

Patient Financial Assistance

Applicability: Organizational	Date Effective: 10/2007
Department: Patient Financial Services	Date Reviewed: 12/2019
Supersedes: "Charity Free Care", "Eligibility Guidelines for Uncompensated	Date Last Revised:
Care"	12/2019
Administration Approval:	
Robyn Alvis, Chief Financial Officer	

Purpose: To establish a policy and procedure for the administration of Northwestern Medical Center's Patient Financial Assistance Program.

Policy Statement: Northwestern Medical Center is dedicated to providing quality health care to everyone in need, regardless of their ability to pay. Northwestern Medical Center may grant financial assistance for medically necessary heath care services provided to patients/guarantors who indicate they are unable to pay all or part of their Northwestern Medical Center bills due to financial hardship. Eligibility for the Financial Assistance Program is determined based upon the Federal Poverty Guideline and the applicant's confidential disclosure of financial information related to household income and assets.

Background: The Patient Protection and Affordable Care Act of 2010 contains provisions that require 501(c)3 hospitals to comply with various patient billing and collection guidelines, including rules for offering financial assistance to patients. This policy shall become effective no more than 45 days after approved by the Board of Directors and shall not be retroactive.

Definitions: N/A

Procedure: N/A

Note Well: N/A

Monitoring Plan: N/A

Communication: Northwestern Medical Center will pursue every opportunity to inform patients of our Financial Assistance Program and encourage patients and/or guarantors to apply for assistance when they may be experiencing a financial hardship. Northwestern Medical Center will advise patients and/or guarantors of the Financial Assistance Program in the following ways:

- A Plain language summary of the policy will be posted in registration areas.
- Northwestern Medical Centers website will include our Patient Financial Assistance policy, plain language summary and application.



- Paper copies of Northwestern Medical Centers Financial Assistance Policy, plain language summary, and financial assistance application may be obtained free of charge and may be mailed free of charge upon request.
- Each billing statement sent to the patient/guarantor will include contact information for financial counseling and our Financial Assistance Program.
- Patient Financial Service's staff and extended business office will advise patient/guarantor of the Financial Assistance Program during standard collection attempts should a patient/guarantor indicate that they are unable to afford their medical bills and/or cannot afford payment arrangement terms as outlined in our <u>Billing and Collection Policy</u>.

Eligibility Requirements: Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of charity shall be based on an individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation, gender identity or expression, or religious affiliation. Please see attached list of NMC providers covered under Financial Assistance Program.

Eligibility for financial assistance is based on an income and asset test.

- Income Test: This program is limited to patients with demonstrated financial need either due to limited income or if their medical bills are an excessive portion of their income. The most recently published Federal Provider Guidelines will be used as the primary determinant. A patient whose household income is at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size, may pass the income test and are considered for charity care assistance if they also pass the asset test. See grid below:

Federal Poverty Level	<=200%	201250%	251-300%	301350%	351-400%
	100%	85%	75%	65%	57%

- Non-custodial parents may have their income adjusted for child support when supporting documentation of payment is provided.
- Patients may have their income adjusted for alimony when supporting documentation of payment is provided.
- Dependents may be included within the household when more than 50% of the support is provided by the guarantor.
- Asset Test: Each individual/household residing in Vermont are allowed an assets limit of \$50,000. If assets are below this guideline, the patient passes the assets test.
- Included in the asset test:



-Cash, savings account balances, checking account balances, money markets, CD's, term certificates, annuities, stocks, bonds, mutual funds and other "liquid" assets.

- Homes (excluding the primary residence), rental properties, and fair market value for recreational vehicles. Depending upon the value, rental properties may be excluded from the calculation provided rental income is included in the monthly household calculation.

Exclusions:

- Primary residence, assets held in a tax deferred comparable retirement savings account and college savings accounts held by the patient for the patient are excluded from the assets review.
- Services reimbursed directly to the patient(s) by an insurance carrier or already covered by another third party.

Tuition stipends and/or grants for education

The Request for Financial Assistance Form (<u>Free Care Application</u>) shall be completed for all requests for financial assistance, and be submitted to:

Patient Financial Services 133 Fairfield Street Attn: Patient Financial Service Department St. Albans, VT 05478.

All requests for financial assistance must be signed by either the patient or authorized patient representative attesting that the information provided on the application is true and accurate.

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 200% of the Federal Poverty Guidelines (FPLG). Discounted care is granted to eligible patients whose household income is between 201% and 400% of the FPLG. Approval of Financial Assistance may be granted by the Patient Financial Services Representative for the amounts up to \$999.99, The Manager of Patient Financial Services for amounts of \$1,000.00 to \$9,999.99 and by either the Chief Executive Officer or Chief Financial Officer for Charges in excess of \$10,000.

Application Process and how to apply: Patients and/or guarantors can apply for financial assistance by submitting a completed application with all required documentation to Patient Financial Services department in person, via email or the U.S. Postal Services at the address below. For questions related to the application process, or for help applying for Financial Assistance, please contact our Financial Counseling team at the contact listed below. Northwestern Medical Center will accept and process a



financial assistance application for a period up to 240 days after NMC provides the first billing statement to the patient.

Northwestern Medical Center C/O Patient Financial Services 133 Fairfield Street St. Albans, VT 05478 <u>Pfscustomerservice@nmcinc.org</u> 802-524-1006 or 802-524-1048

Verification of Information Provide: Data used to determine eligibility for financial assistance should be verified to the extent practical in relation to the amount of financial assistance involved and the significance of an element of information in the overall determination. In all cases, the minimum verification shall include:

- Income, by reviewing sources such as a W-2, recent pay stub showing year-to-date totals, tax returns, unemployment statements, notices of social security and retirement benefits.
- An individual's net worth (excluding their primary household), by reviewing applicable supporting documentation (bank statements, investment statements, loan documents). It should be specified to the patient that assets could be considered as a possible source of payment.

Financial assistance of \$5,000 or more may include documentation supporting other financial obligations, such as living expenses, child support, and other health care bills.

If a financial assistance application is received during the Application Period (as defined in the *application process* section of this policy) and deemed incomplete, a written notice to the patient/guarantor will be sent within 15 days of receipt of the incomplete application requesting the missing information be returned within 30 days of the date of the notice. Any collection efforts, i.e., collection efforts by a collection agency, in progress at the time an incomplete application is received must be suspended. Such collections may be initiated or resumed if a completed application is not received after request for additional information is not received after 30 days of notification.

The required supporting documentation described above may be waived in lieu of information NMC obtains through use of technology tools as predictive measures of a patient's ability to pay and financial status.

Charge Limitation: Individuals who qualify for financial assistance will not be charged more than the Average Generally Billed (AGB) amount. Northwestern Medical Center calculates the AGB annually based on actual past claims allowed by all private insurers.

Discounts: Patients who do not qualify for financial assistance as provided in this policy may receive a discount as described in the <u>Discount for medical service policy</u>.



Medicaid Coverage: Medicaid copays not paid at the time of service will be billed to the patient. If unable to collect the copays by the end of the Application Period, the copays will be written off as a charity write-off. Patients who have Medicaid coverage and have balances due for service dates up to twelve months prior to the effective date of their coverage, will be granted 100% financial assistance on such balances without further review or documentation from the patient.

NOTCH Collaboration: NMC is working in collaboration with Northern Tier Center for Health (NOTCH), our local FQHC, in qualifying their patients for financial assistance for services performed at NMC. NOTCH patients approved for discounted or uncompensated services through NOTCH are also eligible for the same at NMC because Notch's guidelines are stricter than NMC's. NOTCH will forward the patient's applications with supporting documentation to NMC. If upon review, it appears that the patient would be eligible for Medicaid coverage, the patient will be required to apply for Medicaid before any financial assistance will be applied to uninsured balances.

Accessibility of this policy to individuals with limited English Proficiency: To ensure accessibility of this policy to individuals with limited English Proficiency (LEP) and persons with disabilities Northwestern Medical Center provides 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 to include accessible electronic formats. Northwestern Medical Center provides free language services to persons whose primary language is not English. To access this service, please contract Regulatory Affairs at 802-524-1214

Related Policies:

Patient Payment Plans Billing and Collections Practices Discount for Medical Services

References: Health Care Financial Management Association Principles and Practices Board Statement 15, "Valuation and Financial Statement Presentation of Charity Care and Bad Debts."

American Hospital Association Hospital Billing and Collection Practices Statement of Principles and Guidelines May 5, 2012

Patient Protection and Affordable Care Act

IRS Notice 2014-2 issued on December 30, 2013

IRS CFR Parts 1, 53, and 602 (issued December 29, 2014)

Also refer to the policy entitled "Billing and Collection Practices"

Reviewers:

A. Key Stakeholders: Mandy Hill- Supervisor, Patient Access. Joel Banazek- Supervisor, Patient Access



- B. Committees: The Finance Committee
- C. Key Process Owner: Megan Branon Smith- Manager, Patient Financial Services

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Sra, Japinder Khela, Rajvinder Arenz, Laura Burke, Michele Ferris, Julian Shenk, Heather Jordan, Jenna Phan, Phong MD Cleary, David MD Lee, Clara DO Shah, Vishal MD Greenberg, Caitlin DO Kaplan, Ludmila MD Saunders, Meghan NP

NMC Cardiology

Fitzgerald, John Gogo, Prospero Correa De Sa, Daniel Corbeil, Christine FNP

NMC Georgia Health Center

Sturgis, Miriam DeSilvey, Sarah Somaini, Molly Areson, Robert Fingergut, Judy Montague, Laurie MD Steward, Elizabeth FNP Disney, Cecilia MD Brodeur, Susan PA Dunbar, Sasha FNP Watts, Mary Alice FNP

NMC Associates in Surgery

Woodhouse, Mary

PATIENT FINANCIAL ASSISTANCE



Royer, Anna

NMC Primary Care

Bouchard, Stacey DeSilvey, Sarah Simcoe, David DO Visco, Jack NP Fingergut, Judy MD Areson, Robert MD Montague, Laurie MD Steward, Elizabeth FNP Disney, Cecilia MD Brodeur, Susan PA Dunbar, Sasha FNP Watts, Mary Alice FNP

NMC Obstetrics & Gynecology

Fontaine, Elisabeth MD Tremblay, Leonard MD Sullivan, Lawrence MD Von Sitas, Katja Hoar, Lindsay Clifford, Patrick MD Disney, Elizabeth MD

Northwestern Occupational Health

Carol, Susan MD

Northwestern Ear, Nose & Throat

Aydinyan, Kahren DO Paulick-Maloney, Stephanie AUD

Northwestern Neurology

Boyer, Edward MD

Northwestern Endocrinology

Barrett, Kaitlyn DO

NMC Orthopaedics and Rehabilitation Center

Barnum, Michael Beattie, Robert Balise, Timothy PA Hurley, Nolan Holmes, Kamie NP Groening, David DPM

PATIENT FINANCIAL ASSISTANCE



Savoy, Jessica PA Gillis, Craig DO Carol, Susan MD Benoit, Doreen FNP Winslett, Rebecca PA Anderson, Thomas MD Mauser, Nathan MD

Northwestern Ophthalmology

Brophey, Gregory

Northwestern Partners in Hope and Recovery

Kearney Michelle Simcoe, David DO White, Suzan DO Babb, Lorne MD Sullivan, Lawrence MD Brodeur, Susan PA

Northwestern Lifestyle Medicine

Robertson, Deborah Gardzina, Leslie Fontaine, Elisabeth Lescure, Paula Esenler, Danielle RD Hoar, Lindsay RD

Northwestern Pediatrics

Chiappinelli, Emanuele Mansoorani, Roya Strouse, Stacy Haag, Deanne Bellstrom, Laura MD Covino, Jennifer MD Spicer, Scott MD Moran, Colleen MD Hogan, Shannon DO Moran, Colleen MD

Northwestern Pulmonology

Nsour, Haitham MD

Northwestern Urology

Esenler, Ahmet Grunert, Richard

PATIENT FINANCIAL ASSISTANCE



Northwestern Urgent Care

Walker, Martha PA Arenz, Laura FNP To, Bang PA Bowers, Anne FNP Bouchard, Stacey FNP Simcoe, David DO DeSilvey, Sarah FNP Boone, Joseph FNP Fogarty, Megan NP Oliver, Kristie PA Niles, Christopher MD Minadeo, John MD Brillhart, Aaron MD Dandurand, Louis MD Goehlert, Uwe MD Staab, Carly NP Hoppe, Alexandra PA Visco, Jack NP Pitts, Robert MD Carter, Lucas PA Brodeur, Susan PA Kutler, Marc MD Pearsall, Miller MD Newton, Paul MD Arzberger, Lindsay NP Berggren, Kirsten FNP Forwand, Jodi MD Elliott, Suzanne MD Anderson, Emma FNP St. Clair, Michael PA Duff, Heather PA Sprague, Kristen PA Beer, Stephanie FNP Yeager, Robert MD Cooke, Benjamin PA McKnight, Blake FNP Owens, Elizabeth PA Pelski, Lauren PA