

UVM Health Network/Porter Medical Center

Type of Document: Financial Assistance Policy	
Title Owner: Director of PFS	
Title of Approving Official: CFO PMC	
Original Effective: January 2012	Last Revised: 06/2023

TITLE: Patient Financial Assistance Program

PURPOSE: To establish a policy and procedure for the administration of UVMHN/Porter Medical Center’s Patient Financial Assistance Program.

POLICY: The University of Vermont Health Network Porter Medical Center 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. Further, the UVMHN/PMC is committed to providing financial assistance to persons who have essential healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for, medically necessary care based on their individual financial situation. Financial assistance will be based solely on ability to pay and will not be judged on the basis of any particular race, color, religion, national origin, ancestry, creed, handicap, sex, age, marital status, or sexual orientation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to fulfill our obligation as a non-profit organization. The UVMHN/PMC strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with UVMHN/PMC for obtaining forms for financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow the UVMHN/PMC to provide the appropriate level of assistance to the greatest number of persons in need, the following policies and procedures have been established for the provision of the patient financial assistance.

An application will be provided free of charge to all, the request for financial assistance shall be processed promptly once the paper application is received completed and with all attachments required. UVMHN/PMC will notify the applicant of the financial assistance decision in writing within 30 days of receipt of a completed application.

PROCEDURES:

Patient Financial Assistance

Healthcare service Eligibility:

- Services eligible under this policy:
 - Emergency medical services provided in an emergency room,
 - Services for a condition, which if not promptly treated, would lead to an adverse change in the health status of an individual,
 - Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
 - Medically necessary services, as defined by CMS.
 - Elective medically necessary services for patients who meet established program guidelines.
 - Porter owned physician practice visits

- Services not Eligible under this policy:
 - Cosmetic services unless medically necessary based upon physician review.
 - Vasectomies reversals, tubal ligations reversals, unless medical necessity documentation from physician is provided.
 - General Dentistry unless medically necessary extenuating circumstances are presented by the dental program.
 - Services reimbursed directly to the patient by an insurance carrier or third party.

Provider Coverage: All UVMHN/Porter Medical Center employed medical providers rendering care at Porter Medical Center and Physician practices/departments are covered under this policy. See addendum list of Departments who are not covered under this policy.

Patient Eligibility:

Services eligible for financial assistance under this policy will be discounted on a sliding schedule, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination. The basis for the amounts Porter Hospital will discount is as follows:

- Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
- Patients whose family income is at or above 201% but not more than 360% of the FPL are eligible to receive discounts based on the sliding scale matrix at either a FY AGB%, 65%, 75% or 85% discount. A revised sliding scale matrix was implemented on 6/1/23. All applications processed or accounts eligible for financial assistance, on or after 6/1/23, will reflect the new sliding scale matrix percentages.
- Patients whose family income is above 360% of the FPL may be eligible to receive assistance on a case-by-case basis based on their specific circumstances at the discretion of Porter Hospital.
- Patients are eligible for an AGB discount off of gross charges by applying for our financial assistance program and qualifying for our sliding fee scale thus ensuring that no patient eligible is charged more than an amount generally billed to the average insured patient. The average AGB was determined by the look-back method using Medicare fee-for –service, calculations and percentages can be found in our Billing and Collections policy at request.

For the purpose of financial assistance, all sources of income and monetary assets will be included in the calculation of financial need.

Examples of income include, but are not limited to:

- wages and salaries before deductions,
- self-employment income,
- Social Security benefits,
- pensions and retirement distribution,
- unemployment compensation,
- workers compensation,
- Veteran’s payments,
- Supplemental Security income,
- public assistance,
- alimony,
- child support,
- assistance from outside the household,
- military family allotments,
- regular insurance or annuity payments,
- Income from dividends, interest, rents, royalties, estates, trusts, legal settlements, and gambling or lottery winnings.
- Food or rent in lieu of wages, non-cash benefits, and payments from student loans and grants will not be considered income.

A patient whose income is documented as “\$0” **must** complete a “Statement of Zero Income”

Examples of monetary assets include, but are not limited to: cash, checking and savings accounts, certificates of deposit, stocks, bonds, mutual funds, cash value of life insurance policies, and other investments. Primary places of residence, automobiles, personal property, and assets held in pension plans or retirement accounts will not be considered as monetary assets.

Each household is allowed liquid assets limited to CMS website-Medicare low-income beneficiary’s limitation

Health Insurance and Liability Payments:

- Porter Hospital will accept a variety of payment methods and will offer resources to assist in resolving any outstanding balance. We will define the standard to be used by any outside agencies that are collecting on our behalf and will ensure that these policies are incorporated throughout the entire collection process.
- We will communicate our policy to those in need accurately and consistently. We will assist patients in applying for known programs of financial assistance that may be applicable utilizing our in house Assister. We will treat all patients with dignity, respect, and compassion.
 1. Patients may call 802-388-8808 option 5 Monday – Friday 7:30am-4pm or walk in at 23 Pond Lane, Middlebury VT 05753.
 2. Patients may talk to someone at any of our registration windows for an application
 3. Patients may visit our website for an application at <http://www.portermedical.org>
 4. Patients will be notified by registration staff, outsourced self pay staff and billing staff of availability of FAP
- The Financial Application is also in Spanish, this was determined according to the following reporting: the U.S. Census Bureau reporting for Addison County, Stratus usage report, Facility & Professional demographic reporting on an annual basis. We supply interpretation services through Stratus as well as ASL interpreters.
<https://www.census.gov/quickfacts/fact/table/addisoncountyvermont,US/PST045216>
- It is preferred but not required that a request for financial assistance occur prior to the rendering of non-emergent medically necessary services. However, the request and determination may be done at any point. The need for financial assistance shall be reevaluated at each subsequent time of service if the last financial evaluation was completed more than one year prior, or at any time, additional information relevant to the eligibility of financial assistance becomes known or has changed.

Determination/Verification of Financial Need:

For determining eligibility, a patient who is requesting financial assistance must provide documentation of family income and monetary assets.

Requested information for eligibility verification may include, but is not limited to one of the below, where applicable:

- a copy of the most recent tax return,
- statement of earnings from the Social Security Office (800-772-1213),
- copies of two of the most recent pay stubs or last paystub of calendar year,
- income statement from self-employed persons,
- written income verification from an employer (if paid in cash),
- recent statements from financial institutions or other third parties verifying an asset’s value, and/or evidence that all possible third party payers have been exhausted and the balance is due from the responsible party.
- Written documentation from the Open Door Clinic of financial information will be accepted in lieu of the above income verification. If ineligible for government program, a copy of letter or notice received from government office documenting ineligibility.
- It is crucial that applicants’ cooperate with UVMHN/PMC need for accurate and detailed information within a reasonable time frame. Applications with information that is not legible or incomplete may be considered denied or returned until such time that all crucial information can be obtained. Applications should contain the applicant’s signature or a signature of a representative acting on behalf of the applicant (i.e. power of attorney).

Application Period:

UVMHN/PMC will process complete applications submitted by individuals during the application period which begins on the date a billing statement for the patient balance of care is presented and ends 240 days later. If at the end of the 120-day notification period, an account has been referred to a collection agency and an application is received and granted within the 240-day application period, accounts shall be recalled from the agency and processed under the financial assistance program.

Reasonable Efforts:

UVMHN/PMC will make reasonable efforts to notify patients about the financial assistance program prior to balance transfer to collections.

Catastrophic Financial Assistance

In the event of a catastrophic illness where proper documentation has been submitted, but the patient still has a responsible balance from Porter Hospital bills that causes an undue hardship upon the household, the Patient Financial Services Director along with Senior Leadership may review and determine if additional discounts are merited.

Relationship to Collection Policies

Porter Hospital has developed policies and procedures for internal and external collection practices that include actions the hospital may take in the event of non-payment, including credit agency reporting. These collection policies take into account the extent to which a patient qualifies for financial assistance, a patient's effort to apply for a governmental program/financial assistance, and a patient's effort to comply with his or her payment arrangements with Porter Hospital.

If a patient is requesting financial assistance and/or applied for other coverage and is cooperating with the hospital, the hospital will not pursue collection action until a decision has been made that there is no longer a reasonable basis to believe the patient may qualify for financial assistance.

For patients who qualify for financial assistance discounts and who are cooperating in good faith to resolve their discounted hospital bills, Porter Hospital may offer extended payment plans and will not send unpaid bills to outside collection agencies. However, the financial assistance application period will end 240 days from the date of the first post discharge billing statement.

Porter Hospital will not impose collections actions without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this policy.

Extraordinary collection action will not be engage including: wage garnishments, liens on residences, or other legal actions for any patient.

Confidentiality/Document Retention:

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

Financial assistance applications and supporting documentation will be kept for 7 years from the date of approval or denial to allow for subsequent retrieval and review and audits.

Regulatory Requirements

In implementing this policy, Porter Hospital will comply with all other federal, state, and local laws and regulations that may apply to activities conducted pursuant to this policy.

DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

- **AGB:** Amount generally billed to insurance payers for services provided. The look-back method is used to calculate the AGB, reflecting a combination of fully adjudicated claims for Medicare fee for service.
- **Bad Debt:** the charges incurred by a patient who based on available financial information, appears to have the financial resources to pay the charged healthcare services, but who has demonstrated by their actions an unwillingness to resolve the bill.
- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and are related by birth, marriage, civil union or adoption. For Migrant workers direct family members (spouse and birth children) who reside outside the country will be included as household size.
- **Family Income:** Using the Census Bureau definition, the following income is used when computing federal poverty guidelines:
 - Includes earnings, unemployment compensation, workers compensation, Social Security benefits, Supplemental Security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources,
 - Non-cash benefits such as food stamps and housing subsidies do not count,
 - Excludes capital gains or losses,
 - Determined on adjusted gross income,
 - Determined upon an individual patients income and assets.
 - Do not include non-dependents who reside in your household. You may include dependent students (21 & under) for which are reflected as dependents on your Federal Income Tax Returns.
- **Federal Poverty Income Guidelines:** The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
- **Gross Charges:** The total charges at full-established rates before deductions are applied.
- **Medically Necessary:** As defined by Medicare, services or items reasonable and necessary for the diagnosis or treatment of illness or injury. (Does NOT include elective surgical services)
- **Monetary Assets:** Assets that can be turned into cash quickly with little or no loss of value.
- **Underinsured:** Some level of insurance or third party assistance but has an out-of-pocket expense that exceeds a patient's financial abilities.
- **Uninsured:** No level of insurance or third party assistance to help with meeting payment obligations.

APPROVED BY: UVMHN/PMC BOARD

APPROVED ON :

Departments, practices and physicians that are covered under the UVM Health Network/Porter Medical Center Financial Sliding Fee Scale.

1. UVM Health Network/ Porter Medical Center
Primary Care – Middlebury
82 Catamount Drive, Middlebury, VT 05753 (802)-388-7185
2. UVM Health Network/Porter Medical Center
Primary Care – Brandon
61 Court Drive Brandon, VT 05733 (802)-247-3755
3. UVM Health Network/Porter Medical Center
Ear, Nose & Throat
116 Porter Drive Middlebury, VT 05753 (802)-388-7037
4. UVM Health Network/Porter Medical Center
Primary Care Vergennes
10 North Street Vergennes, VT 05491 (802)-877-3466
5. UVM Health Network/Porter Medical Center
Pediatric Primary Care
1330 Exchange Street Suite 201 Middlebury, VT 05753 (802)-388-7959
6. UVM Health Network/Porter Medical Center
Cardiology
115 Porter Drive Middlebury, VT 05753 (802)-382-3443
7. UVM Health Network/Porter Medical Center
Women’s Health
116 Porter Drive Middlebury, VT 05753 (802)-388-6326
8. UVM Health Network/Porter Medical Center
Orthopedics
1436 Exchange Street Middlebury, VT 05753 (802)388-3194
9. UVM Health Network/Porter Medical Center
Podiatry
76 Court Street Middlebury, VT 05753 (802)-388-1200
10. UVM Health Network/Porter Medical Center
Express Care
44 Collins Drive, Middlebury, VT 05753
11. UVM Health Network/Porter Medical Center
General Surgery
116 Porter Drive, Middlebury, VT 05753 (802)388-9708
12. UVM Health Network/Porter Medical Center
Hospitalist inpatient physician and facility charges
Emergency Room & Physician

Departments, practices and physicians that **May grant assistance from one of our network affiliates under their guidelines for Financial Sliding Fee Scale are:**

- UVM Health Network
Central Vermont Medical Center
130 Fisher Road, Berlin, VT 05602

- UVM Health Network
Champlain Valley Physician's Hospital
75 Beekman Street, Plattsburgh, NY 12901

- UVM Health Network
Alice Hyde Medical Center
133 Park Street, Malone, NY 12953

- UVM Health Network
Elizabethtown Community Hospital
75 Park Street, Elizabethtown, NY 12932

- University of Vermont Medical Center
111 Colchester Ave, Burlington VT 05401

Departments, practices and physicians that are NOT covered under the UVM Health Network/Porter Medical Center Financial Sliding Fee Scale. (You may receive separate bills for these services)

1. Middlebury Eye Associates Inc.
2. Eye Care Associates
3. Rainbow Pediatrics
4. Middlebury College Parton Health Center
5. Mountain Health Center
6. Middlebury Family Health
7. Helen Porter Nursing Home
8. Champlain Valley Hematology & Oncology
9. Rutland Heart Center
10. Developmental/Behavioral Pediatrics
11. Maple View Oral and Maxillofacial Surgery
12. Burlington-based plastic Surgery
13. Middlebury Dental Group
14. Vermont Spine Works & Rehabilitation
15. Counseling Service of Addison County

