

## Patient Financial Assistance Policy Summary

The University of Vermont Health Network—Central Vermont Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient's insurance benefits or financial resources. Central Vermont Medical Center is committed to providing financial assistance to persons who have essential health care 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. Central Vermont Medical Center strives to ensure that the financial capacity of people who need health care 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 our procedures for obtaining charity or other forms of payment or 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.

Applications are available online at [www.cvmc.org](http://www.cvmc.org), via Customer Service, by phone at 802-371-5999 or 844-321-4100, at the Financial Counseling Office at the Medical Center Campus or any Registration location at Central Vermont Medical Center.

### Service Eligibility

- Inpatient, emergent and urgent services, and medically necessary elective services
- Exclusions from the assistance program:
  - ◊ Cosmetic services
  - ◊ General Dentistry unless extenuating circumstances presented by dental practice
  - ◊ Birth Control, Fertility, and Infertility services, including reversals
  - ◊ Non Emergent care for foreign national including obstetrics, and labor and delivery
  - ◊ Services deemed not medically necessary
  - ◊ Services reimbursed directly to the patient by an

### Financial Need Determination

- Patients are invited to complete an application and are required to supply supporting financial documentation upon submission
- Determination is a financial calculation based upon a patient's income test and assets review
- Coverage will be provided to patients whose income is at or below 400% of federal poverty level guidelines
- May include the use of external publicly available data sources which provide information on ability to pay

### Income & Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month).
- Dependents >18 years of age may be included in the household size provided they are listed as a dependent on federal income tax returns.
- Liquid assets not to exceed \$50,000. Assets include: Cash, savings, checking, money market, CD's, term certificates, stocks/bonds, mutual funds, income drawn from retirement accounts and other liquid assets. Secondary homes, rental properties and fair market value for recreational vehicles. Exclusions include: Primary residence, rental property depending upon value, personal property such as furniture, apparel, livestock and non-recreational vehicles. Tuition stipends and/or grants for education.

### Patient Eligibility

- Uninsured, underinsured or ineligible for any government health care benefit program
- Eligibility shall be based upon an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation
- Eligibility is based upon an income calculation with a review of assets
- Patient must reside within The Central Vermont Medical Center service area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in the Vermont service area
- All insurance plans, workers' compensation, third-party liability carriers, etc., must be billed
- Patients who would qualify for public programs, including the health exchange will be expected to apply for benefit coverage. Exclusion: Patients whose religious or cultural belief prohibit government assistance, will be required to assume a portion of financial responsibility
- Catastrophic coverage is available when care exceeds 30% of annual household income

### Provider Coverage (MD non-covered list available)

- All employed CVMC medical providers rendering care at CVMC and physician practices are covered

## Assistance Guidelines

- In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount assessed to a patient will not exceed the amount generally billed to patients who have insurance coverage.
- The patient financial assistance may be applied against a six month coverage window, one year for >65 yrs of age with a fixed income. When the period has closed, patients will be required to re-apply and based upon their financial status may have their financial assistance category adjusted.
- Catastrophic assistance is available to patients whose balance exceeds 30% of their annual household income.
- Central Vermont Medical Center acknowledges extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. Where these conditions exist, patients may submit a letter for consideration detailing the hardship.
- Cases which may require review for clinical necessity will be presented to the Chief Quality Office for a decision on medical necessity.
- Patients whose applications are denied may appeal the decision. Requests for appeal should be sent to the Patient Financial Assistance Specialist in writing within 30 days of denial receipt and must clearly indicate the reason for appeal.
- Patients who qualify for assistance and who are cooperating in good faith to resolve their bills, may be offered extended payment plans on balances not covered by the Healthcare Assurance Program.
- Central Vermont Medical Center does not engage in extraordinary collection actions.

## Application Process

- Patients who face financial hardship are encouraged to apply for assistance. The full financial assistance policy and application are available online at [www.cvmc.org](http://www.cvmc.org), via mail by contacting Customer Service at 802-371-5999 or 800-639-2719, at the Financial Counseling Office at the Medical Center Campus, 130 Fisher Road Berlin, VT, or any CVMC Medical Group Practice location. Questions regarding the policy or process and/or if you need help completing and application, please contact a Financial Counselor via phone or in person at the Financial Counseling office at the Medical Center Campus.
- Applications must be completed in full and be accompanied by all required supporting documentation. Please refer to the application check list before submission.
- Incomplete applications will remain unprocessed and will be rejected if supporting documentation is not received within 14 days of submission. If incomplete, a period of 30 days shall be allowed to provide the remaining information.
- Receipt of a completed application, documentation included, will begin a processing period where the financial status of the family will be reviewed. This will include a review of all family balances, medical necessity of service and an income test/assets review.
- Requests for assistance will be processed promptly and Central Vermont Medical Center will notify the patient applicant of a decision in writing within 30 days of receipt.
- Central Vermont Medical Center will apply the adjustment financial assistance to all eligible services and subsequently bill the patient for any remaining balances.

Federal Poverty Level	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Financial Assistance Percentage Discount	100%	85%	75%	65%	55%