

**COPLEY HOSPITAL**  
**FY 2018 BUDGET SUBMISSION**  
**RESPONSE TO HEALTH CARE ADVOCATE QUESTIONS**  
*August 17, 2017*

**1. What are the hospital's goals for participation in payment reform initiatives in 2018 and in the next five years?**

**a. What steps will the hospital take to meet these goals?**

As part of our strategic plan, Copley is increasing coordination with our primary care community partners. In collaboration with Community Health Services of Lamoille Valley (CHSLV), our local FQHC, we have placed a social worker in the Emergency Department (ED) to reduce avoidable hospital visits and ultimately reduce healthcare costs. Referrals made by the social worker, on behalf of our patients, address unmet healthcare needs along with social determinants that affect the patients' health. From January through June 2017, 434 patients were referred to the ED social worker, and she made 556 referrals on the patients' behalf.

Copley is an active participant in OneCare Vermont's (OCV) Unified Community Collaborative (UCC), working to reduce readmissions and improve transitions in care among providers in the community, with our Cardiologist and Co-CMO, Dr. Adam Kunin, serving as Chair of this committee. To address population health goals as identified in the Community Health Needs Assessment, the hospital works collaboratively with a number of local health care organizations, including two FQHCs, Home Health and Hospice, Lamoille County Mental Health, and other substance abuse treatment facilities, and long-term skilled nursing facilities, along with social service organizations, in addition to the UCC. Overall, we have focused on connecting our patients with needed services, improving transitions in care, and supporting and amplifying existing population health based initiatives, activities and events in our community.

With these partners, Copley continues to move toward meaningful participation in value-based payment and health care delivery reform with initiatives that are not included in the request for an exception to the net patient revenue cap. Examples include:

- American College of Surgeons National Surgical Quality Improvement Program® (ACS NSQIP®) to measure and improve the quality of surgical care and decrease costs
- Implementation of the LACE risk assessment tool to reduce readmission
- Ongoing participation in the Blueprint for Health program, including the Women's Health Initiative
- Antibiotic Stewardship Program (ASP) to optimize the treatment of infections and reduce adverse events associated with antibiotic use.
- Implementation of Shared Decision Making program for Cardiology services
- Continuation of the Orthopedic Shared Decision Making program
- Implementing a telemedicine-based rheumatology service with Dartmouth Hitchcock to replace a retired visiting University of Vermont Medical Center (UVMMC) Rheumatologist.
- Restructuring our new Oncology partnership with CVMC to include a telemedicine pilot program.

The Live Well Lamoille blog was created as a collaborative community effort to address the need to reduce chronic conditions in our area and to support community capacity for population health initiatives in general. It serves as a convener, aggregating information and pushing it out, amplifying work already underway and resources available to community residents. Bloggers representing Copley and a variety of social service agencies, entities, and community leaders embracing all the social determinants of health, post tips, promote healthy events and activities, provide information, and generally encourage making healthy choices. This free community resource has almost ten thousand views and is promoted primarily via social media. We have also invested in our employee wellness program given that Copley is one of the largest year-round employers in the area and the ripple effect this has on our community.

To help build community capacity for population health initiatives, the hospital also contributed to the local Bike Share program, providing residents free access to bicycles for recreation and transportation, and to the Hunger Council of Lamoille Valley to support their initiatives around food security. We also created an annual 5K Run for the Heart and 1-Mile Fitness Walk to promote use of the Lamoille Valley Rail Trail for recreation and exercise. The event is part of the town's Rocktoberfest activities. In addition, the hospital granted funds to Healthy Lamoille Valley to assist with their community advocacy efforts, promoting substance-free events and activities, promoting drug take-back locations, and healthy town planning.

**b. Please describe the reasons why the hospital has chosen not to participate in the risk-based Accountable Care Organization payment models offered to date. If the decision was informed by financial modeling, please provide the model specification, model inputs and results.**

Copley continues to participate in Accountable Care Organizations, including OneCare Vermont (OCV) and Community Health Accountable Care (CHAC). We are active participants in OCV's Unified Community Collaborative (UCC), working to reduce readmissions and improve transitions in care among providers in the community, with our Cardiologist and Co-CMO, Dr. Adam Kunin, serving as Chair of this committee.

While Copley is not taking on risk thru FY19, we are contributing data to the ACOs for analysis and actively working in partnership with providers, social services organizations, and community leaders on a variety of reform initiatives. These health improvement and population health initiatives, as outlined above, help move toward population-based payment reform.

At this time, neither ACO has been able to specify if Critical Access Hospitals' (CAH) enhanced cost-based reimbursement<sup>1</sup> will be retained by each designated hospital. Once more details are provided concerning the ACO's payment methodology – in particular its impact on CAHs – Copley looks forward to evaluating the financial implications of taking on risk and its impact on our financial stability or vulnerability as a CAH.

**c. Does the hospital participate in any capitated payment agreements directly with insurers? If yes, please describe:**

- i. Whether the capitated payments save the insurer money compared to fee for service payments;**
- ii. Whether the hospital and/or its providers earn more profit under capitated payments or fee for service, on average; and**
- iii. How the hospital ensures that patients continue to receive appropriate services under capitated payments.**

No, Copley does not have any capitated payment agreements directly with insurers.

**2. Please describe the financial incentives that the hospital currently includes in provider, coder, and other personnel salaries and/or contracts.**

**a. How has the use of incentives by the hospital changed over time?**

Copley has various agreements with providers that include incentive compensation based on productivity and performance evaluations. These provider incentive programs have not changed much over the last several years. Staff compensation includes various incentives for working extra shifts, coming in on short notice, and other such financial incentives related to staff scheduling. Most recently, Copley developed a bonus program specifically for service areas that have significant vacancies to make it more attractive for our own staff to cover shifts and help minimize the need for travelers. While there are no formal incentive programs available for staff

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<sup>1</sup> Per the Rural Health Information Hub, "Critical Access Hospital is a designation given to certain rural hospitals by CMS. This designation was created by congress in the 1997 Balance Budget Act in response to a string of hospital closures in the 1980's and early 1990's. The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to health care by keeping essential services in rural communities. This is accomplished through cost-based Medicare reimbursement."

based on performance or outcomes at this time, occasional bonuses may be granted at the discretion of management to reward excellence.

**3. Does the hospital or any of its departments or personnel receive financial or other benefits for using specific pharmaceuticals?**

**a. Please list all pharmaceuticals for which the hospital or provider receives payment when the drug is prescribed, administered, and/or when the prescription is filled.**

Copley Hospital has a group purchasing organization (GPO) agreement under which we commit to purchase a large portion of our supplies and drugs from suppliers participating in the GPO in exchange for discounted prices and, in some cases, standardization rebates. This is a normal business practice for prudent buyers to reduce the net cost of supplies and drugs and is appropriate under the federal healthcare program anti-kickback law's discount safe harbor (42 CFR §1001.952(h)). The listing of drugs for which we receive a discount or rebate under the GPO agreement is exhaustive.

It is Copley's policy to select suppliers on the basis of factors such as price, quality, performance and suitability of products or services, quantity, delivery, service, and reputation. Employees are not permitted to accept or solicit any benefit from an existing or potential supplier that might compromise, or appear to compromise, the employee's objective assessment of the supplier's products or services.

**4. With the various payment reform initiatives underway, shared decision-making is becoming increasingly important as an antidote to the potentially perverse incentives of risk-based payment models.**

**a. Do you commit to implementing shared decision-making throughout your hospital system in 2018?**

**b. Please describe your plan for doing so and how you will measure the plan's implementation progress.**

At this time, we have not committed to implementing shared decision-making throughout the hospital system in 2018. However, Mansfield Orthopaedics has been practicing Shared Decision Making for several years and the Cardiology practice is currently in the early stages of implementing a shared decision-making study regarding treatment strategies for atrial fibrillation.

Mansfield Orthopaedics' Shared Decision Making project aimed to learn more about the impact of decision aids and training in shared decision making (SDM) on patient care and patient-provider interactions. We compared the responses from both patient cohorts to determine whether the use of decision aids and clinician training had a perceived impact on the practice of SDM during patient visits. We tested the respondent's knowledge about key clinical aspects of their condition. Prior to the introduction of the new decision aides, our patient overall percentage of correctly answering fact-based knowledge questions was 21%. After the use of the decision aides our patient overall percentage of correctly answering fact-based knowledge questions was 46%. That marked a significant improvement in patients understanding their condition. Both the baseline and post-implementation data indicated that patients feel they are communicating well with their health care providers at Mansfield Orthopaedics.

Mansfield Orthopaedics also demonstrated that you can successfully implement decision aids into the workflow of a busy practice, which is no small feat. It was important to the practice to validate that we are indeed practicing shared decision making. Project Coordinator Carrie Levin describes the Shared Decision Making process: Providers explain that there are treatment options; in most instances, providers ask their patients what THEY want to; almost always providers explain in a way the patient understands and listens to what the PATIENT is saying and is respectful of his/her opinion. We continue to use the decision aides published by the Informed Medical Decision Foundation.

Our Cardiology practice is working with Healthwise, a global provider of health information and decision aid tools, to gather data on whether decision aids assist patients in making a more educated decision of whether they should take an anti-coagulant for their atrial fibrillation diagnosis. We have gathered our baseline group of

surveys that have been submitted to Healthwise. We are in the process of beginning to identify our atrial fibrillation patients who will be participating in our intervention group (they will receive the decision aids developed by Healthwise). The patients in the intervention group will be provided the same survey that was presented to our control group. Those surveys will be submitted directly to Healthwise. At the end of the study, Healthwise will analyze the data and report the findings of the entire study to us revealing whether the shared decision-making process increased their ability to make a better-educated decision on their treatment.

**5. What is the extent of your Choosing Wisely initiative(s), if any? Please describe the initiative(s), how you have chosen which departments participate, and which of these initiatives, if any, have led to identifiable cost savings and/or quality improvement.**

We are not currently involved in a Choosing Wisely initiative; however, our shared-decision making program shares many of the same features with the Choosing Wisely program (see response to Question 4).

**6. Please provide copies of your financial assistance policy, application, and plain language summary as well as detailed information about the ways in which these three items can be obtained by patients.**

**a. Please provide the following data by year, 2014 to 2017 (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 by reason for denial.**

Copley’s financial assistance policy, application, and plan language summary are attached. These documents are made widely available to patients and easily accessible at all hospital and clinic registration locations and on Copley’s website at <https://www.copleyvt.org/for-patients-and-visitors/billing-and-insurance/assistance-programs/>. Additionally, a short version of the financial assistance application is on the back of every patient statement.

Copley does not conduct upfront screening for presumptive eligibility for financial assistance as this time. Following is a summary of financial assistance application data from 2014 to 2017 (thru July 31, 2017):

|                        | <b>FY14</b> | <b>FY15</b> | <b>FY16</b> | <b>YTD17<br/>JULY</b> |
|------------------------|-------------|-------------|-------------|-----------------------|
| Applications Completed | 657         | 696         | 694         | 483                   |
| Households Granted Aid | 645         | 681         | 676         | 466                   |
| 100% Free Care         | 568         | 628         | 632         | 445                   |
| 75% Discount           | 25          | 25          | 29          | 15                    |
| 50% Discount           | 15          | 9           | 15          | 6                     |
| 25% Discount           | 37          | 19          | n/a         | n/a                   |
| Applications Rejected  | 12          | 15          | 18          | 17                    |
| Acceptance Rate        | 98%         | 98%         | 97%         | 96%                   |

Copley does not track the detailed reasons for rejection of a financial assistance application, so we cannot provide that requested data. Anecdotally, we can share that the majority rejected application are for households that are over the income threshold. Occasionally an applicant is over the asset threshold (ie. balance of cash, investments, etc.).

**7. As a nonprofit with a duty to benefit the community, how does the hospital ensure that its commercial rates are in the best interest of consumers? Please provide specific metric(s) that the hospital uses to determine this. For any metric(s) currently in use for this purpose, please provide results by year for 2014 to 2017 (to date).**

See response to Questions 8.

**8. We often hear from hospitals that they charge extra for a wide variety of services in order to fund core hospital services. In light of this business model, how does the hospital ensure that the prices of its services are set appropriately?**

**a. What factors are considered in setting prices?**

**b. What financial or quantitative metrics does the hospital use to ensure that its service pricing is appropriate? For any metric(s) currently in use for this purpose, please provide results by year for 2014 to 2017 (to date).**

Combined response to questions 7 and 8:

Copley sets its rates at a level necessary to yield a minimal operating margin – little more than a penny on the dollar collected – just enough to sustain operations and fund capital investments in order to continue to provide the high quality care that our consumers expect.

It is not inexpensive to provide the high quality health care services that our community expects – health care is an industry that requires a highly skilled workforce and has a high rate of inflation on medical technology, and supplies, and drugs. Furthermore, the health care reimbursement system necessitates that the price for some services subsidize the underpayment of other services, in particular those services that have a higher proportion of Medicaid and/or Medicare utilization. Without true payment reform, hospital price-setting will continue to include factors for subsidizing underpaid services.

Copley believes it is doing its part to contribute to bending the cost curve in healthcare. We have decreased our rates by 7.7% cumulatively in the last three years and our FY18 proposal includes no impact on Commercial rates. Copley has identified significant cost savings of \$2.5 million in FY17 and FY18. This reflects Copley’s commitment to meeting growing demand for high quality health care services in our community and implementing strategic cost reductions to keep our rates low.

**9. 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 (2017 budget and projected) and 2018 (budget).**

|                           | ACT14    | ACT15    | ACT16    | BUD17    | PROJ17   | BUD18    |
|---------------------------|----------|----------|----------|----------|----------|----------|
| All-payer Case Mix Index  | 1.06     | 1.15     | 1.19     | 1.19     | 1.24     | 1.24     |
| Total Discharges          | 1,795    | 1,980    | 1,994    | 2,017    | 2,084    | 2,107    |
| Gross Price per Discharge | \$15,654 | \$17,283 | \$17,870 | \$16,969 | \$19,394 | \$19,826 |



Revised: 2/01/16  
Reviewed: 2/01/16

Subject: Self-Pay Collections

**POLICY: Financial Assistance Program**

Approved By: Rassoul Rangaviz, Chief Financial Officer

Subsidiaries:  Copley Hospital  Copley Woodlands  Copley Terrace  Health Center Building

Department(s): Patient Financial Services

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**POLICY STATEMENT:**

Copley Hospital is committed to providing quality health care to everyone in need, regardless of their ability to pay. Copley Hospital may grant financial assistance for medically necessary health care services provided to patients/guarantors who identify themselves as unable to pay all or part of their Copley Hospital bills due to financial hardship. Eligibility for the Financial Assistance Program will be determined based upon the Federal Poverty Level Guidelines and the applicant's confidential disclosure of financial information related to household income and assets and supporting documentation.

**POLICY PROVISIONS:**

**Communication:**

Copley Hospital will pursue every opportunity to inform its patients of the existence of the Financial Assistance Program and encourage patients/guarantors to submit an application for assistance if paying a Copley Hospital bill may create an undue financial hardship. This includes advising patients of the Financial Assistance Program in the following ways:

- Signage and/or brochures will be located in registration areas, written in plain language
- Copley Hospital's website will include a page related to the Financial Assistance Program, written in plain language, and an electronic copy of the policy and application.
- Patients presenting without insurance will be informed of the Financial Assistance Program and provided a copy of the application form during the registration and/or admissions process.
- Each billing statement sent to the patient/guarantor will advise the guarantor of the Financial Assistance Program, contact information for financial counseling, and contain a short form that can be submitted to initiate the application process.
- Patient Account Representatives will advise patients/guarantors of the Financial Assistance Program during the course of normal collections activities should a patient/guarantor indicate that they cannot afford their medical bills or cannot afford payment arrangement terms in accordance with the Payment Arrangements Policy (See also Patient/Guarantor Billings & Collection Policy).

**Application Process & Requirements:**

Patients/guarantors can apply for financial assistance by submitting a complete application with all required documentation to the Patient Financial Services department in person or via mail.

An application for Financial Assistance can be submitted any time from the date that care is provided through the 240<sup>th</sup> day after the patient/guarantor receives the first post-discharge billing statement (the “application period”). In order to determine eligibility for financial assistance, patients/guarantors must submit a complete application. An application is considered to be complete if all questions are answered completely, the application is signed and dated by applicant(s), and all required supporting documentation is attached. Assistance will be provided by a financial counselor upon request for any applicants that need assistance due to limited English proficiency or would like assistance for any other reason.

Documentation required to be submitted along with the completed application will depend upon the household’s financial circumstances, and may include, but not be limited to, the following items:

- Copy of most recently filed federal income tax return, including all forms and schedules, related to each member of the household.
- Proof of household income to be submitted will depend upon the various sources of household income. See the Financial Assistance Application for details of what supporting documentation is required for each type of income.
- Copy of most recent bank statements for all checking and/or savings accounts.
- Copy of most recent bank or broker statements related to any stocks, bonds, mutual funds, money market accounts, CD’s, trusts, annuities, etc.
- Documentation supporting the current value of certain household assets as applicable. See the Financial Assistance Application for details of which household assets must be supported and what documentation is required for each type of asset.

Upon receipt of an application during the application period defined above, patient accounts related to all members of the household with outstanding balances in good standing (less than 120 days outstanding) will be placed on hold during the application review process. Accounts placed on hold will not receive statements or collection phone calls. 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 and the collections cycle will continue (see Patient/Guarantor Billings & Collection Policy).

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.

If an application is received during the application period, defined above, related to a patient account in bad debt status, and the patient is determined to be eligible for Copley’s Financial

Assistance Program, Copley will take all reasonably available measures to reverse any extraordinary collection actions such as lift any liens or remove adverse information on credit reports.

**Eligibility Requirements:**

Not all applicants or medical services are eligible for financial assistance from Copley Hospital. The following criteria must be met to be eligible for financial assistance:

**Residency:**

The applicant must be a full-time resident of Vermont, or must reside in Vermont for more than the last consecutive 6 months. Proof of residency may be requested of the applicant during the application screening process. Applicants that do not meet this residency requirement may be considered for financial assistance for emergency services only.

**Medical Services:**

Medical services eligible for financial assistance must meet the following criteria:

- Medical Services must be deemed medically necessary essential health care services. Determination of medical necessity will be based on generally accepted standards of medicine in the community, or may be determined by the attending physician to take into account all the relevant facts and circumstances.
- Services were provided by Copley Hospital within the applicable term period covered by financial assistance (see details below regarding the term of financial assistance)
- 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.
- Services reimbursed directly to the patient/guarantor by the insurance carrier or covered by another third party.
- Services must be provided and billed by Copley Hospital or its employed providers, including the providers in the Mansfield Orthopaedics practice, The Women's Center, the Urology Clinic, Cardiology Clinic, and General Surgery Clinic. Copley Hospital's Financial Assistance does not cover services rendered by Apogee Hospitalists, Vermont Radiology Radiologist, The Manor, Copley Professional Services Group d/b/a Community Health Services of Lamoille Valley, or other providers not owned or operated by Copley Hospital.

**Other Payment Sources:**

Copley Hospital will work with the applicant to identify other potential sources of payment for their medical bills. If the Hospital identifies a potential alternative payment source, such as one of Vermont's Green Mountain Care programs, the applicant will be expected to cooperate with the Hospital to determine eligibility for that program. Failure to cooperate with applying for alternative sources of payment will be considered a voluntary withdrawal of the application for assistance from Copley Hospital.



**Financial:**

To be eligible for financial assistance from Copley Hospital, the applicant's household income and assets, or resources, should be at or below the following guidelines.

***Assets/Resources:***

Household assets, or resources, must be below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size. Certain assets or resources are excluded from consideration, such as the applicant's primary residence, non-recreational vehicles, retirement assets, cash surrender value of life insurance policies, and burial funds.

***Income:***

Household income must be at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size. Household income includes the following:

- Money from wages and salaries before deductions.
- Net income from self-employment after deductions (excluding depreciation) for business expenses.
- Payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, disability benefits, and veterans benefits.
- Public assistance payments including Aid to Families with Dependent Children, Supplemental Security Income (SSI), and General Assistance money payments.
- Alimony, child support, military family allotments, and/or other regular support from an absent family member or someone not living in the household.
- Private pensions, government employee pensions, and regular insurance or annuity payments.
- Dividends, interest, rents, royalties, or periodic receipts from estates or trusts.
- Net gambling or lottery winnings.

Household income does not include the following:

- Capital gains.
- Liquid assets, including withdrawals from a bank or proceeds from the sale of property.
- Tax refunds.
- Gifts, loans, and lump-sum inheritances.
- One-time insurance payment or other one-time compensation for injury.

**Amount of Financial Assistance**

The amount of financial assistance granted to eligible patients is determined on a sliding scale based on the household income. Free care is granted to eligible patients whose household income is at or below 300% of the Federal Poverty Level Guidelines (FPLG). Discounted care is granted to eligible patients whose household income is between 300% and 400% of the FPLG.

Following is a table summarizing the amount of the discount granted to eligible patients based on the FPLG:

|          |               |               |               |
|----------|---------------|---------------|---------------|
| FPLG     | Up to<br>300% | 301%-<br>350% | 351%-<br>400% |
| Discount | 100%          | 75%           | 50%           |

By applying the financial assistance discount, Copley ensures that no eligible patients under Copley's financial assistance program will be charged more than the amounts generally billed to patients who have insurance since the most an eligible patient will be charged is 50% of gross charges. Amounts generally billed to patients that have insurance is determined at least annually based on actual past claims allowed by all private insurers plus claims allowed under the Medicare fee-for-service program. More information on amounts generally billed is available upon request.

**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 medical services, as defined above, that were billed to the recipient during the 8 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 they continue to claim financial hardship by submitting a complete application with updated information and supporting documentation. If approved, the awarded level of financial assistance will be applied to eligible services received since the termination of the last award, up to a maximum of 8 months preceding the date of receipt of the complete re-application.

**Review and Approval of Financial Assistance Applications:**

All financial assistance applications, supporting documentation, and summary of eligibility determination prepared by the Financial Counselor will be reviewed and approved by the Billing & Collections Manager and/or the Director of the Revenue Cycle. Applications for eligible recipients whose awarded assistance will be greater than \$5,000 will also be reviewed and approved by the Chief Financial Officer.

Account balances to be adjusted for award of financial assistance require the following review and approval based on the dollar amount of the adjustment:

- Up to \$500 – approved by the Financial Counselor
- Up to \$5,000 – approved by the Billing Manager and/or Director of the Revenue Cycle
- Over \$5,000 – approved by the Chief Financial Officer

**REFERENCES:**

Patient/Guarantor Billings & Collection Policy  
Payment Arrangements Policy  
Financial Assistance Application Form



Copley Hospital Patient Financial Services  
528 Washington Hwy, Morrisville, VT 05661  
Phone: (802) 888-8338 Fax: (802) 888-8203

## FINANCIAL ASSISTANCE APPLICATION

Dear Applicant,

Thank you for choosing Copley Hospital. We are committed to providing quality health care to everyone, regardless of their ability to pay. If payment of your medical bills creates a financial hardship for you, you may be eligible for assistance under Copley Hospital's Financial Assistance Program.

The following criteria must be met to be eligible under Copley Hospital's Financial Assistance Program:

- You must be a full-time resident of Vermont, or must reside in Vermont for more than the last consecutive 6 months. Proof of residency may be requested of the applicant during the application screening process. Applicants that do not meet this residency requirement may be considered for financial assistance for emergency medical care only.
- Your household income and assets, or resources, must be within our eligibility guidelines. Household income must be at or below 400% of the Federal Poverty level Guidelines. Household assets, or resources, must be below 400% of the Federal Poverty level Guidelines.
- Medical services provided to you must meet certain criteria. The following services are excluded from the Financial Assistance Program:
  - Services not deemed medically necessary essential health care services. Determination of medical necessity may require the input from the attending physician to take into account all the relevant facts and circumstances of your health care needs.
  - Services that have been denied by insurance due to your non-compliance with the requirements of your insurance plan.
  - Services reimbursed directly to you by an insurance carrier or another third party.

If you believe you may be eligible for Copley Financial Assistance Program, please fill out the enclosed application by answering all of the questions completely. Please be sure to include all of the required supporting documentation and sign the certification statement at the end of the application. The application and all of your supporting documentation are kept confidential. For your convenience, a documentation checklist is provided on the next page.

During the application screening process, we will work with you to identify other potential sources of payment for your medical bills. If we identify a potential alternative payment source through Vermont's Health Insurance Exchange (Vermont Health Connect), you will be asked to cooperate with us to determine eligibility for that program. Failure to cooperate with applying for alternative sources of payment for your medical bills will be considered a voluntary withdrawal of the application for assistance from Copley Hospital.

If you have any questions about the Financial Assistance Program, the application process, or would like assistance with completing the application, please feel free to contact me directly at (802) 888-8336 or [agriggs@chsi.org](mailto:agriggs@chsi.org). I would be pleased to have the opportunity to help you.

Sincerely,

Angela Griggs  
Patient Financial Counselor, CAC



Copley Hospital Patient Financial Services  
528 Washington Hwy, Morrisville, VT 05661  
Phone: (802) 888-8338 Fax: (802) 888-8203

## FINANCIAL ASSISTANCE APPLICATION DOCUMENTATION CHECKLIST

In order to process your application, you must fill out the application by answering all of the questions completely and including all of the required supporting documentation. For your convenience, following is a checklist that you can use to be sure that we receive all of the information needed to quickly process your application.

- | N/A                      | Yes                      |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Most recently filed federal income tax return and W-2's, including all forms and schedules related to each member of the household and any partnership, self-employment, or rental income.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent bank statement(s) for all checking and savings accounts  |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent bank/broker statement(s) for all investment accounts, annuity accounts, trusts, CDs, etc.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent pay stub from each place of employment during the year, with year-to-date earnings. If year-to-date earnings are unavailable, submit your last three most recent pay stubs from each place of employment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you received unemployment benefits during year, submit unemployment statement(s) or other documentation such as check stubs or bank statement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you own a business, submit a signed statement from you estimating the amount of net income you project from your business for this year. You may use the federal income tax forms as a template to estimate your business net income, or call our Financial Counselor to request a template that you can use. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Social Security Statement, or a copy of your bank statement showing deposit  |
| <input type="checkbox"/> | <input type="checkbox"/> | Letter of determination for 3SquaresVT (Food Stamps), Fuel Assistance, and/or General Assistance   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you receive alimony or child support payments, provide a copy of cancelled check, evidence of garnishment in paycheck, or bank statement showing deposit.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Review that the Application form is filled out completely.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sign and date application.   |



# FINANCIAL ASSISTANCE APPLICATION

## **PRIMARY APPLICANT** (Parent if patient is a minor)

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

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Daytime Phone/Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Employment Status:  Student  Retired  Disabled  Unemployed  Self-Employed  Employed

If employed, list employer(s) \_\_\_\_\_ How long employed? \_\_\_\_\_

## **SPOUSE or CO-APPLICANT** (Must be member of household)

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

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Daytime Phone/Cell \_\_\_\_\_

Employment Status:  Student  Retired  Disabled  Unemployed  Self-Employed  Employed

If employed, list employer(s) \_\_\_\_\_ How long employed? \_\_\_\_\_

## **DEPENDENTS** (Must be claimed on Federal Tax Returns)

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

## **OTHER INFORMATION**

Are you covered under any health insurance policy?  No  Yes Is Co-Applicant:  No  Yes

If yes, list insurance(s): Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Do you and/or your dependents have an application pending for insurance on the Health Exchange, Medicaid, or Dr. Dynasaur?  No  Yes: Date applied \_\_\_\_\_

Note: If you meet certain criteria, we may require that you apply for State Aid programs in order to process your application for financial assistance

Are you seeking financial assistance resulting from an accident or injury related to any of the following:  Work Related  Motor Vehicle  Other Liability  None of these

Did you file and/or are you required to file a Federal Tax return?  Yes (provide copy of most recent return)  No: Why? \_\_\_\_\_

Do you reside in Vermont greater than 6 months per year?  Yes  No

Do you prefer to be contacted by e-mail?  No  Yes: E-Mail \_\_\_\_\_



# FINANCIAL ASSISTANCE APPLICATION

## HOUSEHOLD INCOME & ASSETS

| <b>Monthly Income From:</b> | <b>Applicant 1</b> | <b>Applicant 2</b> | <b>Documentation Required:</b>          |
|-----------------------------|--------------------|--------------------|---|
| Name:                       | _____              | _____              |   |
| Gross Wages                 | \$ _____           | \$ _____           | Most recent pay stub                    |
| Self Employment Income      | \$ _____           | \$ _____           | Tax Return / Estimated Profit & Loss    |
| Rental Income               | \$ _____           | \$ _____           | Tax Return / Estimated Profit & Loss    |
| Unemployment                | \$ _____           | \$ _____           | Check stub, bank statement, online, etc |
| Workers Compensation        | \$ _____           | \$ _____           | Check stub, bank statement, online, etc |
| 3SquaresVT (food stamps)    | \$ _____           | \$ _____           | Award letter, check stub, bank stmt     |
| Public assistance           | \$ _____           | \$ _____           | Award letter, check stub, bank stmt     |
| Disability                  | \$ _____           | \$ _____           | Check stub, bank statement, online, etc |
| Child support or alimony    | \$ _____           | \$ _____           | Check, garnishment, bank stmt, etc      |
| Social Security             | \$ _____           | \$ _____           | Award letter, check stub, bank stmt     |
| Pension/Retirement Income   | \$ _____           | \$ _____           | Check stub, bank statement, online, etc |
| Dividend Income             | \$ _____           | \$ _____           | Recent investment statement             |
| Other: _____                | \$ _____           | \$ _____           | Specify other income                    |
| <b>Total:</b>               | <b>\$ _____</b>    | <b>\$ _____</b>    |   |

| <b>Cash &amp; Investments:</b> | <b>Applicant 1</b> | <b>Applicant 2</b> | <b>Documentation Required:</b> |
|--------------------------------|--------------------|--------------------|--------------------------------|
| Name:                          | _____              | _____              |                                |
| Checking account(s)            | \$ _____           | \$ _____           | Bank statement                 |
| Savings account(s)             | \$ _____           | \$ _____           | Bank statement                 |
| Investment account(s)          | \$ _____           | \$ _____           | Investment/broker statement    |
| Trust Account                  | \$ _____           | \$ _____           | Investment/broker statement    |
| Annuities                      | \$ _____           | \$ _____           | Investment/broker statement    |
| Other: _____                   | \$ _____           | \$ _____           | Specify                        |
| <b>Total:</b>                  | <b>\$ _____</b>    | <b>\$ _____</b>    |                                |

### **PLEASE READ CAREFULLY AND SIGN BELOW**

I, the undersigned, certify that all information provided in this application is true and complete to best of my knowledge. I authorize Copley Hospital to verify any of the information provided and any falsification will result in the denial of my application for assistance. If I receive payment of any kind for the medical services covered by this financial assistance application, I agree to repay the financial assistance award up to the lesser of the payment received or assistance awarded. All information provided will remain confidential.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent of minor)

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



Copley Hospital Patient Financial Services  
528 Washington Hwy, Morrisville, VT 05661  
Phone: (802) 888-8338 Fax: (802) 888-8203

## **COPLEY HOSPITAL FINANCIAL ASSISTANCE PROGRAM**

### **A Plain Language Summary**

Hospital's Financial Assistance Program offers discounted or free care for those in need of essential healthcare services and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay their medical bills. We never turn anyone away from our emergency room, or other medically necessary services, due to their inability to pay or ineligibility for financial or government assistance. Following is a summary of Copley Hospital's Financial Assistance Program and instructions on how to apply.

#### **Eligible Services**

Emergency medical care and essential healthcare services provided and billed by Copley Hospital are covered by financial assistance for eligible patients. This includes essential services provided in the Mansfield Orthopaedics practice, The Women's Center, the Urology Clinic, Cardiology Clinic, and General Surgery Clinic. Copley Hospital's Financial Assistance does not cover services rendered by Apogee Hospitalists, Vermont Radiology Radiologist, The Manor, Copley Professional Services Group d/b/a Community Health Services of Lamoille Valley, or other providers not owned or operated by Copley Hospital. For eligible patients that are not residents of Vermont, eligible services include only emergency medical care and/or medically necessary healthcare services.

#### **Eligible Patients**

If payment of medical bills creates a financial hardship, a patient may be eligible for assistance under Copley Hospital's Financial Assistance Program. The patient must apply for financial assistance in order to determine eligibility. Eligibility for the Financial Assistance Program is determined based upon the Federal Poverty Level Guidelines and the applicant's confidential disclosure of financial information related to household income and assets, along with supporting documentation submitted with the application.

#### **How to Apply**

To be considered for Copley's Financial Assistance Program, a complete Financial Assistance Application must be completed and returned, along with all of the required supporting documentation, to:

Copley Hospital Patient Financial Services  
Attn: Financial Counseling  
528 Washington Highway  
Morrisville, VT 05661

The Financial Assistance Application can be downloaded from our website at [www.copleyvt.org](http://www.copleyvt.org), or call 802-888-8338 to receive a free application in the mail. An application may also be obtained at any registration desk in the hospital and hospital-owned physician practices, or in our Patient Financial Services (Billing) department, located on the 2nd floor of the Health Center Building, adjacent to the Hospital, Suite 2400.

For help with your application, or any questions you may have about the Copley Hospital Financial Assistance Program, please call our Financial Counselor at 802-888-8336, Monday thru Friday from 8:00 am to 4:30 pm.

(Continued...)



**Determination of Amount of Assistance Awarded**

The amount of financial assistance granted to eligible patients is determined on a sliding scale based on the household income. Free care is granted to eligible patients whose household income is at or below 300% of the Federal Poverty Level Guidelines (FPLG). Discounted care is granted to eligible patients whose household income is between 301% and 400% of the FPLG.

The table below summarizes the amount of the discount granted to eligible patients based on the FPLG.

| <b>FPLG</b> | <b>Discount</b> |
|-------------|-----------------|
| Up to 300%  | 100%            |
| 301%-350%   | 75%             |
| 351%-400%   | 50%             |

By applying the financial assistance discount, Copley ensures that no patients eligible under Copley's Financial Assistance Program will be charged more than the amounts generally billed to patients who have insurance since the most an eligible patient will be charged is 50% of gross charges. Amounts generally billed to patients that have insurance is determined at least annually based on actual past claims allowed by all private insurers plus claims allowed under the Medicare fee-for-service program. More information on amounts generally billed is available upon request.

**Where to Get More Information**

If you would like more information, visit our website at [www.copleyvt.org](http://www.copleyvt.org), where you can read about Copley Hospital's Financial Assistance Program, download Copley's Financial Assistance Program Policy and Application, as well as read more about government assistance programs and other helpful resources.

For more information, you can contact a Copley Patient Financial Counselor at 802-888-8336, Monday thru Friday from 8:00 am to 4:30 pm. Your call and all personal and financial information shared with the Counselor are kept confidential. To speak with a Financial Counselor in person, please feel free to visit us at:

Patient Financial Services (aka Billing Office)  
Health Center Building, 2nd Floor  
Suite 2400  
530 Washington Highway  
Morrisville, VT 05661  
Hours: Monday thru Friday 8:00am-4:30pm  
Phone: 802-888-8338