

## Green Mountain Surgery Center

Chapter Name: 3 - Administration	Policy #: 3.18	Date Implemented: 3/19/2019
Title: Free or Discounted Care		Reviewed/Revised:

### Policy Statement

The Green Mountain Surgery Center (the "Center") is committed to ensuring that all Vermonters have access to quality health care, regardless of their ability to pay. The Green Mountain Surgery Center accordingly offers to qualifying individuals free and discounted care in connection with medically necessary procedures performed at the Center. Eligibility for free or discounted care will be determined based upon the patient's demonstrated financial need and without regard to the patient's race, religion, sex, age, gender identity, sexual orientation or national origin.

### Procedures

In order to be considered for financial assistance, individuals must submit a complete Application for Free or Discounted Care. An application is considered complete if all questions are answered fully, the application is signed and dated by applicant(s). Documentation may include proof of household income:

- Type of documentation of household income will depend upon the sources of household income, but may include, without limitation, pay stubs, written verification of wages from employer, W-2 withholding form, social security or disability benefit statements, unemployment or pension/annuity benefits, or supplemental security income statements.

Anyone seeking free or discounted care may request a Free or Discounted Care Application from the Green Mountain Surgery Center Business Office located at 593 Hercules Drive, Colchester, VT 05446, Room 111, Monday through Friday 8:00 am until 4:00 pm. Call (802) 488-5350 for additional information.

Upon receipt of an application, patient accounts related to all members of the applicant's household with outstanding balances in good standing (less than 120 days outstanding) will be placed on hold during the application review process.

If the application is found to be incomplete, the applicant will be notified by telephone, in addition to a written notice in the mail, to communicate what required elements are missing. The applicant must submit the required information within 10 business days or the account hold will be released. Upon receipt of a complete application, a determination of eligibility for or denial of financial assistance will be communicated to the applicant in writing within 15 business days of receipt of the complete application.

All Applications for Free or Discounted Care and supporting documentation will be reviewed and approved by the Center's Business Office Manager. Applications for eligible recipients whose awarded assistance will be greater than \$2,500 will also be reviewed and approved by the Center's Administrator.

### ELIGIBILITY:

The following criteria must be met to be eligible for free or discounted care at the Green

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### Residency:

The applicant must be a full-time resident of Vermont or must have resided in Vermont for more than the last 6 consecutive months.

### Eligible Services:

Free or discounted care is available for all services offered by the Green Mountain Surgery Center in conjunction with medically necessary procedures. Determination of medical necessity may require the input from the attending physician to take into account all the relevant facts and circumstances. Services offered in connection with elective or cosmetic procedures are not included under this Free and Discounted Care Policy. Services that have been denied by insurance due to the patient's non-compliance with the requirements of the patient's plan are not considered eligible for financial assistance. In addition, services reimbursed directly to the patient/guarantor by the insurance carrier or covered by another third party are not eligible for financial assistance.

### Financial:

To be eligible for financial assistance under this Free and Discounted Care Policy, the applicant's household income and monetary assets should be at or below the following guidelines.

- *Income:* Household income must be at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size. The level of assistance is granted on a sliding scale based on the FPLG as follows:

Federal Poverty Level	Up to 250%	251% - 300%	301% - 350%	351% - 400%
Discount	100%	75%	65%	55%

Household income includes 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. Household income does not include capital gains, liquid assets (including withdrawals from a bank or proceeds from the sale of property), tax refunds, gifts, loans, lump-sum inheritances, or non-cash benefits such as food stamps and housing subsidies.

### Term of Financial Assistance:

Each eligibility determination for financial assistance, whether approved or denied, is effective for a period of 6 months following the date of the determination letter, referred to as the termination date.

The awarded level of financial assistance for first-time recipients will be applied to eligible services, as described above, that were provided to the recipient during the 6 months preceding the date of receipt of a complete application and will be automatically applied to any eligible medical services received up through the termination date communicated in the determination letter sent to the recipient.

Subsequent to the termination of the initial determination for financial assistance, a recipient may re-apply for assistance if s/he continues to claim financial hardship by submitting a complete application with updated information and supporting documentation. If approved, GMSC 3/2019

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the awarded level of financial assistance will be applied to eligible services received since the termination of the last award.

A patient who is eligible for financial assistance under this policy shall not be personally responsible for paying, after all deductions, discounts (including discounts available under this policy), and insurance reimbursements have been applied, more for medically necessary care than the amount Medicare would allow for the care (for an item or service covered by Medicare), or the lowest amount allowed by private health insurers (for an item or service that is not covered by Medicare).

### **Communication of Free and Discounted Care Policy**

Notification of this Charity Care Policy will be distributed by posting notices in prominent patient locations within the Center. The Center will also include a copy of the policy on its website. Such notices and summary information will be provided in the primary languages spoken by the population served by the Center and will include a contact number for inquiries regarding the policy.

### **Confidentiality and Records Retention**

All information relating to financial assistance applications will be kept strictly confidential.