

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

In re: )  
Green Mountain Surgery Center ) GMCB 010-15con  
ACTD LLC )

REQUEST FOR POLICY MODIFICATIONS

The Office of the Health Care Advocate (HCA) requests the following changes to policies submitted by the applicant, ACTD LLC d/b/a Green Mountain Surgery Center (GMSC), in the above-captioned Certificate of Need (CON) proceeding.

Condition 15.

*The applicant shall establish and implement a policy to provide charity care on par with the policies at University of Vermont Medical Center and Northwestern Medical Center, which shall be posted on the ASC's consumer website.*

1. We request that GMSC bring its financial assistance policy into line with those of the University of Vermont Medical Center (UVMMC) and Northwestern Medical Center (NMC), specifically:
  - a. Add a provision that patients above 400% FPL shall be considered for financial assistance if they submit a letter describing their circumstances.
  - b. Add a provision that a patient above 400% FPL shall be given financial assistance if the cost of their services is catastrophic, i.e. >35% of their annual household income.
  - c. Add a provision that patients at any income level shall be offered an interest-free payment plan administered by GMSC or GMSC's agent to pay for their treatment.
  - d. Add a provision that when an application for financial assistance is denied, the denial shall be provided to the patient in writing, include the reason for the denial, and detail how to appeal the denial.
  - e. Add a provision allowing patients to appeal a financial assistance denial.
  - f. Increase the allowed time period for patients to provide additional information related to a financial assistance application.
  - g. Remove the threat of legal action for incorrect information, which may deter patients from applying.
  
2. We ask GMSC to work with the HCA to ensure that its financial assistance policy, eligibility information, and application are clear, complete, and readable for consumers. For example, we ask that GMSC:
  - a. Include on its application form a definition of household income and a table showing the monthly income for each relevant percentage of the federal poverty level.

- b. Include on its application form contact information for assistance with the form.
- c. Amend the requirement that the free and reduced cost care policy is prominently posted in the office and on the website by adding that a patient shall also receive a copy of the policy upon request.
- d. We ask GMSC to work with the HCA to develop a plain language summary of its financial assistance policy, and to provide the summary on its website, with its bills, and to patients upon request.

Condition 14.

*The applicant shall dedicate a staff member to provide potential patients with written price estimates for their surgeries on request. In advance of surgery, the applicant will provide all patients with written disclosures that outline the total price of their procedure/ surgery and the portion of the price for which the patient will be responsible.*

- 3. We ask the surgery center to amend its benefits verification policy to include the following language (additions **bolded and underlined**).

If payer authorization is not secured within 24 hours of the surgery, the surgery center **or patient** may choose to reschedule, or **with patient consent, the surgery center** may proceed with the case.

To fulfill these requests, we ask the GMSC to meet and confer with the HCA in-person or telephonically as needed, to provide the HCA with draft changes to its policies and related materials, and to accept feedback from the HCA as long as such feedback is reasonable and in line with the conditions of GMSC's CON.

*s/ Eric Schultheis*

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