



Choosing Health

# Northeastern Vermont Regional Hospital

## Financial Assistance Policy Summary

Northeastern Vermont Regional Hospital 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. NVRH 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. NVRH 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.nvrh.org/patients-visitors/billing-financial/](http://www.nvrh.org/patients-visitors/billing-financial/) or by calling 802-748-7518 or 802-748-7522, or at the Patient Accounts Office in the Business and Conference Center at NVRH.

### Service Eligibility

- Inpatient, emergent and urgent services, and medically necessary elective services
- Exclusions from the assistance program:
  - ◊ Cosmetic services
  - ◊ Dental
  - ◊ Fertility, and Infertility services, including reversals
  - ◊ Services deemed not medically necessary
  - ◊ Services reimbursed directly to the patient by an insurance carrier or third party
  - ◊ Services that have been placed in collections beyond 120 days of placement
  - ◊ Hearing Aids
  - ◊ Physical Therapy Independent Program

### 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 and assets
- Coverage will be provided to patients whose income/assets are at or below 400% of federal poverty level guidelines

### Income & Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month).
- Students 18–21 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 and rental properties.
- 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 and asset calculation
- Patient must reside within NVRH service area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in VT/NH 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

### Providers not covered under the FAP

- CardioNet, Shippee Family Eye Care, P.C., iRT, Boston Scientific Cardiac Diagnostics, Inc., Orthocare, Rom Tech, Lab Services sent to the University of Vermont Medical Center, Northern Counties Health Clinic providers and VT Radiologists



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## 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. Patients 65 or older on a fixed income will have financial assistance applied for a twelve month period. 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.
- NVRH acknowledges extenuating circumstances may exist where an individual's income and assets 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 CFO 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 Patient Financial Assistance Program.
- NVRH will not engage in extraordinary collection actions beyond adverse credit reporting to consumer credit reporting agencies. Reporting will not occur until 60 days have expired with the collection agency.

## Application Process

- Patients who face financial hardship are encouraged to apply for assistance. Applications are available online at [www.nvrh.org/patients-visitors/billing-financial/](http://www.nvrh.org/patients-visitors/billing-financial/) by calling 802-748-7518 or 802-748-7522, or at the Patient Accounts Office in the Business and Conference Center at NVRH.
- Applications must be completed in full and be accompanied by all required supporting documentation.
- Incomplete applications will remain unprocessed until all information is received. If no response to our attempt to attain this documentation within 14 days the application will be rejected.
- 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 and assets test.
- Requests for assistance will be processed promptly and NVRH will notify the patient applicant of a decision in writing within 30-42 days of receipt.
- NVRH 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%	70%	57%	47%