

<b>Policy:</b>	<b>Financial Assistance for Healthcare Services Policy (FAP)</b>	<b>Policy ID:</b>	<b>Reference #</b>
<b>Policy Level</b>	Finance		
<b>Keywords</b>	Financial Assistance, Affordable Care		

## I. Purpose of Policy

Mt. Ascutney Hospital and Health Center is a patient-centered organization committed to treating all patients with respect and dignity, regardless of a patient’s health care insurance benefits or financial resources. We are committed to providing financial assistance to persons who have healthcare needs and who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with our mission to deliver affordable and compassionate care, and to fulfill our obligation as a non-profit organization, we strive to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care.

The financial assistance policy outlined herein is intended to address the interests of providing access to care to those with no or limited means to pay for emergency and medically necessary care. This policy sets forth the process for determining patient eligibility for financial assistance and is intended to comply with the applicable laws and regulations including those of the State of Vermont and the U.S. Internal Revenue Service including, but not limited to, Vermont Act 119 of 2022 and the requirements of the Internal Revenue Code Section 501(r) and the Patient Protection and Affordable Care Act of 2010 and will be changed from time to time the extent required by applicable law.

## II. Non-Discrimination Statement

Mt. Ascutney Hospital and Health Center 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.

## III. Policy Scope

For purposes of this policy, "financial assistance" requests pertain to the provision of emergency and other medically necessary care provided in any Mt. Ascutney Hospital and Health Center facility by Mt. Ascutney Hospital and Health Center or any provider employed by Mt. Ascutney Hospital and Health Center.

## IV. 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, determined using the “look-back method” set forth in 26 C.F.R. § 1.501(r)-5(b)(3) (See Appendix A on page 16)

**“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; and
- 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.

**“Household size”** is determined based on the definition of “Household income” above.

**“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 401(K) 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; and
- 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 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. The term includes an individual who is living in Vermont at the time that services are received but who lacks stable permanent housing.

**Presumptive Financial Assistance:** The provision of financial assistance for medically necessary services to patients for whom there is not a completed Mt. Ascutney Hospital and Health Center Financial Assistance Form due to lack of supporting documentation or response from the patient. Determination of eligibility for assistance is based upon individual life circumstances demonstrating financial need. Presumptive financial assistance is not available for balances after Medicare. If a patient qualifies for Presumptive financial assistance, they will receive a 100% discount.

**Prompt Pay Discount:** Discount offered for prompt payment.

## V. Covered Services

This policy covers all emergency and other medically necessary care provided in any Mt. Ascutney Hospital and Health Center facility by Mt. Ascutney Hospital and Health Center or any provider employed by Mt. Ascutney Hospital and Health Center.

## VI. Non-Covered Services

Services that are typically **NOT** covered by this policy include but are not limited to: cosmetic services unless medically necessary based upon physician review; infertility/fertility services unless medically necessary based upon physician review; and services reimbursed directly to the patient by an insurance carrier or third party.

## VII. 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 Mt. Ascutney Hospital and Health Center. A full list of the medical professionals whose services are **NOT** covered by this policy is available below and online at [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org). (See Appendix B on page 17)

We understand that this a confusing issue and encourage patients to contact us at (802) 674-7471, if you have questions about which medical providers and services are covered by our policy.

## VIII. Provision of Financial Assistance Policy Documents to Patients

**In-Person:** Free paper copies of this policy and the financial assistance application are available in the following locations:

- the patient reception area,
- the patient admissions area,
- the billing office, and
- the customer service office.

We will offer a free copy of this policy to patients as part of their first visit or, in the case of services delivered at the hospital, during the intake and discharge processes.

You can receive in person assistance completing this application at the following locations: Mt. Ascutney Hospital and Health Center, 289 County Road, Windsor, VT, Ottauquechee Health Center, 32 Pleasant Street, Woodstock, VT, and Mt. Ascutney Hospital Ophthalmology, 80 S. Main Street, Hanover, NH.

**By Phone:** Patients can call (802) 674-7471 to request a free paper copy of this policy and the financial assistance application.

**Online:** This policy, the financial assistance application, and related materials are available online at [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org). Patients may also access these documents by signing into their patient portal at [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org) and navigating to myMAHHC.

**By Mail:** Free copies of this policy and the financial assistance application are available, upon request, via mail. Individuals can request paper copies by writing to the following address:

Mt. Ascutney Hospital and Health Center  
Customer Service  
289 County Rd.  
Windsor, VT 05089

**Translations:** An individual can request an oral or written translation of the financial assistance policy (see “Language Access Rights” section below for details).

**Plain Language Summary:** We shall produce and make available a plain language summary of our financial assistance policy.

Information regarding financial assistance from Mt. Ascutney Hospital and Health Center, including but not limited to this policy, a plain language summary of this policy, an application form and information concerning Mt. Ascutney Hospital and Health Center 's patient collection policies and procedures, are available to the public and to Mt. Ascutney Hospital and Health Center patients through at least the

mechanisms described below:

- On the Mt. Ascutney Hospital and Health Center website, [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org)
- Posted in patient care areas
- Available on Posters and Brochures in the registration and admitting departments
- Available in other public spaces as determined by Mt. Ascutney Hospital and Health Center.
- Provided in the primary languages spoken by the population serviced by Mt. Ascutney Hospital and Health Center; translation services are utilized as needed. Please contact Patient Relations at 802-674-7393 or by email at [MAH.PatientRelations@mahhc.org](mailto:MAH.PatientRelations@mahhc.org) .
- Providing information about the policy and how to apply during verbal communication about the patient's bill (e.g. phone call)
- Uninsured and underinsured patients are educated and assisted with the process through the Mt. Ascutney Health Connections: phone 802-674-7213, <https://www.mtascutneyhospital.org/centers-programs/mt-ascutney-health-connections>
- Brochure that summarizes the Financial Assistance Policy (available in registration areas and online)
- Information provided on reverse side of patient billing statement

#### **IX. 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. For example, we may use:
  - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
  - Supplemental Security Income (SSI) eligibility;
  - Food Stamp eligibility;
  - Fuel assistance eligibility;

- Participation in Women, Infants and Children programs (WIC); or
  - Patient is incarcerated with no health care coverage.
- 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.

## X. Eligibility

Mt. Ascutney Hospital and Health Center offers two types of financial assistance: general and catastrophic financial assistance.

**General financial assistance:** A patient must meet three tests to be eligible for general financial assistance: (1) the residency test, (2) the general income test and (3) the asset test

**Catastrophic financial assistance:** A patient must meet two tests to be eligible for catastrophic financial assistance: (1) the residency test and (2) the catastrophic income test.

**Residency test:** To be eligible for general or catastrophic financial assistance, a patient must, at the time services are rendered, be a Vermont resident as defined in the “Definitions” section of this policy and copied here:

“**Vermont resident**” means an 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. The term 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 for Vermont residency. It is irrelevant how long the patient has been a Vermont resident, and Mt. Ascutney Hospital and Health Center explicitly recognizes that persons with unstable housing can be Vermont residents (even if they just moved to Vermont).

**Out-of-State Residents-** New Hampshire residents within a 50-mile radius of Mt. Ascutney Hospital and Health Center, 289 County Road, Windsor, VT 05089 are covered by this policy.

**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, Mt. Ascutney Hospital & Health Center 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. (See **Appendix C on page 18**)

**Asset test:** To be eligible for general patient financial assistance, a patient’s household must not have liquid assets which have a combined value of 400% FPL (THIS IS THE MINIMUM) or more for the applicable household size. What constitutes a liquid asset is defined in the “Definitions” section of this policy.

**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, Mt. Ascutney Hospital and Health Center 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.

**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.

## **XI. Eligibility Period**

A patient shall be deemed eligible for patient financial assistance for twelve months (for Medicare recipients) and 6 months for all others, from the date on which they were initially found eligible for patient financial assistance. The need for patient financial assistance shall be re-evaluated at each subsequent time of service if the last eligibility evaluation was completed more than twelve months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

It is preferred but not required that a request for financial assistance and a determination of eligibility occur prior to rendering of services. However, an application may be submitted at any point in the billing cycle and prior to a charge being levied so long as there is a reasonable expectation that services will be rendered.

## **XII. Application Period**

Mt. Ascutney Hospital and Health Center will process applications submitted by individuals during the application period. The application period begins on the date a billing statement for the patient balance of care is first presented and ends 365 days later.

## **XIII. Documentation Requirements**

### **Residency**



Mt. Ascutney Hospital and Health Center 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 their most recent state or federal income tax return, or in lieu of submitting a tax return, they may provide paystubs, documentation of public assistance, or other documentation accepted as valid documentation of income by the Vermont Department of Health Access, such as a bank statement, profit and loss statement, letter from an employer, or self-attestation in extenuating circumstances in which no other documentation is available.

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.

Mt. Ascutney Hospital and Health Center does not require any other source of income verification aside from the documentation listed above.

Mt. Ascutney Hospital and Health Center 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.

Mt. Ascutney Hospital and Health Center 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.

We may waive documentation requirements at our discretion. Please call (802)-674-7471 to request or waiver or indicate this request on the financial assistance application.

## **XIV. Application Processing**

### **a. Determining Household Income**

Regardless of what type of income documentation the applicant submits, Mt. Ascutney Hospital and Health Center 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.

This is the applicant's "modified adjusted gross income" (MAGI), defined at 26 CFR § 1.36B-1(e)(1) - (2), and summarized by the Internal Revenue Service:

"Modified adjusted gross income is the adjusted gross income on your federal income tax return plus any excluded foreign income, nontaxable Social Security benefits (including tier 1 railroad retirement benefits), and tax-exempt interest received or accrued during the taxable year. It does not include Supplemental Security Income

(SSI).” (See Q8 on the [IRS Fact Sheet: Questions and Answers on the Premium Tax Credit](#))

## **b. Determining Household Size**

- i. Mt. Ascutney Hospital and Health Center shall calculate the household size in accordance with the guidelines set forth in the definition of “Household Income” (see “Definitions” section above).

## **XV. Financial Assistance Amount**

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.

### **1. General financial assistance amount**

**Insured patients:** Insured patients shall have a discount applied to their out-of-pocket expenses.

For insured patients whose household income is at or below 250% of FPL, we will waive (i.e., 100% discount) all out-of-pocket costs for emergency and medically necessary services rendered (i.e., the care is free). For insured patients whose household income is:

- 251%-300% of FPL, the discount will be 75%
- 301%-350% of FPL, the discount will be 50%
- 351%-400% of FPL, the discount will be 40%

**Uninsured patients:** Uninsured patients who are eligible for financial assistance shall have a discount applied to the amount generally billed for the emergency and medically necessary services rendered.

For uninsured patients whose household income is at or below 250% of FPL, we will waive (i.e., 100% discount) the amount generally billed for emergency and medically necessary services rendered (i.e., the care is free). For insured patients whose household income is:

- 251%-300% of FPL, the discount will be 75%
- 301%-350% of FPL, the discount will be 50%
- 351%-400% of FPL, the discount will be 40%

### **2. Catastrophic Financial Assistance Amount**

**For uninsured or insured 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.

In instances where a patient is eligible for both catastrophic and general financial assistance, we shall give the patient the larger of the two amounts of assistance.

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 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.

More specifically, patients without insurance, including uninsured patients who qualify for financial assistance under this Policy, may not be charged any more than the amount generally billed to patients who have insurance covering the same care. Mt. Ascutney Hospital and Health Center applies a discount to Financial Assistance eligible patients against gross charges to all balances for patients who have no insurance, resulting in a discounted balance which the patient is expected to pay. The discount is based on the "lookback Medicare" method as described under applicable regulations implementing Section 501(r) of the Internal Revenue Code. This discount is applied prior to billing the patient and prior to applying any financial assistance adjustments. This discount doesn't apply to any copayments, coinsurance, deductible amounts, pre-payment or package services which already reflect any required discount, or to services classified as non-covered by all insurance companies.

## **XVI. Decision Timeline & Content**

Mt. Ascutney Hospital and Health Center will issue a written decision to the applicant no later than 30 calendar days after receiving the financial assistance application.

The written decision shall notify the patient that they have the right to appeal any decision and specify the method and timeline for such an appeal.

Additionally, the written decision will contain the following:

- If the patient's application is incomplete, Mt. Ascutney Hospital and Health Center will notify the applicant of this fact and specify what information is needed to complete the application.
- If the patient's application is approved, Mt. Ascutney Hospital and Health Center will include the amount of assistance provided, the basis for the calculation of the amount owed, and a revised bill. If the patient continues to owe a balance after

financial assistance has been applied, Mt. Ascutney Hospital and Health Center 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.

If the patient's application is denied, Mt. Ascutney Hospital and Health Center will include the factual grounds for any denial.

Applications for financial assistance shall be reviewed by-

- Revenue Cycle Director- \$10,000 and less
- Chief Financial Officer- Over \$10,000

Exceptions to this requirement may be approved by senior leadership for good cause on a case-by-case basis. "Good cause" will depend on facts and circumstances, and may include:

Those that missed the open enrollment period and do not fall into a life changing event category outside of open enrollment.

Those for whom the financial burden will be greater for the patient to enroll in a qualified health plan than not to do so.

## **XVII. Language Access Rights**

Mt. Ascutney Hospital and Health Center 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. If you need these services, please contact Patient Relations at 802-674-7393 or email us at [MAH.PatientRelations@mahhc.org](mailto:MAH.PatientRelations@mahhc.org)

Mt. Ascutney Hospital and Health Center 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). If you need these services, please contact Patient Relations at 802-674-7393 or email us at [MAH.PatientRelations@mahhc.org](mailto:MAH.PatientRelations@mahhc.org). 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.

## **XVIII. Appeal Rights**

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

The following process for appeals is: Appeals Process: If Mt. Ascutney Hospital and Health Center denies partial or total financial assistance then the patient (or his/her agent) can appeal the decision within 60 days. The patient must write a letter to the Revenue Cycle Director to explain why the

decision made by Mt. Ascutney Hospital and Health Center denies was inappropriate. The appeal letter will be reviewed by Mt. Ascutney Hospital and Health Center denies and a final decision will be sent to the patient within 60 days of the receipt of the request for appeal.

Applications for financial assistance shall be reviewed by- the following staff / department:  
Approval levels are as follows:

- Less than \$10,000- Revenue Cycle Director
- Over \$10,000- CFO

## **XIX. Complaints**

If you have concerns or complaints about our Financial Assistance Program, please contact our office at: (802) 674-7471.

If we are unable to resolve your complaints, please refer to the additional list of contacts provided. (See Appendix D on page 19)

## **XX. Publicity**

Mt. Ascutney Hospital and Health Center 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 ensure that patient facing staff and medical staff, including financial counselors, social workers and case managers have sufficient knowledge of the policy to inform patients of their options related to patient financial assistance.
- 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.

## **XXI. 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 Mt. Ascutney Hospital and Health Center, to collect a medical debt arising from health care services delivered at this facility shall include information about our financial assistance policy.

## **XXII. Questions**

Individuals can direct questions about the financial assistance policy to the Customer Service office located at Mt. Ascutney Hospital and Health Center. The office can be reached via telephone (802) 674-7471, via email [MAH.CS@mahhc.org](mailto:MAH.CS@mahhc.org), or via our website [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org) and clicking on “Feedback” at the bottom of the main page.

## **XXIII. Policy Review**

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

## **XXIV. Medical Bill Collections**

Our full medical billing and collections policies are detailed in our Billing & Collections Policy available at [www.mtascutneyhospital.org](http://www.mtascutneyhospital.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.

## **XXV. Communication/Reporting**

This policy will be implemented and disseminated through the organization and will be published in the organizations Policy Library.

- Access to this document is open to all.
- It is the responsibility of the departmental managers to ensure all staff working in financial assistance area is aware of this policy.
- Departmental managers are responsible for ensuring staff receives training to support the implementation of this policy.
- Monitoring of staff competence will form part of the individual's annual performance review and where necessary, additional training will be provided.

**XXVI. References N/A**

<b>Responsible Owner (role):</b>	Bonnie Paquette	Contact(s): email	Bonnie.paquette@mahhc.org
<b>Approved by (committee):</b>	Board	To be reviewed/renewed annually	
<b>Approved By (Sr. Leader):</b>	CFO	Chief Financial Officer	
<b>Policy Type/Level:</b>	Administrative	Finance	
<b>Current Approval Date:</b>	7/1/2024	Intentionally left blank	
<b>Date Policy to go into Effect:</b>	7/1/2024	Intentionally left blank	
<b>Related Policies &amp; Procedures:</b>	n/a		
<b>Related Job Aids:</b>	n/a		

**APPENDIX A**

**Amount Generally Billed**

<b>10/1/22-9/30/23</b>				
	<b>REVENUE</b>	<b>C/A</b>	<b>NET</b>	
<b>MCR</b>	<b>\$ 76,036,891</b>	<b>\$ 41,175,947</b>	<b>\$ 34,860,944</b>	
<b>OTHER</b>	<b>\$ 53,765,536</b>	<b>\$ 26,415,227</b>	<b>\$ 27,350,308</b>	<b>a</b>
<b>TOTAL</b>	<b>\$ 129,802,427</b>	<b>\$ 67,591,174</b>	<b>\$ 62,211,253</b>	<b>b</b>
			<b>43.96%</b>	<b>=a/b</b>
			<b>*Use for FY24</b>	

\*MCR = Medicare

\*C/A = Contractual



## APPENDIX B

### **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 Mt. Ascutney Hospital and Health Center. A full list of the medical professionals whose services are **NOT** covered by this policy is available below and online at [www.mtascutneyhospital.org](http://www.mtascutneyhospital.org)

D-HH Cardiology Echocardiogram and Holter Monitor	D-HH Laboratory & Pathology	D-HH Radiology Diagnostic Imaging (Interpretation)
HCRS	Keene Medical	Dr. Knott, DMD
The Medical Store	MedStream Anesthesia	Orthocare
Peraza Dermatology Group	Dr. Sverrisson	Tactile Medical
David Lawlor, MD William G. Gensheimer, MD	Willowbrook Prosthetics	Donald M. Miller, MD Michael E. Zegans, MD

We understand that this a confusing issue and encourage patients to contact us at (802) 674-7471, if you have questions about which medical providers and services are covered by our policy.

**APPENDIX C**

**General Income Test**

Patients without insurance, including uninsured patients who qualify for financial assistance under this Policy, may not be charged any more than the Amount Generally Billed to patients who have insurance covering the same care. Mt. Ascutney Hospital and Health Center applies a discount to Financial Assistance eligible patients against gross charges to all balances for patients who have no insurance, resulting in a discounted balance which the patient is expected to pay. The discount is based on the "lookback Medicare" method as described under applicable regulations implementing Section 501(r) of the Internal Revenue Code. This discount is applied prior to billing the patient and prior to applying any financial assistance adjustments. This discount doesn't apply to any copayments, coinsurance, deductible amounts, pre-payment or package services which already reflect any required discount, or to services classified as non-covered by all insurance companies.

<b><u>2024</u></b>				
<b><u>Household Size</u></b>	<b><u>INCOME EQUAL TO OR LESS THAN</u></b>			
<b><u>-</u></b>	<b><u>250%</u></b>	<b><u>300%</u></b>	<b><u>350%</u></b>	<b><u>400%</u></b>
<b><u>1</u></b>	<b><u>\$37,650</u></b>	<b><u>\$45,180</u></b>	<b><u>\$52,710</u></b>	<b><u>\$60,240</u></b>
<b><u>2</u></b>	<b><u>\$51,100</u></b>	<b><u>\$61,320</u></b>	<b><u>\$71,540</u></b>	<b><u>\$81,760</u></b>
<b><u>3</u></b>	<b><u>\$64,550</u></b>	<b><u>\$77,460</u></b>	<b><u>\$90,370</u></b>	<b><u>\$103,280</u></b>
<b><u>4</u></b>	<b><u>\$78,000</u></b>	<b><u>\$93,600</u></b>	<b><u>\$109,200</u></b>	<b><u>\$124,800</u></b>
<b><u>5</u></b>	<b><u>\$91,450</u></b>	<b><u>\$109,740</u></b>	<b><u>\$128,030</u></b>	<b><u>\$146,320</u></b>
<b><u>6</u></b>	<b><u>\$104,900</u></b>	<b><u>\$125,880</u></b>	<b><u>\$146,860</u></b>	<b><u>\$167,840</u></b>
<b><u>7</u></b>	<b><u>\$118,350</u></b>	<b><u>\$142,020</u></b>	<b><u>\$165,690</u></b>	<b><u>\$189,360</u></b>
<b><u>8</u></b>	<b><u>\$131,800</u></b>	<b><u>\$158,160</u></b>	<b><u>\$184,520</u></b>	<b><u>\$210,880</u></b>
<b><u>-</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>-</u></b>
<b><u>Each additional Person</u></b>	<b><u>\$13,450</u></b>	<b><u>\$14,795</u></b>	<b><u>\$16,140</u></b>	<b><u>\$17,485</u></b>
<b><u>-</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>-</u></b>	<b><u>-</u></b>
<b><u>-</u></b>	<b><u>100% FREE CARE</u></b>	<b><u>75% DISCOUNTED CARE</u></b>	<b><u>50% DISCOUNTED CARE</u></b>	<b><u>40% DISCOUNTED CARE</u></b>

## **APPENDIX D**

### **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: Consumer Assistance Program (800) 649-2424 or [AGO.CAP@vermont.gov](mailto:AGO.CAP@vermont.gov) .

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](mailto:hca@vtlegalaid.org).

Additional resources that you may voice your concerns:

Department of Disabilities, Aging, and Independent Living (DAIL)  
Division of Licensing and Protection  
HC 2 South  
280 State Drive  
Waterbury, VT 05671-2060  
Main phone number: 802-241-0480  
Main Fax: 802-241-0343

Vermont Board of Health and Board of Medical Practice  
Vermont Department of Health  
P.O. Box 70  
Burlington, VT 05401-0070  
(802) 863-7280

Vermont Board of Nursing  
81 River Street  
Montpelier, VT 05609-1104  
(802) 828-2396

Vermont Disability Rights  
141 Main Street, Suite 7  
Montpelier, VT 05602  
(802) 229-1355  
800-229-1359

For Medicare Patients Contact:  
KEPRO  
(The Quality Improvement Organization for Vermont) at:  
5700 Lombardo Center Dr.  
Suite 100  
Seven Hills, OH 44131  
Helpline Phone Number (complaints and appeals):  
(866) 815-5440 (toll-free) TDD:(866) 868-2289

Fax: (844) 420-6671  
Medicare Hotline: 800-633-4227