

**BMH Responses to Questions from the Health Care Advocate**  
**FY2019 Budget**

- 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?
    - BMH is a subsidiary of Southern Vermont Health Services Corp, another 501c3 not for profit organization. There are no other organizations under the SVHSC or BMH corporate structure.
  - b) Are hospital senior management paid by hospital-related entities other than the hospital?
    - Currently only the CEO and the CFO are paid by SVHSC.
  - c) Are the revenues of these entities included in your budget submission?
    - When funds are raised and collected for specific purposes, the funds are transferred to BMH.
- 2) Please describe any financial incentives/bonuses that your executives, providers, coders, and other personnel are eligible to receive that are tied to services that have the potential to increase your hospital's revenue. Please include both staff and subcontractors.
  - a) As a part of your answer, please disclose for which procedures the hospital pays providers volume-based incentives.
    - BMH does not offer financial incentives to non-physician personnel. However, BMH employed physicians participate in an RVU based productivity program based in part on MGMA regional data. It should be noted that fewer than 10% of these physicians have qualified for this incentive program.
  - b) Are these incentives the same for OneCare attributed patients as for non-attributed patients?
    - Yes
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)).
    - The hospital current has contract with OneCareVT for Medicare, Vermont Medicaid, and Blue Cross.
    - We participate with The Vermont Blueprint for Health.
    - Other than these, we have no other capitated contracts

4. Please provide data on the experience of mental health patients at your hospital, including:
- The total number of mental health beds at your hospital;
    - None
  - The range and average wait time for placement of mental health patients who report to your hospital in need of inpatient admission;
    - See table below
  - The range and average time patients have spent in your emergency department awaiting an appropriate mental health placement;
    - See table below
  - 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 table below

	<b>December 2017</b>	<b>January 2018</b>	<b>February 2018</b>	<b>March 2018</b>	<b>April 2018</b>	<b>May 2018</b>
<b>Total ED Visits</b>	<b>1,145</b>	<b>1,254</b>	<b>1,162</b>	<b>1,193</b>	<b>1,125</b>	<b>1,224</b>
<b>Total ED Mental Health Visits</b>	<b>72</b>	<b>85</b>	<b>109</b>	<b>133</b>	<b>117</b>	<b>101</b>
<b>Total ED Mental Health LOS (Hours &amp; Minutes)</b>	<b>779.1</b>	<b>731.0</b>	<b>113.2</b>	<b>1,489.1</b>	<b>1,333.4</b>	<b>1,888.9</b>
<b>Average ED Mental Health LOS (Hours &amp; Minutes)</b>	<b>10.5</b>	<b>8.4</b>	<b>10.4</b>	<b>11.4</b>	<b>11.5</b>	<b>18.7</b>
<b>Total Restraints</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>3</b>
<b>Total Seclusions</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>Total ED Emergency Evaluations</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>5</b>
<b>Total ED Patients 1:1</b>	<b>22</b>	<b>33</b>	<b>26</b>	<b>45</b>	<b>40</b>	<b>25</b>
<b>Reported (Quantros) Incidents regarding violent, aggressive, or Mental Health Patients</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>11</b>	<b>9</b>
<b>Hospital Code Greens</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>8</b>	<b>5</b>

5. Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.
  - a. What other avenues are you pursuing to address this crisis in a sustainable way?
    - BMH has instated a Regional Psychiatric Strategy Group with the Brattleboro Retreat and HCRS, our Designated Agency. This group of leaders meets routinely to improve the care and coordination of care for these patients. In addition BMH now has a Tele-Psychiatry agreement with the Dartmouth Center for Tele-Health which allows us to have telehealth consults with psychiatrists. We are working with the Brattleboro Retreat to expand this Service. We have also hired a Psychiatric Nurse Practitioner for our Emergency Department to provide further treatment resources for patients with acute psychiatric needs in our Emergency Department.
  
6. Please provide data on substance use treatment at your hospital, including:
  - See answers to GMCB Question 7.
    - a. The number of patients currently enrolled in medication-assisted treatment at your hospital;
      - Currently there are approximately 139 patients receiving MAT who are on Medicaid as reported by the Blueprint. BMH has a contractual relation with the Brattleboro Retreat for Hub and Spoke Services.
    - b. The number of MAT providers employed by your hospital;
      - In FY18 BMH employed one MAT provider. We recently had an additional clinician become x-waivered, and we have hired an additional MAT provider who will start in FY2019.
  
7. Please describe the hospital's plans for participation in payment reform initiatives in this fiscal year and over the next five years.
  - See answer to GMCB Question 2.
    - a. How do you plan to manage financial risk, if applicable, while maintaining access to care, high quality care, and appropriate levels of utilization?
      - Continue to work with OneCare staff.
    - b. How much money will the hospital be at risk for in FY19?
      - i. What will happen if a hospital loses that money?
        - See answer to GMCB Question 2.
      - ii. How will the hospital fill in this gap, if necessary, without increasing rates?
        - Depends on the magnitude of the gap.
      - 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?
        - Through OnecareVT and Blueprint analytics

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.
    - BMH has not chosen to purchase any of the Shared Decision Making Programs, but continues to work with clinicians on this concept, particularly with the issue of opiate use. The 2017 Opiate Prescribing Rule for Vermont was initiated this past year, and has required shared decision making model for the prescribing of opiates. This, as well as a narcotics task force that works on reducing MED scores, encourages provider and patient engagement with shared decision making on this issue.
  - b. What is the extent of your Choosing Wisely initiative(s), if any?
    - BMH has expanded its Choosing Wisely Initiatives with the start of a formal Antibiotic Stewardship Program. We have joined the AHRQ Safety Program for Improving Antibiotic Use affiliated with Johns Hopkins, and also became a part of the Vermont Department of Health's Antibiotic Stewardship in Vermont Healthcare Facilities Program which is affiliated with UVM. This program collects data, drives change based on data and norms and goals. In the outpatient setting, the 'choosing wisely' initiative is reviewed and discussed frequently. Dr. Tony Blofson, the Medical Director for the BMH Medical Group frequently reviews tests ordered and test denied and provides feedback to ordering clinicians (independent and employed). In the BMH Medical Group, there are very few standing orders for tests.
    - Lastly, BMH's Post-Acute Care Department reviews all standing orders on an annual basis and determines if tests are still valid and still medically necessary.
  - c. What are you doing to ensure/increase provider buy-in in these programs?
    - Review of program and discussion of progress at Medical Staff meetings and Medical Department meetings. Educational sessions with CME availability are also available.

9. Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission) as well as detailed information about the ways in which these three items can be obtained by patients.

See attached financial assistance policy, application, and plain language summary. There have been no changes since last year.

Individuals may initiate the Financial Assistance application process by contacting the BMH Community Resource Liaison in one of the following methods:

- By telephone: Please call the Community Resource Liaison at (802) 257-8814 (fax: (802) 251-8465).
- In person: Stop at the front desk of the hospital or any one of the medical group practices and inquire with the receptionist regarding applying for financial assistance. A list of addresses for the hospital and medical practices are attached to this policy.
- By mail: Please send a request to apply for Financial Assistance to the Community Resource Liaison at the following address:

Community Resource Liaison  
Brattleboro Memorial Hospital  
17 Belmont Avenue  
Brattleboro, Vermont 05301

Patients may also obtain an application from our webpage. Simply search for Financial Assistance and the financial assistance policy, application, and plain language summary will all pop up to be selected.

- a. Please provide the following data by year, 2014 to 2018 (to date):
- i. Number of people who were screened for financial assistance eligibility;
  - ii. Number of people who applied for financial assistance;
  - iii. Number of people who were granted financial assistance by level of financial assistance received;
  - iv. Number of people who were denied financial assistance by reason for denial.
  - v. What percentage of your patient population received financial assistance?

	CY2014	CY2015	CY2016	CY2017	CY2018 to date
Applied	359	209	271	274	137
Granted 100%	305	162	204	233	116
Granted Sliding Scale	41	32	63	37	17
Denied	13	15	4	4	4
<u>Reason for Denial</u>					
Over Income	10	9	4	3	2
Too many assets	1	0	0	1	1
Will not apply for Medicaid	0	2	0	0	0
Incomplete application	2	0	0	0	1
Other	0	4	0	0	0
	13	15	4	4	4
Granted as % of unique patient count	na	na	na	na	0.6%

- 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.
- Patients' family income must be at or below 350% of the current Federal Poverty Income Guidelines (FPG) for their family size. Financial Assistance is granted at 100% of eligible balances for income at or below 250% of FPG, 75% for income between 250% and 300% of FPG, and 50% for income between 300% and 350% of FPG

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).

	FY2019 Budget	FY2018 Projected	FY2018 Budget	FY2017 Actual	FY2016 Actual	FY2015 Actual	FY2014 Actual
Total Discharges	1,903	1,920	2,006	1,969	1,930	1,920	1,884
Case mix	1.23	1.21	1.23	1.15	1.23	1.14	1.14
case mix adjusted discharges	2,341	2,326	2,467	2,264	2,366	2,189	2,148
avg cost per case mix adjusted discharge	8,561	6,325	7,213	7,550	6,350	6,500	6,571

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

The cost shift is real. It is created by Government payors paying less than the cost of care. The Medicaid program taxes providers and pays significantly less than cost. The difference has to be made up somewhere else. It is not borne entirely by Blue Cross, but subscribers of commercial payors in general.

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
- The goals of the program;
  - Any evidence you have collected on the efficacy of the program in meeting these goals;
  - Any other outcomes from the program, positive or negative;
  - Whether you have continued the program and why.
  - If you have discontinued one or more of these programs, please describe how you have accounted for this change in past or current budgets.

- See the response to GMCB Question 8.

## Plain Language Summary of Financial Assistance Policy

Brattleboro Memorial Hospital is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's health care insurance benefits or financial resources.

Brattleboro Memorial Hospital's Financial Assistance program is designed to assist those patients who are either uninsured, under insured or have limited financial resources that impact their ability to fully pay for their hospital care. When making application for Financial Assistance, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veterans' Benefits or other governmental or public assistance programs.

### **A. Qualifications for Financial Assistance:**

1. Financial Assistance is limited to medically necessary services. Please note that there are certain services that are not typically eligible for financial assistance, including, but not limited to certain elective services, such as those considered cosmetic, investigational or experimental.
2. Patients' family income must be at or below 350% of the current Federal Poverty Income Guidelines (FPG) for their family size. Financial Assistance is granted at 100% of eligible balances for income at or below 250% of FPG, 75% for income between 250% and 300% of FPG, and 50% for income between 300% and 350% of FPG;
3. Patients or their guarantors must complete a Financial Assistance application and provide the hospital with verification of income. Responsible parties may be asked to disclose the identity and amounts of any assets that could be used to pay for medical expenses. **NOTE:** Income verification may be waived at the discretion of the Director of Patient Financial Services or the Director of Physician Revenue Cycle, particularly in those instances in which patients have subsequently qualified for Medicaid, or are deceased, with no estate;
4. Financial Assistance applications will be processed within thirty (30) days of the date of their receipt in our Business Office;
5. Patients have 240 days from receipt of the first bill to apply for financial assistance.

A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for emergency or medically necessary care than amounts generally billed to patients having insurance covering such care.

### **B. How to Apply for Financial Assistance or Get Assistance in Applying**

To be considered or if you have questions regarding our financial assistance programs, please contact our Community Resource Liaison at 802-257-8814, download the application from our website (<http://www.bmhvt.org>) or stop by in person at Brattleboro Memorial Hospital, 17 Belmont Avenue, Brattleboro, VT 05301.

### **C. How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application**

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request by writing to Patient Financial Services at 17 Belmont Avenue, Brattleboro VT 05301. Copies can also be found in the emergency room and admission areas of the hospital. These documents may be found online at <http://www.bmhvt.org> .

**BRATTLEBORO MEMORIAL HOSPITAL  
Brattleboro, Vermont**

**SUBJECT: FINANCIAL ASSISTANCE PROGRAM POLICY**

<b>Category</b>	<b>ADMINISTRATIVE</b>	<b>Last Review Date</b>	<b>09/26/2016</b>
<b>Division</b>	<b>FISCAL SERVICES</b>	<b>Author(s) Responsible</b>	<b>DIRECTOR, PATIENT FINANCIAL SERVICES DIRECTOR, PHYSICIAN REVENUE CYCLE DIRECTOR, FINANCE</b>
<b>Approval</b>		<b>ADMINISTRATION</b>	<b>VP OF FINANCE 09/30/2016 BMH BOARD OF DIRECTORS</b>

**I. SCOPE**

This policy applies to all Emergency Care and other Medically Necessary Care provided by Brattleboro Memorial Hospital and Brattleboro Memorial Hospital Medical Group (BMH).

**II. PURPOSE**

BMH’s Financial Assistance Program (FAP) is designed to assist those patients who are either uninsured, underinsured or have limited financial resources that impact their ability to fully pay for their care.

This policy establishes the process for determining patient eligibility for financial assistance (a/k/a charity care, free care or discounted care) for services provided by BMH, and to ensure that BMH will not discriminate in the determination of eligibility on the basis of race, color, creed, sex, age, handicap or sexual orientation.

Applications will be processed and approval will be based on specified criteria. If approved, patient’s obligation to BMH may be reduced for a period of time specified.

**III. DEFINITIONS**

**Accounts Receivable:** Outstanding balances owed by patients or insurers for services provided by BMH.

**Advanced Beneficiary Notice (ABN):** A notice that Medicare providers are obligated to give to a Medicare enrollee when they find that Medicare does not cover the services the enrollee requests.

**Allowed Payments:** Total amounts allowed by the insurer related to a claim for services performed by BMH to be paid by the insurer or by the patient (i.e., copayments, deductibles, coinsurance, etc.) or the patient’s supplemental insurer.

**Amounts Generally Billed Percentage (AGB):** The total amount of allowed payment to BMH by Medicare, Medicaid, and private health insurers expressed as a percentage of gross charges billed by BMH to the insurer. BMH utilizes the “look back method” as defined in section 501(r) (5)(b)(1) of the Internal Revenue Code. BMH will limit the amounts charged for Emergency Care or other Medically Necessary Care provided to individuals eligible for assistance under this FAP policy to not more than AGB. For the fiscal year beginning October 1, 2016, the AGB rate is 50%. This percentage will be updated annually within 120 days of BMH’s fiscal year end.

**Application Period:** the period during which BMH accepts and processes FAP applications. This period begins with the date of the first post-discharge billing statement and ends 240 days after BMH provides the individual with their first post-discharge billing statement.

**Bad debt:** a debt that is not collected and is worthless to the creditor.

**BMH:** Brattleboro Memorial Hospital facility and medical group practices.



**Charge:** The amount the FAP eligible individual is personally responsible for paying, after all deductions, discounts (FAP and all other) and insurance reimbursements have been applied.

**Coinsurance:** the percentage of total charges that a person is required by their insurance to pay out-of-pocket;

**Community Resource Liaison:** BMH employee who is available to patients inquiring and/or applying for financial assistance to assist in the application process, process applications and assist patients in enrolling in available insurance programs or other assistance.

**Copayment:** 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:** a person or organization to whom money is owed by a debtor.

**Debtor:** a person who owes a creditor; someone who has the obligation of paying a debt.

**Deductible:** amount a person must pay for healthcare expenses before insurance covers the cost; often based on a yearly amount.

**Emergency Care:** Care provided to patients of BMH presenting with an Emergency medical condition - a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part.
4. With respect to a pregnant woman who is having contractions, the term includes situations where:
  - a. There is inadequate time to effect a safe transfer to another hospital before delivery;
  - b. The transfer may pose a threat to the health or safety of the woman or the unborn child.

**Extraordinary Collection Action (ECA):** Actions taken against the patient related to obtaining payment of a bill for care covered under BMH'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.

**Federal Poverty Income Guidelines (FPG):** The set minimum amount of gross income that a family (otherwise known as a Household) needs for food, clothing, transportation, shelter and other necessities as determined by the U.S. Department of Health and Human Services.

**Guarantor:** an adult person 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.

**Indigent:** a person who is considered impoverished or destitute.

**Liquid Assets:** any asset that is cash or can be easily converted to cash including cash, checking and savings accounts, money markets, CD's, annuities, stocks, bonds and mutual funds.

**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 Care:** 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, or illness or injury. Only services considered medically necessary are covered under this FAP policy. Services not considered medically necessary include cosmetic surgery, vision enhancing intraocular lenses, hearing aides and associated products, investigational services or services where an Advanced Beneficiary Notice (ABN) was signed.

**Other Reliable Evidence:** In addition to the documents required to process an FAP application and determine eligibility, BMH reserves the right to utilize other reliable evidence to determine eligibility and grant financial

assistance. If an applicant does not have any of the listed documents to prove household income, he or she may call the BMH Community Resource Liaison and discuss other evidence that may be provided to demonstrate eligibility.

**Out-of-Pocket Balance:** A patient balance resulting from a lack of insurance coverage or a deductible, coinsurance, copayment, etc.

**OCA:** “outside collection agency” - a company hired by a creditor to collect a debt that is owed.

**Period of Enrollment:** The period of time that an approved enrollment in BMHs FAP is valid for, as measured from the date of approval. The default Period of Enrollment is twelve (12) months, although BMH reserves the right to limit the Period of Enrollment to less than twelve (12) months at its discretion.

**Plain Language Summary:** A simplified version of this FAP policy with the purpose of alerting patients to the availability of financial assistance and providing them with access to resources to facilitate application for financial assistance.

**Prompt Pay Discount:** A discount offered to uninsured patients who pay their visit balance within a specified period of time.

**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.

#### IV. POLICY

It is the policy of BMH to follow federal guidelines in making reasonable efforts to determine eligibility for patient financial assistance before pursuing collection actions, and to use Federal Poverty Income Guidelines (FPG) pertaining to income in this regard. The policy set forth in this BMH FAP policy represents the official FAP policy within the meaning of section 501(r) of the Internal Revenue Code as approved by the BMH Board of Directors.

BMH will offer financial assistance if an individual’s or family’s Income is within the specified parameters, available resources/assets are below existing guidelines, and all other means of reimbursement have been exhausted.

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

The basis for discounts provided under this FAP policy are charges for services rendered.

Some services provided by professionals not employed or contracted by BMH may not be covered under this FAP. These services will be billed to you separately from BMH. These professionals may or may not have their own FAP and policies. A list of these professionals is attached to this FAP policy. This list is subject to change. If you have any questions regarding the applicability of this FAP to services rendered by a particular provider, please contact our Community Resource Liaison at (802) 257-8814.

No FAP eligible individual will be charged more for Emergency and other Medically Necessary Care than the current AGB Rate. For uninsured patients that either do not apply or do not qualify for financial assistance under this FAP, BMH will extend a 30% Prompt Pay Discount if the visit is paid within 30 days of the issuance of the first billing statement.

BMH reserves the right to grant financial assistance based on Other Reliable Evidence not listed in this FAP policy, including instances where listed documentation was not received.

**V. PROCEDURES:**

**A. Qualifications for Financial Assistance:**

1. Financial Assistance is limited to Emergency Care and Medically Necessary Care. Patients receiving certain elective services, such as those considered cosmetic, investigational or experimental, are expected to make payment arrangements in advance, as these types of services are not covered by this FAP policy.
2. Patients’ family Income must be at or below 350% of the current Federal Poverty Income Guidelines for their family size. The following are the current Federal Poverty Income Guidelines as published by the U.S. Department of Health and Human Services along with the level of financial assistance allowed:

**2016 Federal Poverty Guidelines (FPG)**

Persons in family/ household	Percent of FPG		
	up to 250%	above 250% to 300%	above 300% to 350%
1	\$29,700	\$35,640	\$41,580
2	40,050	48,060	56,070
3	50,400	60,480	70,560
4	60,750	72,900	85,050
5	71,100	85,320	99,540
6	81,450	97,740	114,030
7	91,825	110,190	128,555
8	102,225	122,670	143,115
each add'l	+10,400	+12,480	+14,560

**Level of financial assistance**

Allowed discount	100%	75%	50%
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3. Patients or their Guarantors must complete an FAP application and provide BMH with verification of Income. Responsible parties may be asked to disclose the identity and amounts of any assets that could be used to pay for medical expenses. **NOTE:** Income verification may be waived at the discretion of the Director of Patient Financial Services or the Director of Physician Revenue Cycle, particularly in those instances in which patients may have previously or subsequently qualified for Medicaid, or are deceased, with no estate;
4. FAP applications will be processed within thirty (30) days of the date of their receipt by BMH;
5. Financial Assistance applies only to those patient accounts still in active Accounts Receivable; no Financial Assistance discount may be applied against accounts that have been forwarded to an OCA or attorney as Bad Debt.

**B. Method and Process for Applying for Financial Assistance**

How and individual applies for Financial Assistance under this Policy

Individuals may initiate the Financial Assistance application process by contacting the BMH Community Resource Liaison in one of the following methods:

By telephone: Please call the Community Resource Liaison at (802) 257-8814 (fax: (802) 251-8465).

In person: Stop at the front desk of the hospital or any one of the medical group practices and inquire with the receptionist regarding applying for financial assistance. A list of addresses for the hospital and medical practices are attached to this policy.

By mail: Please send a request to apply for Financial Assistance to the Community Resource Liaison at the following address:

Community Resource Liaison  
Brattleboro Memorial Hospital  
17 Belmont Avenue  
Brattleboro, Vermont 05301

BMH may notify the patient of the FAP at time of registration, scheduling, during or after their stay should they determine that patient does not have insurance and may qualify for financial assistance.

BMH after receiving the inquiry will contact the patient and determine their insurance status, and whether they qualify for insurance coverage and discuss with patient the application process and required documentation. A list of required documentation will be provided to the patient indicating the following:

- 1) Documentation supporting either that patient tried to obtain and has been refused all other sources of payment including insurance, public assistance or lawsuit settlement or documentation supporting the patient's current coverage in cases of high deductible or other out-of-pocket patient responsibility.
- 2) Complete copy of patient's most recently filed Federal Income Tax Return and all schedules
- 3) Prior calendar year's W-2 forms
- 4) Copies of the three (3) most recent, consecutive paycheck stubs or a statement from patient's employer confirming average pay period net pay.
- 5) Complete copies of three (3) most recent bank statements (e.g., savings, checking, money market, IRA, 401K, etc.).
- 6) Copies of unemployment or disability compensation benefits statement.
- 7) Copies of pension benefits stubs.
- 8) Copies of Social Security Income (yearly benefits statements, copy of check or direct deposit)
- 9) Copy of Food Stamp allocation
- 10) Copies of government assistance notices (including Department of Health & Human Services)
- 11) Copy of housing subsidy allotment
- 12) Business tax returns (if applicable)

Upon receipt of the above documentation and a completed financial assistance application, BMH will perform a review of the documentation and the FAP Household Income parameters above.

Financial assistance may not be denied based on the omission of information or documentation if such information or documentation is not listed above and on the FAP application form.

Evidence of a qualifying event such as a denial of insurance document or at least an attempt to obtain insurance is required in order to qualify for financial assistance. Evidence of missing open enrollment in a State or Federally subsidized insurance program is considered a qualifying event.

A financial assistance application and application checklist will be mailed to the patient. A copy of the application and checklist are attached to this policy.

Patients may either mail in the application and required documentation to the Community Resource Liaison (email and faxing is accepted) or visit the community resource liaison in person. The Community Resource Liaison is available throughout this process to answer any questions the patient may have on the FAP application process.

The patient has up to 240 days after the receipt of the first billing statement (application period) to submit a complete application including the required documentation.

The Community Resource Liaison will review the application and required documentation for completeness. If the documentation is determined to be incomplete, the Community Resource Liaison shall contact the patient notifying them of the incomplete status of their application. Initially this communication will be via telephone if possible. Failure to respond to telephone inquiries and/or failure to produce requested documentation within 30 days will result in a written notification of incomplete application which will be mailed to the patient.

Upon determination of the adequacy of the submitted FAP application form and documentation, BMH shall calculate whether and to what extent the patient qualifies for financial assistance based on Federal Poverty Guidelines.

If BMH should determine that the patient does not qualify for financial assistance, BMH shall issue a denial letter along with information on how to establish a payment plan.

If BMH should determine that the patient does qualify for financial assistance, the patient is sent an acceptance letter indicating the approval, the level of assistance, the Period of Enrollment that financial assistance is granted for and an FAP card which the patient is required to present at registration for any services.

Patients will be notified in writing of their approval or denial status within thirty (30) days of the date of receipt of the application and any required supporting documentation.

#### C. Other Procedures

Care Management, or patient registration may initiate contact between BMH and the patient regarding the possibility of financial assistance for both in-house patients and other patients.

All balances written off to Financial Assistance must be approved by the Director of Patient Financial Services, the Director of Physician Revenue Cycle, or the Vice-President of Finance.

BMH will post signs in the Emergency department, Admitting areas and medical practices with contact information regarding the BMH FAP.

BMH will provide information on the BMH website, [www.bmhvt.org](http://www.bmhvt.org), regarding Government Assistance Programs and the BMH FAP, including guidelines for qualification, copies of the FAP policy and FAP Plain Language Summary the FAP application form and checklist and contact information. A copy of the Plain Language Summary is attached to this policy.

BMH registration staff shall inform patients without insurance and those identified with large deductibles of the FAP and provide them with the Plain Language Summary, application and/or FAP policy upon request.

BMH Patient Financial Services staff shall refer patients without insurance and those identified with large Out-of-Pocket Balances to the Community Resource Liaison for possible FAP application. Patients will also be informed of FAP information on website and/or provided with the Plain Language Summary, application and/or FAP policy upon request.

## **VI. CARDIAC AND PULMONARY REHABILITATION PROGRAMS:**

For patients who attend the cardiac and/or pulmonary rehabilitation programs at our facility, but who have no insurance coverage for these services, and who would experience financial hardship in paying for these programs, there is a scholarship/grant available to lessen their financial burden. Eligible patients' family income must be at or below 300% of the Federal Poverty Income Guidelines for their family size. The scholarship applications will be processed, and patients will be notified in writing of their decision status, using the same timelines as that for the FAP.

## **VII. EDUCATION**

All hospital and medical group staff that provide customer service are required to read and sign that they have read and understand the policy.

## **VIII. MONITORING**

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

## **VIX. CROSS REFERENCE**

Patient Credit and Collection Policy

## **X. 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 2013
5. Federal Register, Vol. 77 No. 123
6. Internal Revenue Code Section 501 (r) and Treasury Regulation 1.501(r) et seq.

Brattleboro Memorial Hospital  
 Financial Assistance Program Policy

List of Addresses for the Hospital and Medical Practices

Location	Address	Town	ST	Zip	Phone:
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Hospital

Brattleboro Memorial Hospital	17 Belmont Avenue	Brattleboro	VT	05301	(802) 257-8814
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Medical Practices

BMH Orthopaedics & Sports Medicine	17 Belmont Avenue Richards Building-1st Floor	Brattleboro	VT	05301	(802) 251-8611
BMH Urology	375 Canal Street	Brattleboro	VT	05301	(802) 251-8720
Brattleboro Family Medicine	53 Fairview Street	Brattleboro	VT	05301	(802) 251-8455
Brattleboro General Surgery	19 Belmont Avenue Suite 1202	Brattleboro	VT	05301	(802) 251-8650
Brattleboro Internal Medicine	21 Belmont Avenue Gannett Building	Brattleboro	VT	05301	(802) 251-8787
Brattleboro Obstetrics and Gynecology	21 Belmont Avenue Gannett Building	Brattleboro	VT	05301	(802) 251-9965
Center for Cardiovascular Health	17 Belmont Avenue Richards Building-2nd Floor	Brattleboro	VT	05301	(802) 275-3699
Just So Pediatrics	19 Belmont Avenue Suite G102	Brattleboro	VT	05301	(802) 251-8626
Maplewood Family Practice	120 Maple Street	Brattleboro	VT	05301	(802) 254-1311
Post Acute Care Services	17 Belmont Avenue	Brattleboro	VT	05301	(802) 257-8847
Putney Family Healthcare	79 Main Street	Putney	VT	05346	(802) 387-5581
Windham Family Practice	21 Belmont Avenue Gannett Building	Brattleboro	VT	05301	(802) 251-8665

Brattleboro Memorial Hospital  
Financial Assistance Program Policy

### Providers Included in the BMH FAP

*In addition to Brattleboro Memorial Hospital, professional services from the following providers are covered under the BMH FAP.*

BMH ER Physicians	Emergency Medicine
BMH Orthopedics & Sports Medicine	Orthopedics
BMH Urology	Urology
Brattleboro Family Medicine	Family Medicine
Brattleboro General Surgery	General Surgery
Brattleboro Internal Medicine	Internal Medicine
Brattleboro OB/GYN	OB/GYN
Center for Cardiovascular Health	Cardiology
Center for Wound Healing	Wound Care
Just So Pediatrics	Pediatrics
Maplewood Family Practice	Family Medicine
Post Acute Care Services	Internal Medicine
Putney Family Healthcare	Family Medicine
Windham Family Practice	Family Medicine

### Providers Excluded from the BMH FAP

*Services provided at BMH by the following providers are NOT covered under the BMH FAP. These services may be billed to you separately and are excluded from BMH's Financial Assistance Program.*

Anesthesiology Associates of Brattleboro	Anesthesiology
Austin MD Robert	Ophthalmology
Brattleboro Primary Care	Family Medicine
Brodhurst MD Cheri Ann	OB/GYN
Dartmouth Hitchcock Radiology	Radiology
Dombrowski MD Todd	Rheumatology
Donaldson MD Deirdre	Neurology
Hynninen MD Brett	Orthopedics
Liebow DPM David	Podiatry
Liebow DPM Kimberly	Podiatry
McGinn MD Dana	Ophthalmology
Mills MD Letha	Oncology
Newkirk DPM Heidi	Podiatry
Nickerson MD James	Oncology
Dartmouth Hitchcock Pathology	Pathology
Potash MD Jeffrey	Gastroenterology
Ridgway CNM Jesse	OB/GYN
Ruhl DMD Robert	Oral Surgery
Wilson MD Donald	ENT



## Financial Assistance Application Checklist

Dear Patient/Guarantor:

You may be eligible for financial assistance from Brattleboro Memorial Hospital and the BMH Medical Group.

To be eligible for financial assistance you must have tried to get, and been refused, all other sources of payment including insurance, public assistance, or lawsuit.

To find out if you or your household qualifies, you must provide us with proof of your income. Please fill out the attached application and sign it. Then please send us the application and a COPY of each of the following for your household:

- Complete copy of your most recent Federal Income Tax Return and all schedules.
- Last year's W-2 forms
- Copies of the three (3) most recent, consecutive paycheck stubs or a statement from your employer
- Complete copies of three (3) most recent bank statements (e.g., savings, checking, money market, IRA, 401K, etc.) THIS INCLUDES ALL PAGES OF YOUR BANK STATEMENTS AND CHECK COPIES.
- Copies of unemployment or disability compensation benefits statements
- Copies of pension benefits stubs
- Copies of social security income (yearly benefits statements, copy of check or direct deposit)
- Copy of Food Stamp allocation
- Copies of government assistance notices (including Department of Health & Human Services)
- Copy of housing subsidy allotment
- Business tax returns (if applicable)

If you do not have some or any of the listed documents to prove household income, please contact me and discuss other evidence that may be provided to demonstrate eligibility.

Please note that if any of the above pertains to your financial information and is not received in whole it may result in an incomplete letter being sent to you and will hold up your application process.

Please contact me at (802) 257-8814 if you have any questions or need help completing this application.

Sincerely,  
Community Resource Liaison

# Brattleboro Memorial Hospital

## APPLICATION FOR FINANCIAL ASSISTANCE PROGRAM

**1. PATIENT INFORMATION (parent if the patient is a minor)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Spouse or Significant Other:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. HEALTH INSURANCE INFORMATION**

Do you have health insurance?  Yes (please fill out this section)  No (please skip to Section 3)

Health Insurer (please check all that apply):

Blue Cross  CIGNA  MVP  Medicare  Medicaid  Other  \_\_\_\_\_

Health Insurance ID#: \_\_\_\_\_ *(please attach a photo copy of your insurance card)*

**3. EMPLOYMENT INFORMATION**

Are you presently employed? Yes  No

Employer Name: _____ Employer Address: _____ Employer Phone#: _____ Length of employment: _____	Date last worked: _____
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**4. MEMBERS OF HOUSEHOLD INFORMATION**

Full Name	Relationship to Patient	Dependent? (Yes/No)	Date of Birth	Social Security#	Employer (if applicable)

*Dependents are people who you have claimed on your Federal Income Tax Return as a dependent*

**5. HOUSEHOLD INCOME** Please indicate your monthly household income below:

Description	Patient (Applicant)	Spouse	Other	Total
Wages/Salary/Tips				
Social Security Benefits				
Workers Compensation				
Unemployment Benefits				
Pension				
Public Assistance (welfare, food stamps, fuel assist)				
Child Support Income				
Alimony income				
Rental income				
interest income				
Other income (please specify below)				
<b>Total Monthly Household Income:</b>				

6. HOUSEHOLD EXPENSES		Please indicate your monthly household expenses below:			
Description	Patient (Applicant)	Spouse	Other	Total	
Rent					
Mortgage(s)					
Auto loans					
Insurance					
Child Support expense					
Alimony expense					
Child Care/Day Care expense					
Credit Card expense					
Medical expenses					
Property Taxes					
Utilities					
Food					
Other expenses (please specify below)					
Total Monthly Household Expenses:					

If your household had no income or your expenses exceeded your income, please explain below how your obligations are being met:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. HOUSEHOLD ASSETS			
Description	Financial Institution	Account Number	Balance in Account
Checking Accounts	1		
	2		
	3		
Savings Accounts	1		
	2		
	3		
Property Owned	1		
	2		
	3		
Other Assets (please specify)	1		
	2		
	3		
Total Account Balances:			

- 8. REQUIRED DOCUMENTATION**
- A. Does anyone in your household receive Social Security or Disability Benefits?  Yes  No  
*If Yes, please provide a current copies of benefit statements. To obtain copies, please call the Social Security office at 1-866-690-2025.*
- B. Does anyone in your household receive Unemployment Benefits or Pension/Annuity Benefits?  Yes  No  
*If Yes, please provide copies of current benefit statements.*
- C. Does anyone in your household receive any of the following assistance?  Food Stamps  Housing Subsidy  ANFC  SSI  
*If you selected any of the programs above, please provide copies of current benefit statements showing the amount received.*
- D. Is anyone in your household required to file a Federal Income Tax Return?  Yes  No  
*If yes, please provide a copy of 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.*
- E. Is anyone in your household self employed?  Yes  No  
*If yes, please provide copies of the most recent Business Tax Return and the least 3 months. of ledgers showing income and expenses.*
- F. Please provide 3 consecutive months of Bank Statements for all accounts shown in the Household Assets section above.
- G. Please provide a written statement of any other special circumstances and attach it to this application.

**9. CERTIFICATION**

I affirm that all information provided above is accurate to the best of my knowledge. I authorize Brattleboro Memorial Hospital to verify employment, income, expenses and asset information as needed to determine eligibility. I understand that this program is the payor of last resort and therefore have made applications to any other insurance or federal and/or state assistance programs which may help with my medical bills for prior or future services.

SIGNATURE OF PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If you do not have some or any of the listed documents to prove household income, you may call the BMH Community Resource Liaison and discuss other evidence that may be provided to demonstrate eligibility.*

## Plain Language Summary of Financial Assistance Policy

Brattleboro Memorial Hospital is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's health care insurance benefits or financial resources.

Brattleboro Memorial Hospital's Financial Assistance program is designed to assist those patients who are either uninsured, under insured or have limited financial resources that impact their ability to fully pay for their hospital care. When making application for Financial Assistance, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veterans' Benefits or other governmental or public assistance programs.

### **A. Qualifications for Financial Assistance:**

1. Financial Assistance is limited to medically necessary services. Please note that there are certain services that are not typically eligible for financial assistance, including, but not limited to certain elective services, such as those considered cosmetic, investigational or experimental.
2. Patients' family income must be at or below 350% of the current Federal Poverty Income Guidelines (FPG) for their family size. Financial Assistance is granted at 100% of eligible balances for income at or below 250% of FPG, 75% for income between 250% and 300% of FPG, and 50% for income between 300% and 350% of FPG;
3. Patients or their guarantors must complete a Financial Assistance application and provide the hospital with verification of income. Responsible parties may be asked to disclose the identity and amounts of any assets that could be used to pay for medical expenses. **NOTE:** Income verification may be waived at the discretion of the Director of Patient Financial Services or the Director of Physician Revenue Cycle, particularly in those instances in which patients have subsequently qualified for Medicaid, or are deceased, with no estate;
4. Financial Assistance applications will be processed within thirty (30) days of the date of their receipt in our Business Office;
5. Patients have 240 days from receipt of the first bill to apply for financial assistance.

A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for emergency or medically necessary care than amounts generally billed to patients having insurance covering such care.

### **B. How to Apply for Financial Assistance or Get Assistance in Applying**

To be considered or if you have questions regarding our financial assistance programs, please contact our Community Resource Liaison at 802-257-8814, download the application from our website (<http://www.bmhvt.org>) or stop by in person at Brattleboro Memorial Hospital, 17 Belmont Avenue, Brattleboro, VT 05301.

### **C. How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application**

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request by writing to Patient Financial Services at 17 Belmont Avenue, Brattleboro VT 05301. Copies can also be found in the emergency room and admission areas of the hospital. These documents may be found online at <http://www.bmhvt.org>.

# Need Help Paying Your Bill?

Brattleboro Memorial Hospital offers financial assistance to patients who are either uninsured, under insured or have limited financial resources that impact their ability to fully pay for their hospital care.

## **How to Apply for Financial Assistance or Get Assistance in Applying**

To be considered or if you have questions regarding our financial assistance program, please contact our Community Resource Liaison at 802-257-8814, download the application from our website ([www.bmhvt.org](http://www.bmhvt.org)) or stop by in person at Brattleboro Memorial Hospital, 17 Belmont Avenue, Brattleboro, VT 05301.