



Title:	Financial Assistance for Healthcare Services	Effective Date:	2024-06-17	Policy #:	FS-107
Applies to:	<input checked="" type="checkbox"/> Gifford Health Care <input checked="" type="checkbox"/> Gifford Medical Center <input type="checkbox"/> Gifford Retirement Community				
Division:	<input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Surgical <input checked="" type="checkbox"/> Operations <input checked="" type="checkbox"/> Administrative Svcs.				
Contact:	Chief Financial Officer				

Purpose/Policy Statement: To establish a policy for administration of the financial assistance for healthcare services programs of Gifford Health Care (GHC) and Gifford Medical Center (GMC).

This policy outlines the:

- A) eligibility criteria for financial assistance, including free and sliding fee scale discounted care;
- B) the basis for calculating amounts generally billed (AGB) to patients eligible for financial assistance under this policy;
- C) method by which patients may apply for financial assistance;
- D) method to widely publicize the policy within the community served by GHC and GMC;
- E) list of providers, other than GHC and GMC facilities, delivering emergency or other medically necessary care in GHC and GMC facilities that specifies which providers are covered by the Financial Assistance Policy and which are not.

GHC and GMC are committed to meeting the needs of residents of its service area by offering a **sliding fee scale** to all income-eligible patients based on annual household income. GHC and GMC offer a Financial Assistance Program (FAP) to reduce the burden of medical expenses for patients who demonstrate financial need through free or discounted care based upon family income in relation to Federal Poverty Level guidelines.

All patients (regardless of insurance status) are assessed for income and family size (unless the patient declines/refuses to be assessed) at least annually by answering a questionnaire.

Covered Services: No patient shall be denied service due to an individual’s inability to pay. GHC and GMC will provide care for emergency medical conditions and medically necessary services to individuals regardless of their ability to pay or eligibility for financial or government assistance regardless of age, gender, race, social or immigrant status, sexual orientation or religious affiliation. Patients eligible for financial assistance will not be charged more than amounts generally billed (AGB) for emergency or medically necessary care.

Collections Actions: GHC and GMC will not impose extraordinary collections actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance. See separate Credit and Collections Policy FS-101

Compliance: This policy is intended to comply with the requirements of the Internal Revenue Code Section 501(r), the Patient Protection and Affordable Care Act of 2010, Vermont Statute H.B. 287, and the HRSA Health Center Compliance Manual, and will be updated from time to time to the extent required by applicable law.

A) Eligibility Criteria for Financial Assistance

- a. To be eligible for financial assistance a patient must:
 - 1. Meet the following residency requirements:
 - a. GHC has no residency requirement to be eligible for financial assistance.



- b. GMC patients must be a resident of Vermont, or a non-resident who experiences a medical emergency, and/or be routinely cared for by a GHC primary care provider
 - i. “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. (H. 287 (Act 119), p. 4)
2. Be uninsured, underinsured, and ineligible for any government health care coverage for services provided, or unable to pay for care based upon a determination of financial need
3. Demonstrate compliance with the requirements to apply for the Healthcare Exchange Program if eligible for these programs. Exceptions for good cause will be approved on a case by case basis and include:
 - a. Those that missed the open enrollment period and do not fall into a life changing event category outside of open enrollment.
 - b. Cases where the patient feels that the financial burden to enroll in the marketplace is unaffordable.
4. Receive a medically necessary service that is billed by GHC or GMC.
- b. Patients may be deemed eligible under presumptive financial assistance eligibility
 1. Excluding balances owed after Medicare payments, presumptive financial assistance is the provision of financial assistance for medically necessary services to patients for whom there is not a completed financial assistance form due to lack of supporting documentation or response from the patient. Determination of presumptive eligibility for assistance is based upon individual life circumstances demonstrating financial need.
- c. Special eligibility exceptions can be made on a case by case basis by the GHC and GMC Chief Executive Officer or Chief Financial Officer
- d. Income eligibility and amount of free and discounted care
 1. Financial Assistance is generally determined by a sliding scale of total household income based on federal poverty guidelines (FPG) (See attachment A)
 - a.
 - i. Eligibility for GHC’s sliding fee scale financial assistance is based solely on household income and family size and does not include an assessment of assets
 - b. Income is defined as earnings over a given period of time used to support an individual/household unit. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised as earnings.
 - c. Family size includes anyone living in the household, where a legal financial responsibility for support exists. Non-related persons do not count as household members unless there is a legal requirement for support.
 - ii. Eligibility for GMC’s financial assistance will include an assessment of assets in addition to household income and family size for patient balances.

B) The Basis for Calculating Amounts Generally Billed (AGB) to Patients Eligible for Financial Assistance Under This Policy

- a. Following a determination of eligibility under this FAP, patients **with no insurance** who are eligible for financial assistance will not be charged more for emergency or medically necessary care than Amounts Generally Billed (AGB) to insured patients. Based on the past year’s average of commercial insurance



and Medicare payment amounts, GHC and GMC will apply a 50% AGB discount to the patient's balance before applying the sliding scale discount.

- b. Following a determination of eligibility under this FAP, patients **with insurance** will have the sliding fee discount applied to any and all out-of-pocket costs (co-payments, deductibles), subject to legal/contractual restrictions

C) Method by Which Patients May Apply for Financial Assistance

- a. Financial need is determined based on an individual assessment which includes, but is not limited to:
 1. An application process, in which the patient or patient's guarantor supplies personal, financial, and other information and documentation relevant to determining eligibility for financial assistance based on household size and income
 - a. Household size and income may be documented by:
 - i. Copy of most recent tax form
 - ii. Copy of most recent income statement
 - iii. Copy of most recent pay stub(s)
 - iv. Copy of most recent Saving Account Bank Statement(s)
 - v. Copy of most recent Checking Account Bank Statements(s)
 - vi. Signed statement of income from employer(s)
 - vii. Copies of benefit statements; i.e. Social Security, A.F.D.C., Workers Compensation, Pension, etc.
 - viii. Other records as required
 2. Presumptive eligibility for financial assistance may be determined if GHC or GMC are unable to obtain an application from the patient or patient's guarantor
 - b. Applications can be obtained at all GHC Clinic locations, the Health Connections office on the 2nd floor of Gifford Medical Center, the GMC Emergency Department, or by calling the Financial Assistance Coordinator at 802-728-2323
 - c. Approvals for financial assistance up to \$10,000 per applicant may be approved by the Financial Assistance Coordinator. Approvals above \$10,000 require further approval by the Chief Financial Officer.
 - d. Patients will receive a written notice of determination within 30 days of submission of the written application and supporting documentation.
 1. Approvals of financial assistance will remain in effect for 365 days. A new application or updated documentation will be required after 365 days.
 - e. Patients may appeal financial assistance decisions within 30 days by writing to the Chief Financial Officer.
 - f. Separate from the Sliding Fee Discount Program, GHC and GMC may waive or reduce payments due to a patient's inability to pay (**regardless of income level or sliding fee discount payment level**):
 1. Based on a written appeal from the patient, explaining why the patient is unable to pay
 - a. Reasons may include:
 - i. Unusual or unanticipated temporary circumstances that don't rise to level of re-assessment of eligibility but that create an immediate financial hardship, such as an immediate loss of employment or housing
 - ii. Patient is unable to provide payment, the services to be provided are clinically essential and an inability to access the services would result in an immediate negative impact on patient's health
 2. Such payment waivers will be approved by the Chief Financial Officer

D) Method to Widely Publicize the Policy Within the Community Served by GHC and GMC



- a. The Financial Assistance Policy, FAP application form, and plain language summary of the FAP (the FAP documents) are posted on the giffordhealthcare.org website.
- b. Paper copies of the FAP documents are available upon request and without charge by mail and in public locations in all GHC Clinic locations, the GMC hospital facility, including the GMC emergency room and admissions areas.
- c. Patients are offered a paper copy of the plain language summary of the FAP when registering for services at all GH Clinic locations, the GMC hospital facility, and the GMC emergency room.
- d. Written notices describing the Financial Assistance Program are placed in conspicuous locations reasonably calculated to attract patients' attention.
- e. The FAP documents are translated into the primary languages spoken by GHC and GMC's community.
 - 1. GHC and GMC annually monitor the racial, ethnic and language composition of its patient population. In the event that any language exceeds 5% of the population, forms and other written materials will be developed for those patients.

E) Providers, other than GHC and GMC facilities, delivering emergency or other medically necessary care in GHC and GMC facilities who are NOT covered by the GHC and GMC Financial Assistance Policy.

- a. All GHC and GMC facilities, and all providers employed or contracted by GHC and GMC delivering emergency or other medically necessary care are covered by the GHC and GMC Financial Assistance Policy.
- b. Certain providers delivering emergency or other medically necessary care in GHC and GMC facilities are not employed or contracted by GHC and GMC and do not participate in the GHC and GMC Financial Assistance Program. Following is a list of such providers:
 - DHMC Stress Echo and Echo reads
 - All ambulance transports
 - Meghan Sperry, CNM
 - Keene Medical (Durable Medical Equipment)
 - Lincare (Durable Medical Equipment)

Standard or Statute:	<input type="checkbox"/> N/A <input type="checkbox"/> Labor Statute <input type="checkbox"/> CAH Standard <input type="checkbox"/> VT State Statute <input type="checkbox"/> NH Standard <input type="checkbox"/> Compliance/HIPAA <input type="checkbox"/> FQHC <input type="checkbox"/> Other	Standard or Statute Details:	
-----------------------------	--	-------------------------------------	--



CONFIDENTIAL

Attachment A

**GIFFORD HEALTH CARE and GIFFORD MEDICAL CENTER
Sliding Fee Schedule Family Size and Household Income Eligibility Criteria**

GIFFORD HEALTH CARE and GIFFORD MEDICAL CENTER will provide free and sliding fee discounted services to persons eligible under applicable Federal Poverty Guidelines. Free and discounted services are limited to emergency and medically necessary inpatient and outpatient services. Eligibility is determined by measuring family income against the Income Poverty Guidelines established by the Department of Health and Human Services (DHHS).

HOUSEHOLD SIZE	ANNUAL HOUSEHOLD INCOME:						
	100% Column A	101-150% Column B	151%-200% Column C	201-250% Column D	251-400% Column E	401-600% Column F	601% Column G
1	\$15,060 or less	\$15,061 - \$22,590	\$22,591 - \$30,120	\$30,121 - \$37,650	\$37,651 - \$60,240	\$60,241 - \$90,360	Over \$90,360
2	\$20,440 or less	\$20,441 - \$30,660	\$30,661 - \$40,880	\$40,881 - \$51,100	\$51,101 - \$81,760	\$81,761 - \$122,640	Over \$122,640
3	\$25,820 or less	\$25,821 - \$38,730	\$38,731 - \$51,640	\$51,641 - \$64,550	\$64,551 - \$103,280	\$103,281 - \$154,920	Over \$154,920
4	\$31,200 or less	\$31,201 - \$46,800	\$46,801 - \$62,400	\$62,401 - \$78,000	\$78,001 - \$124,800	\$124,801 - \$187,200	Over \$187,200
5	\$36,580 or less	\$36,581 - \$54,870	\$54,871 - \$73,160	\$73,161 - \$91,450	\$91,451 - \$146,320	\$146,321 - \$219,480	Over \$219,480
6	\$41,960 or less	\$41,961 - \$62,940	\$62,941 - \$83,920	\$83,921 - \$104,900	\$104,901 - \$167,840	\$167,841 - \$251,760	Over \$251,760
7	\$47,340 or less	\$47,341 - \$71,010	\$71,011 - \$94,680	\$94,681 - \$118,350	\$118,351 - \$189,360	\$189,361 - \$284,040	Over \$284,040
8	\$52,720 or less	\$52,721 - \$79,080	\$79,081 - \$105,440	\$105,441 - \$131,800	\$131,801 - \$210,880	\$210,881 - \$316,320	Over \$316,320
GHC Sliding Fee Discount	Free Care/Waiver of 100% of Out of Pocket Costs				40% Discount	No Discount	No Discount
GMC Sliding Fee Discount	Free Care/Waiver of 100% of Out of Pocket Costs				40% Discount	No Discount	No Discount
Catastrophic Coverage	If medical bills for patient care exceed 20% of the household income, amount due reduced to 20% of household income						No Discount

Key Words: Financial Assistance, Sliding Fee Scale, Amounts Generally Billed, AGB

All Staff (non-providers): A policy is intended to clarify expected practice and commit the organization/staff to a specific course of action. Any temporary requests or decisions to modify an expected course of action as outlined in a policy must be approved by Senior Management or the Administrator-on-Call.

Providers: Not all patient situations will fit the policy as written. Patient care is individualized based on professional judgment and a patient's condition may require a change in the care provided. Deviation from the written, adopted policy should be clearly documented in the patient's medical record along with the rationale for such deviation