



Revised: 06/20/24
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Subject: Self-Pay Collections

POLICY: Financial Assistance Program

PURPOSE:

To ensure Copley Hospital provides quality health care to everyone in need, regardless of their ability to pay.

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.

NON-DISCRIMINATION STATEMENT:

Copley Hospital does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, marital status, religion, ancestry, national origin, citizenship, immigration status, primary language, disability, medical condition, or genetic information in the provision of patient financial assistance or in the implementation of this financial assistance policy.

DEFINITIONS:

As used in this policy:

Amount generally billed – means the amount a hospital generally bills to individuals for emergency or other medically necessary health care services

Credit Reporting Agency - means a person who, for fees, dues, or on a cooperative basis, regularly engages in whole or in part in the practice of assembling or evaluating information concerning a consumer's credit or other information for the purpose of furnishing a credit report to another person.

Health Care Provider – means a person, partnership, corporation, facility, or institution licensed, certified, or otherwise authorized by law to provide professional health care services in this State to an individual during that individual’s medical care, treatment, or confinement.

Health Care Services – means services for the diagnosis prevention, treatment, cure, or relief of a physical dental, behavioral, or mental health condition, or substance use disorder, including procedures, products, devices, and medications.

Hospital – means a hospital licensed pursuant to Vermont Statutes Annotated (VSA) chapter 43 of title 18 or an outpatient clinic or facility affiliated with or operating under the license of a hospital licensed pursuant to VSA chapter 43 of title 18.

Household Income – means income calculated in accordance with the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R. 1.36B-1 & 2 including the method used to calculate household size, with the following modifications:

Domestic partners, and any individual who is considered a dependent of either partner for federal income tax purposes, shall be treated as members of the same household.

Married individuals who file federal income tax returns separately but could file jointly and any individual who is considered a dependent of one or both spouses for federal income tax purposes, shall be treated as members of the same household.

Married individuals who are living separately while their divorce is pending shall not be treated as members of the same household, regardless of whether they are filing federal income tax returns jointly or separately.

Household income for individuals who are not required to file a federal income tax return, and for undocumented immigrants who have not filed a federal income tax return, shall be calculated as if they had filed a federal income tax return.

Liquid asset means an asset that is cash or can be easily converted to cash such as cash, checking and savings accounts, money markets, stocks, bonds, and certificates of deposit. For the purposes of determining financial assistance eligibility, liquid assets do not include the household’s primary residence, any 401K or individual retirement accounts, or any pension plans.

Medical creditor – means hospital to whom a consumer owes money for health care services.

Medical debt – means a debt arising from the receipt of health care services.

Medical debt collector – means an individual or entity that regularly collects or attempts to collect, directly or indirectly, medical debts originally owed or due, or asserted to be owed or due, to another individual or entity.

Medically necessary health care services – means health care services including diagnostic testing, preventive services, and after care that are appropriate to the patient’s diagnosis or condition in terms of type, amount, frequency, level, setting, and duration. Medically necessary care must:

Be informed by generally accepted medical or scientific evidence and be consistent with generally accepted practice parameters as recognized by health care professions in the same specialties as typically provide the procedure or treatment, or diagnose or manage the medical condition:

Be informed by the unique needs of each individual patient and each presenting situation.

Meet one or more of the following criteria:

Help restore or maintain the patient’s health

Prevent deterioration of or palliate the patient’s condition; or

Prevent the reasonably likely onset of a health problem or detect an incipient problem.

Out-Of-Pocket cost – means patient expenses for medical care that aren’t reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren’t covered.

Federal Poverty Level (FPL) – is a measure of income issued every year by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, Medicaid, Children’s Health Insurance Program (CHIP), and hospital patient financial assistance.

Patient – means the individual who receives or received health care services and shall include a parent if the patient is a minor or a legal guardian if the patient is a minor or adult under guardianship.

Vermont Resident – means an individual, regardless of citizenship and including undocumented immigrants, who reside in Vermont, is employed by a Vermont employer to deliver services for the employer in this State in the normal course of the employee’s employment, or attends school in Vermont, or combination of these. The term includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.

COVERED SERVICES

This policy covers all emergency and medically necessary health care services provided by the hospital employees who are covered by this policy.

NON-COVERED SERVICES

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.

PROVIDERS NOT COVERED

This policy does not cover services rendered by medical professionals who are not employees of the hospital but who provide services at Copley Hospital.

Provision of Policy Documents to Patients:

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 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
- In person: Free paper copies of Plain Language Summary and Financial Assistance application.

- By Phone: Patients can call 802-888-8338 to request a free paper copy of this policy and the financial assistance application.
- 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.
- Translations: An individual can request an oral or written translation of the Financial Assistance Policy and application.

What We Will Do Before Seeking Payment for Emergency or Medically Necessary Services

Before we seek any type of payment from a patient for emergency and or medically necessary services, we will do at least the following:

Determine whether the patient has insurance to cover the provided emergency and/or medically necessary services including, but not limited to, health insurance, automobile insurance, worker's compensation, or some other type of policy:

Offer to provide the patient with information about how to apply for health insurance and where they can get assistance with the application process;

If available, we may use information in the hospital's possession to determine eligibility for patient financial assistance.

Offer the patient a financial assistance application at no cost.

Offer to provide the patient with assistance completing and submitting the financial assistance application at no cost.

Eligibility:

Copley Hospital offers two types of Financial Assistance: general and catastrophic financial assistance.

General Financial Assistance: A patient must meet two tests to be eligible for general financial assistance.

- Residency test
- General income test
- Asset Test

Catastrophic Financial Assistance: A patient must meet two tests to be eligible for catastrophic financial assistance.

- Residency test
- General income test
- Asset Test

Residency Test:

Any individual, regardless of citizenship and including undocumented immigrants, who resides in Vermont, is employed by a Vermont employer to deliver services for the employer in this State in the normal course of the employee's employment, or attends school in Vermont, or a combination of these. This includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.

There is no durational requirement of for Vermont residency. It is irrelevant how long the patient has been a Vermont resident and Copley Hospital explicitly recognizes that persons with unstable housing can be Vermont residents (even if they just moved to Vermont).

General Income Test:

To be eligible for general financial assistance, a patient's household income must be equal to or less than 400% of the Federal Poverty Level (FPL). To determine the applicant's FPL, Copley Hospital shall use the "Household Income" definition in the "Definitions" section of this policy, which also contains guidance on determining household size. See also the "Application Processing" section of this policy below for further guidance. The applicable FPL standard shall be for the year in which services were or are rendered.

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.

Asset / Resource Testing:

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.

Catastrophic Income Test:

To be eligible for catastrophic financial assistance, a patient's household income must be equal to or less than 600% FPL. To determine the applicant's FPL, Copley Hospital shall use the "Household Income" definition in the "Definitions" section of the policy, which also contains guidance or determining household size. See also the "Application Processing" section of this policy below for further guidance. The applicable FPL standard shall be for the year in which services were or are rendered.

Eligibility and Health Insurance Sign-up Requirements:

If a patient is an undocumented immigrant, the patient's refusal to apply for public health insurance shall not be used as a reason to deny them financial assistance. For all patients, regardless of immigration status, the patient's refusal to apply for private health insurance shall not be used as a reason to deny them financial assistance.

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 or email.

An application for Financial Assistance can be submitted any time from the date that care is provided through the 240th 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.

Regardless of what type of income documentation the applicant submits, Copley Hospital shall calculate household income using the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R. 1.36B-1 & 2e.

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).

DOCUMENTATION:

Residency: Copley Hospital will not ask an applicant to provide proof of residency. A signed financial assistance application will be considered sufficient attestation that the applicant meets the definition of Vermont residency included in this policy

Income:

A patient must provide proof of income along with their financial assistance application. A patient may provide the following:

- Most recent State or Federal Income Tax Return
- Bank Statement for Checking, Savings, CD's and Money Market Accounts
- Paycheck stub from all places of employment
- Letter from Employer with proof of income
- Self-Attestation in extenuating circumstances in which no other documents are available
- Unemployment Income Statement
- Net income from self-employment after deductions (excluding depreciation) for business expenses.
- Social Security Statement or Railroad Retirement Statement
- Disability Benefits Statement
- Veteran's Benefits Statement
- Public Assistance payments including Food Stamps & General Assistance
- 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:

- Public fuel assistance.
- 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.

NOTE: Patients who are undocumented immigrants shall be given the option to submit other documentation of household income, such as a profit and loss statement, in lieu of a state or federal income tax return.

Copley Hospital does not require any other source of income verification aside from the documentation listed above.

Copley Hospital may rely on other evidence of eligibility but will not require a patient to provide any forms of documentation that are not listed in this policy.

Copley Hospital may presumptively deem a patient eligible for financial assistance based on information in the hospital's possession. We will not use information in our possession to presumptively deny an application.

APPLICATION PROCESSING:**Determining household income:**

Regardless of what type of income documentation the applicant submits, Copley Hospital shall calculate household income using the financial methodologies for determining financial eligibility for advance premium tax credits under 26 C.F.R 1.36B-1 & 2e.

Determining household size:

Copley Hospital shall calculate the household size in accordance with the guidelines set forth in the definition of "Household Income" (see Definitions" section above).

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 30 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.

FINANCIAL ASSISTANCE AMOUNTS:

Patients eligible for general or catastrophic financial assistance shall receive the discounts detailed below based on the federal poverty level (FPL) of the applicant's household.

General Financial Assistance Amount:

Insured & Uninsured Patients: Insured patients shall have a discount applied to their out-of-pocket expenses. Please chart below:

FPLG	Up to 300%	301%- 350%	351%- 400%	401% - 600%
Discount	100%	75%	50%	20%

Catastrophic Financial Assistance Amount:

For insured & uninsured patients: If the total amount owed for emergency and medically necessary services rendered exceeds 20% of the household income, then the amount owed shall be reduced so that it is equal to 20% of the patient's household's income. (Hospital may reduce bill to less than 20% of household income. – Example: 15% of household income.)

In no case shall a patient who is eligible for catastrophic or general financial assistance be charged monthly payments of more than 5% of their household's gross monthly income for the services rendered.

In no case shall a patient who is eligible for catastrophic or general financial assistance be charged interest on the amount owed for services or be charged any prepayment or early payment penalty or fee on the medical debt owed.

In no event will the amount from which the financial assistance discount is taken be more than the amount generally billed for uninsured patients. Similarly, for insured patients, in no event will the amount from which the financial assistance discount is taken be more than the charge allowed by the patient's insurance carrier.

DECISION TIMELINE & CONTENT

Copley Hospital will issue a decision to the applicant no later than 30 days after receiving the financial assistance application.

Additionally, the written decision will contain the following:

- If the patient's application is incomplete, Copley Hospital will notify the applicant of this fact and specify what information is needed to complete the application.

- If the patient's application is approved, Copley Hospital will include the amount of assistance provided, the basis for the calculation of the amount owed, and a revised bill will be sent to the patient. If the patient continues to owe a balance after financial assistance has been applied, Copley Hospital or a medical debt collector seeking payment for that medical debt, shall offer a payment plan that does not exceed five percent of the patient's gross monthly household income.

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. Applications for eligible recipients whose awarded assistance will be greater than \$5,000 will also be reviewed and approved by the Director of the Revenue Cycle.

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 Patient Access and Financial Services
- Over \$5,000 – approved by the CFO

Term of Financial Assistance:

Each eligibility determination for financial assistance, whether approved or denied, is effective for 1 year 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.

Language Access Rights:

Copley Hospital is committed to ensuring that patients whose primary language is not English can effectively communicate with us. We provide free language services to persons whose

primary language is not English. This includes qualified interpreters and written information in non-English languages.

Copley Hospital is committed to providing free aids and services to deaf people and persons with disabilities to communicate effectively with us. This includes qualified sign language interpretation and written information in other formats (large print, audio accessible electronic formats, other formats).

Although contacting us at the phone number provided above is preferred, requests related to a disability can be made at any time, to any staff member, and in any form.

Appeal Rights:

A patient has 60 days following the receipt of a written financial assistance decision to appeal the decision. Copley Hospital shall inform the patient no later than 60 days after receipt of the appeal as to whether the appeal was approved or denied.

Complaints:

If we are unable to resolve your complaint, you may contact the Vermont Office of the Attorney General which is named as the enforcement entity under Vermont Act 119 of 2022.

If you would like to talk to a Health Care Advocate about your concerns, you may contact the Office of the Health Care Advocate (HCA). The HCA is a free resource available to help all Vermonters solve problems related to health care. It is not an insurance company and is not part of Vermont state government. You can contact them at: 1-800-917-7787 or hca@vtlegalaid.org.

Publicity:

Copley Hospital is committed to making information about our policy widely available. In addition to making free written copies available (see “Provision of Policy Documents to Patients” section above), we take the following steps to widely publicize this information:

We conspicuously post notices of and information regarding the financial assistance policy in the facility’s offices, including patient reception and admission areas, as well as locations where patient financial assistance and billing services are provided.

We notify and inform members of the community served by the facility about the financial assistance policy in a manner reasonably calculated to reach the members of the community who are most likely to need financial assistance, including members who are non-native English speakers.

Patient Billing or Collection Statements:

All billing statements, whether sent by this hospital or a medical debt collector, shall include a conspicuous written statement that some patients may be eligible for financial assistance. This statement shall include the telephone number a patient can call to obtain more information about our policy and the application process. It shall also include the web address where this policy, the financial assistance application, and the plain language summary are posted.

All oral or written communication attempts by a medical creditor or a medical debt collector, including the Copley Hospital to collect a medical debt arising from health care services delivered at this facility shall include information about our financial assistance policy.

Policy Review:

This financial assistance policy shall be reviewed, updated and approved by the hospital's governing body at least once every three years.

Medical Bill Collections

Our full medical billing and collections policies are detailed in our Billing & Collections Policy available at copleyvt.org

All billing statements, whether sent by us or a medical debt collector, shall include a conspicuous written statement that some patients may be eligible for financial assistance. Further, such statements shall include both the telephone number a patient can call to obtain more information about financial assistance and the specific web addresses where the financial assistance policy, the financial application, and plain language summary are posted.

All oral or written communication from us or a medical debt collector shall include information about our financial assistance policy.

We do not sell any medical debt.

REFERENCES:

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