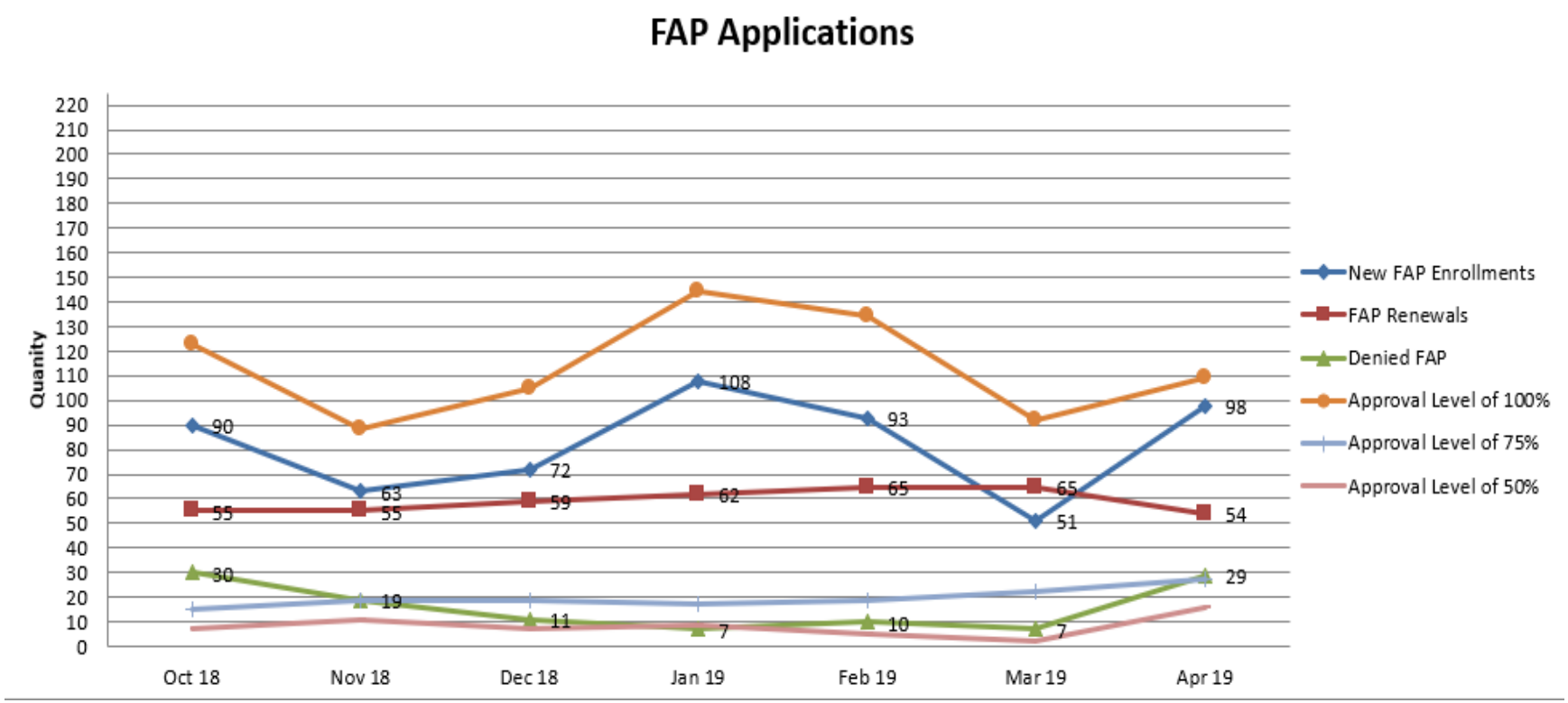
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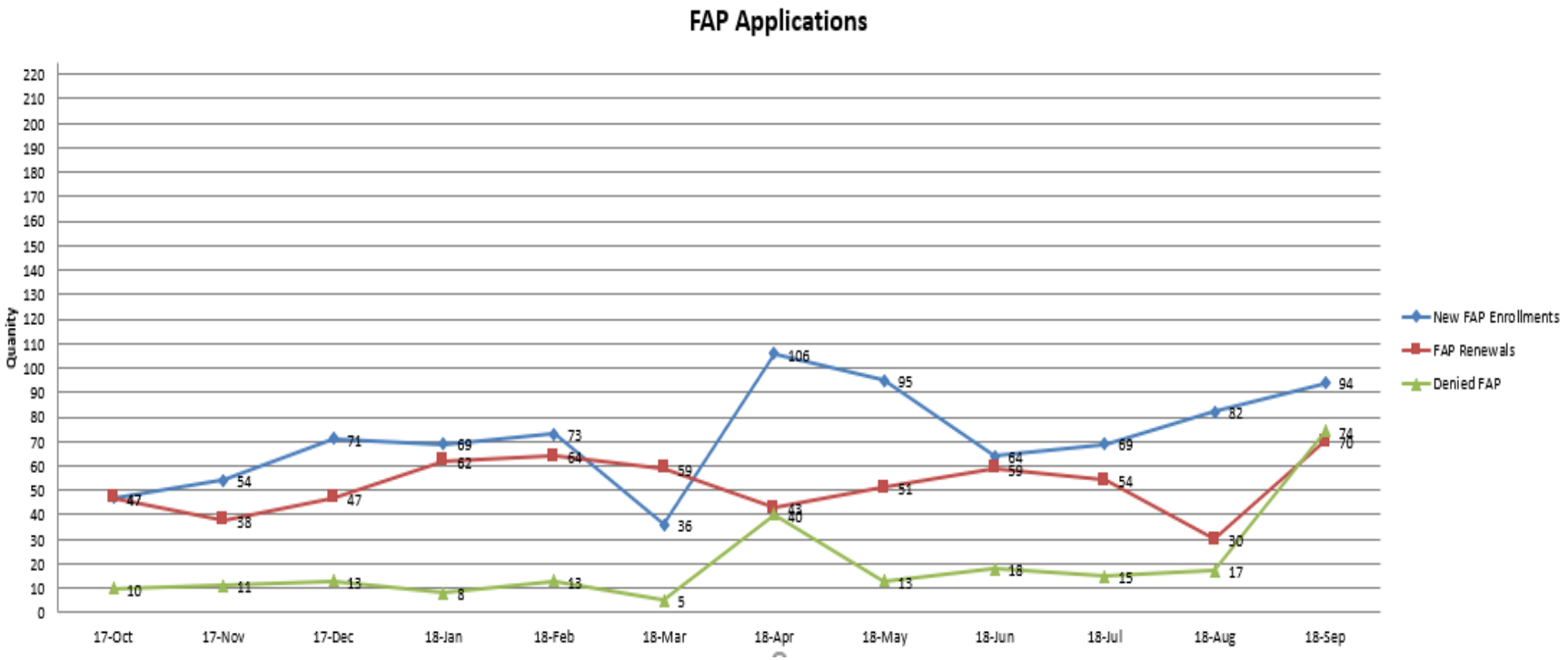
New FAP Enrollments
FAP Renewals
Denied FAP
Approval Level of 100%
Approval Level of 75%
Approval Level of 50%

EXHIBIT J

Financial Assistance Chart 2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18-Sep
New FAP Enrollments
FAP Renewals
Denied FAP
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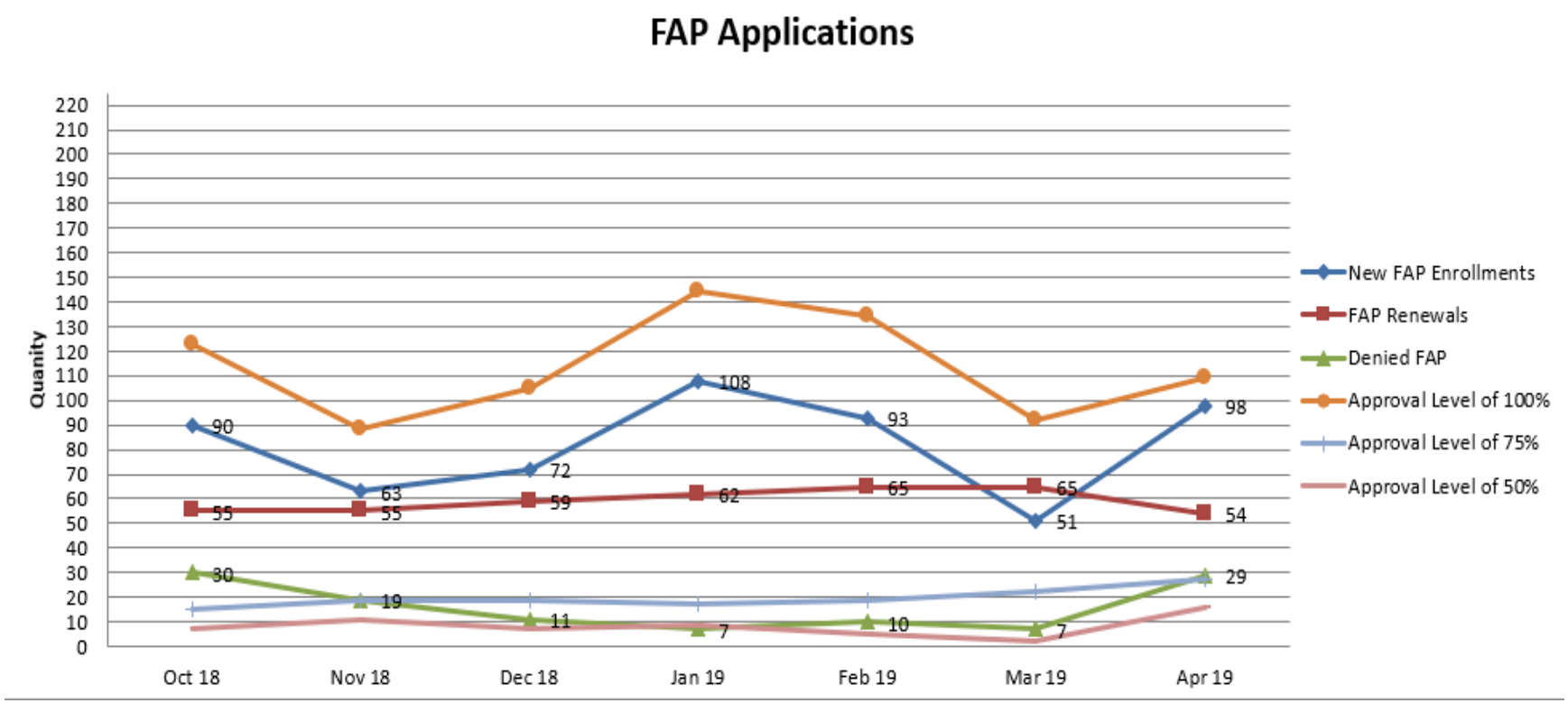
FAP Applications
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New FAP Enrollments
FAP Renewals
Denied FAP
Approval Level of 100%
Approval Level of 75%
Approval Level of 50%

EXHIBIT K

Discharges

Vermont Legal Aid
Question # 9

	2014 Actual	2015 Actual	2016 Actual	2017 Actual	2018 Actual	2019 Budget	2019 Projected	2020 Budget
Total Discharges	5,897	5,984	6,495	6,525	7,152	6,908	6,927	6,887
Case Mix Adjusted Discharges	19,513.99	21,005.61	22,400.84	22,212.87	23,617.16	23,511.57	23,523.56	23,660.70
All Payer Case Mix Index	1.2604	1.3214	1.3589	1.3578	1.3247	1.3494	1.3173	1.3173
Average cost per case mix adjusted discharge	11,239.43	11,101.63	10,876.50	11,259.84	11,352.76	11,407.97	11,625.33	11,812.61

For Proposed □udget 2020 the ratios are as follo□s:

- Medicaid 87.35%
- BC BSVT 238.02%
- TVH P □included in BC BSVT)
- M□P 286.61%
- Cigna 266.68%

2. Please delineate the hospital□s financial performance and patient distri□ution □y capitated □usiness, fee for service □usiness, and any other payment methodologies. (If you only have one type of □usiness please state □hich type.)

RRMC participates in the follo□ing types of payment methodologies:

- Fee for □ervice: Commercial and □ninsured.
- Fee for □ervice - Fi□ed Payment: Medicare and Medicaid □ho are non□attri□uted and Medicare Advantage.
- Fi□ed Payment: For attri□uted Medicaid patients □appro□imately 8, 00 lives), attri□uted □niversity of □ermont Medical Center employees.
- Fee □chedule: □lue Cross, UH C, Medicare Advantage, □igna and other commercial plans for professional fees.
- Lab Capitation: One commercial payer.

a. Please indicate □hich entities the hospital has capitated or other alternative payment agreements □ith □e.g., insurer□s), ACO)

Fi□ed Payment - OneCare □ermont
Lab Capitation - M□P

3. Please descri□e any initiatives that you have implemented to address the inade□uate access to mental health treatment e□perienced □y □ermonters.

RRMC has □een a leader in the provision of hospital □ased mental health services.

□npatient □ervices - RRMC provides services to adults through our 20- ed general admission unit and dedicated 6- ed psychiatric intensive care unit (tate □esignated □evel 1 □eds)

Outpatient □ervices - Rutland Regional □ehavioral □ealth (9 providers) offers outpatient □ehavioral health services through a team of psychiatrists, nurse practitioners, psychologists and social □or□ers. RR□□ has developed an Open Access model of inta□e that does not re□uire prior appointment or pre□registration to access care □ithin the program. Additionally, our □ntegrated □ehavioral □ealth □eam (5 F□□s) provides screening, referral, care coordination and □rief treatment □y licensed clinical social □or□ers □ithin several of our specialty care clinics.

□mergency □ervices □□ ithin our □mergency □epartment □e have a five□□ed area specially designed for the care of patients e□periencing psychiatric crisis. □irect supervision of patients at high ris□ for self□harm are supervised □y a team of trained psychiatric technicians □hile a□aiting discharge or placement. □ e continue to □or□ closely □ith the Crisis □eam from Rutland Mental □ealth to identify the most appropriate placement for patients and provide support through the social □or□staff dedicated to the □□.

a. □ hat other avenues are you pursuing to address this crisis in a sustaina□le □ay□

□taff from RRMC are leading a comprehensive□community□□ide initiative to reduce the rate of suicide in our community. □tili□ing a □ero □uicide frame□or□□ □e are implementing suicide screenings across the hospital as part of our standard nursing assessment. □hrough a grant provided □y the □o□se □ealth □rust□□e are also □or□ing closely □ith primary care and mental health providers in the community to ma□e suicide screening part of any routine health assessment. □he model also includes engagement of the □roader community including schools and human service agencies to increase a□areness□decrease stigma and ultimately reduce the num□er of people dying from suicide in our community.

□n partnership □ith Rutland Mental □ealth□RRMC has su□mitted a proposal to the □epartment of Mental □ealth and to the □ermont □eneral Assem□ly to construct and operate an eight□□ed secured residential facility in Rutland for adults recovering from mental illness.

4. Please provide data on su□stance use treatment at your hospital□including:
   a. □he num□er of patients currently enrolled in medication□assisted treatment at your hospital□

      RRMC o□ns and operates the □ est Ridge Center □hich is a federally licensed Opiate □reatment Program. □t serves as a □u□for the Rutland Region in the □tate of □ermont □u□and □po□e □ystem. As of □une 25□2019□there □ere 405 enrolled patients at the □ est Ridge Center. □he □ est Ridge Center provides open access every Monday □hich does not re□uire pre□registration or an appointment in order to access services. □hey do not maintain a □aitlist for services.

   □. □he num□er of MA□ providers employed □y your hospital□and

      RRMC employees t□o physicians □ho share responsi□ility for the 405 patients at the □ est Ridge Center.

   c. Other avenues that you are pursuing to address this crisis in a sustaina□le □ay.

      □he RRMC Community □ealth □eam manages the contracts that direct funds to support all area MA□ spo□e providers. □ e are very active in engaging primary

care and specialty care practices in maintaining the MA□ practice or □ecoming a ne□ provider. At the present time there are availa□le slots in most spo□e provider caseloads such that treatment is availa□le for most patients interested in accessing treatment. □he □ est Ridge Center maintains a close □or□ing relationship □ith all the area spo□e providers to facilitate referrals □et□een the levels of care.

5. Please provide the num□er of patient □ed days attri□uta□le to patients a□aiting placement in an appropriate □□illed □ursing Facility □ed, and average □ed days per patient, for:
   a. F□2018 (□959 days)
   b F□2019 to date. (□167 pro□ection)

□he Patient □ays a□aiting □□illed □ursing Facility Placement:

	F□ 2018	F□ 2019 YTD April
□otal Patients	52	37
Average □ength of □tay	36.8	24.4
Ma□imum □ength of □tay	325	182

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

□ e are not a□le to trac□ per unit profit for any drug spend, 340B eligi□le or not. As stated in □uestion 2, there are numerous reim□ursement methodologies that must □e considered for all services. □rac□ing reim□ursement for all individual drugs at a payer contract level □ould ta□e a significant amount of time and □ould □e at ris□ for material errors.

Overall the 340B program is e□pected to have a $10 and $11 million impact on our operating margin in 2020. □he impact is a result of t□o different programs:

- **In-house:** Allo□s discounts on purchase of pharmaceuticals provided to eligi□le outpatients.
- **Contracted retail:** RRMC pays all pharmaceutical invoice purchase costs for 340B patients and receives the reim□ursement. RRMC pays the retail pharmacies a per script fill.

□he 340B program is highly regulated □y the Federal □overnment and specifically □y the □ealth Resources and □ervices Administration (□R□A) □o ensure compliance □ith all re□uirements RRMC has engaged a 340B Oversight Committee for the purpose of providing administrative oversight, coordinating regulatory compliance audits and managing day□to□day operational support to ensure program re□uirements are met.

As stated □y □ealth Resources and □ervices Administration (□R□A) 340B drug pricing program, the 340B program ena□les covered entities to stretch scarce federal resources as

far as possi□le reaching more eligi□le patients and providing more comprehensive services. RRMC complies □ith this program criteria as □ith 340□ funding □e are a□le to offer programs in our service area that relate to su□stance a□use□□omen and childrens services□oncology□and medication management. And the 340□ program allo□s us to provide financial assistance at levels □eyond 300□ of federal poverty level.

7. Please descri□e any changes to the hospital s shared□decision ma□ing programs.
   a. For any ne□ initiatives□please descri□e the initiative s□□□hich departments participate□ho□ you chose □hich departments participate□and ho□ you plan to identify cost savings and □uality improvement.

      At Rutland Regional Medical Center shared decision ma□ing is a process in □hich □oth the patient and physician contri□ute to the medical decision□ma□ing process. □t is not simply a program□□ut rather a philosophy of care. Our providers are e□pected to e□plain the ris□s□□enefits□and limitations of various treatment options availa□le to patients for treatments. At the surgical level□this is the e□pectation of the informed consent process. At the medical treatment level□it is an e□pectation of proper physician communication. □he informed consent process for procedures is an important shared decision□ma□ing process. All physicians performing procedures at Rutland Regional Medical Care are e□pected to utili□e shared decision□ma□ing techni□ues □hen o□taining informed consent.

      "Choosing Wisely" is an excellent program for reducing unnecessary utili□ation. □ e 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" im□edded in our Electronic Medical Record. "UpToDate's" recommendations are consistent with "Choosing Wisely's" initiatives to ensure appropriate utilization and clinical variation reduction.

8. Please provide copies of your financial assistance policy□application□and plain language summary □noting any changes from your last su□mission□.

   Please note: □ffective 4/1/2019□if the patient is □ithin the Medicaid federal poverty guidelines□□e re□uire them to su□mit a Medicaid notice of decision denial letter prior to □eing approved for the financial assistance program.

   Refer to Exhibit F - Financial Assistance Program Application.

   Refer to Exhibit G - Financial Assistance Program Summary

   Refer to Exhibit H - RRMC Financial Assistance Policy

a. Please provide detailed information a□out the □ays in □hich these three items can □e o□tained □y patients□including lin□s if they are availa□le online.

□in□to detailed information on the □e□site: https://□□□.rrmc.org/patient□visitors/□illing□insurance/financial□assistance/.

□he plain language summary and application are availa□le at all chec□in locations at RRMC. For e□ample□registration□clinics□emergency room□etc. □t is also advertised on the □ac□of each patient statement □ith instructions on ho□ to o□tain these documents. □ e have also recently added advertisements for financial assistance on the front of our ne□ upgraded patient statements.

□f a patient calls the phone num□er listed on the □e□site or statement□the representative □ill also discuss and offer to mail these documents if the patient is finding it a hardship to pay their medical □ills.

□here are signs located in patient areas offering assistance □ith medical □ills□promoting the financial assistance program □ith contact information to the Financial Counseling team.

□. Please provide the follo□ing data □y year□2014 to 2019 □to date□:

i. □um□er of people □ho □ere screened for financial assistance eligi□ility□

Refer to Exhibit I - Financial Assistance Chart 1

ii. □um□er of people □ho applied for financial assistance□

Refer to Exhibit I - Financial Assistance Chart 1: dar□ □lue□red and green lines com□ined.

iii. □um□er of people □ho □ere granted financial assistance □y level of financial assistance received□

Refer to Exhibit J - Financial Assistance Chart 2: orange□□lue and pin□lines.

RRMC started trac□ing □y level of assistance received in Octo□er of 2018.

iv. □um□er of people □ho □ere denied financial assistance □y reason for denial.

Refer to Exhibit J - Financial Assistance Chart 2: green line.

RRMC does not trac□denial □y reason code □ut □ill state that most of the time the application is denied for failure to complete the application and provide documentation.

v. Percentage of your patient population □ho received financial assistance.

As a percentage of gross revenue free care is 1□.

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

Refer to Exhibit F - Financial Assistance Program Application

Refer to Exhibit H - RRMC Financial Assistance Policy

9. For the hospital□s inpatient services□please provide your total discharges□case mi□ ad□usted discharges□all payer mi□inde□□and average cost per case mi□ad□usted discharge for 2014 □actual□through the present □2019 □udget and pro□ected□and 2020 □□udget□.

Refer to Exhibit K - Discharges

10. □ast year the □oard□s hospital □udget orders instructed hospitals to negotiate □ith insurers rather than seeing the □oard□s approval as a specific set rate. Please descri□e ho□ you implemented this directive.

RRMC maintains active relationships and dialogues □ith our □hird Party commercial payors. □he ongoing communications include healthcare reform initiatives□ reim□ursement rates□net□or□e□pansion□covered services□provider credentialing and e□tends to prior authori□ation and denied claims revie□. □hroughout 2019□RRMC and □C□□of □□have □een actively engaged in developing an □pisode of Care Payment □undle for the total cost of care for □C□□□eneficiary □ip and □nee Replacements.

a. □ hat average commercial rate increase did you implement for F□2019□

□he average commercial rate increase for F□ 2019 □as aligned □ith the total hospital □MC□ approved net patient service rate increase of 2.6□.

□. □ hat commercial rate increase did you get from each commercial payer □□C□□□□□□□P□M□P□Cigna□□

□he RRMC commercial payer contracts □ere not specifically amended or renegotiated for a reim□ursement change □ased on the approved rate increase. Commercial contracts □ith a percentage of charge discount continue to reim□urse □ith the same discount percentage. Commercial contracts □ith fee□□ased or other fi□ed rate reim□ursement continued □ith that methodology.