

IDENT	PAS1
Type of Document	Policy
Applicability Type	UVMHN CVPH/AHMC/ECH
Title of Owner	Dir Patient Access
Title of Approving Official	Executive VP of Finance & CFO
Date Effective	10/20/2024
Date of Next Review	10/1/2027



**TITLE:** Financial Assistance Program – New York Hospitals

**PURPOSE:**

To establish a policy and procedure for the administration of The University of Vermont Health Network Financial Assistance Program for New York hospitals.

**POLICY STATEMENT:**

The University of Vermont Health Network (“UVMHN”) is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient’s health care insurance benefits or financial resources. Further, The UVMHN New York Hospital Partners (defined below) are committed to providing financial assistance to persons who have essential health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to fulfill our obligation as a nonprofit organization, The University of Vermont Health Network strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving medically necessary care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the UVMHN New York Partners’ procedures for obtaining other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal and financial health.

To manage its resources responsibly and to allow UVMHN to provide the appropriate level of assistance to the greatest number of persons in need, the following policies and procedures have been established for the provision of patient financial assistance.

**Policy applies to the Inpatient General Hospital and Outpatient Hospital Departments of the following UVMHN New York Hospital Partners:**

Champlain Valley Physicians Hospital  
75 Beekman Street  
Plattsburgh, NY 12901

Alice Hyde Medical Center  
133 Park Street  
Malone, NY 12953

Elizabethtown Community Hospital  
75 Park Street  
Elizabethtown, NY 12932

**PROCEDURES:**

**Financial Assistance**

**Health Care Service Eligibility:**

The following services are eligible for financial assistance:

- Emergency medical services provided in an emergency room setting;
- Urgent services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual; and
- Elective medically necessary services for patients who meet established program guidelines.

**Services not eligible for financial assistance:**

- Cosmetic/plastic services;
- Infertility/fertility services, e.g., IVF, vasectomies/reversals, tubal ligations/reversals;
- Non-medically necessary care, including custodial care where acute hospitalization necessity is not present;
- Services covered under a global policy, e.g., discount already applied;
- Research/experimental services;
- Services deemed not medically necessary;
- Services reimbursed directly to the patient by an insurance carrier or third party; and
- AHMC Dental Clinic services.

**Practitioner Coverage:** All UVMHN employed medical practitioners rendering care at the UVMHN New York Partners are covered under this policy. Covered practitioners may be found on the UVMHN public website where an up-to-date list is available (see below contact list). To request a copy of the list, free of charge, please contact our Customer Service Department at 802-847-8000 or 800-639-2719.

**Hospital Coverage:** All eligible general hospital services provided at UVMHN New York Hospital Partners regardless of employed or non-employed physicians status. Note: This pertains to hospital billing only.

Patients shall not be denied admission or denied treatment for services that are reasonably anticipated to be medically necessary because the patient has an unpaid medical bill.

**Financial Eligibility:** Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not consider age, race, social or immigrant status, disability, color, national origin, sex (including pregnancy, childbirth, sex characteristics, sexual orientation, gender identity or expression), or religious affiliation.

- **Income Test:** This program is limited to patients who demonstrate financial need based upon income. The most recently published Federal Poverty Level Guidelines (FPLG) will be used as the primary determinant. A patient whose modified adjusted gross household income is at or below 400% of FPLG, as adjusted for household size, and are presumptively eligible for an adjustment.
  - Dependents, aged 18 or older, may be included within the household size when more than 50% of the support is provided by the guarantor. To qualify for this household extension, the dependent must be listed as a dependent on the Federal Income Tax return.
  - Migrant workers whose direct family members (spouse and birth children) reside outside the country will be included in the household size.
  - Students between the ages of 18 – 21 may be included within the household when more than 50% of the support is provided by the parent. To qualify for this household extension, the student must be listed as a dependent on the Federal Income Tax return.

**Residency Criteria:** Patients must reside within the UVMHN NY service area unless medical services were urgent or emergent in nature. Scheduled services for patients residing outside of the UVMHN NY service area are not eligible for financial assistance.

New York residents live in New York, are employed by a New York employer to deliver services in New York or attend school in New York, or a combination of these. The term includes an individual who is living in New York at the time the services are received but who lacks stable permanent housing.

UVMHN NY Service area is defined as the following New York Counties: Clinton, Essex, Franklin, Washington, Hamilton, Warren, and St. Lawrence. The State of Vermont is also included.

Proof of residency may be established by one of the following:

- Service area driver's license, housing bills with service area address, lease for service area property or a service area utility bill, copy of migrant worker contract or letter of contracted employment by the employer.
- Potential exceptions may be considered on an individual case-by-case.

**Health Insurance and Liability Payments:** Services rendered by UVMHN New York Hospital Partners will be billed to patient's primary coverage, a private medical insurance, an employer occupational health plan, workers' compensation, or pending by no-fault/third-party liability carriers.

**Public Health Care Program/Health Care Exchange Criterion:** Patients applying for the UVMHN New York Hospital Partners financial assistance program are reviewed for their potential eligibility for state or federal health care programs. Any patient identified with potential to be granted such assistance will be instructed to apply.

Exclusions:

- A patient whose religious or cultural belief system prohibits seeking or receiving financial assistance from a government entity may be excluded from the public health care program criteria. The patient will, however, be required to assume a portion of financial responsibility to be assessed by the Financial Assistance Program Appeals Committee. Specifically, the Amish/Mennonite are recognized by the IRS as religiously opposed to government assistance programs (i.e. Medicaid). This population pays for their services in cash. The charges for this population will be discounted down to the NYS Medicaid rate. This population does not need to complete an application or provide proof of income.
- An undocumented immigrant's refusal to apply for public programs shall not be grounds for denying financial assistance.
- A patient's refusal to purchase private health insurance shall not be grounds for denial of financial assistance.

**Determination of Financial Need:** Financial need will be determined in accordance with procedures that involve an individual assessment which will include the following. (Note, in the case of presumptive financial assistance, the application process may be excluded).

- Include an application process, in which the patient or the patient's guarantor is required to cooperate and supply personal, financial, and other information and documentation relevant to making a determination of financial need;
- Include reasonable efforts by the UVMHN New York Hospital Partner to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist the patient to apply for such programs;
- Consider the patient's available income, and all other financial resources available to the patient;

. A patient must have a current patient balance that is due to a UVMHN New York Hospital Partner, an expectation that an account currently pending insurance will leave a balance that is due to a UVMHN New York Hospital Partner, or a future scheduled/referred service at a UVMHN New York Hospital Partner that is expected to leave a patient balance.

Requests for assistance shall be processed promptly, and the UVMHN New York Hospital Partner shall notify the patient/applicant of the decision in writing within 30 days of receipt of completed application.

It is crucial that applicants cooperate with the UVMHN New York Hospital Partner's need for accurate and detailed information within a reasonable time frame. or returned until such time that all crucial information can be obtained. Applications should contain the applicant's signature or a signature of a representative acting on behalf of the applicant (i.e., power of attorney).

**Presumptive Financial Assistance Eligibility:** There are instances when a patient may appear eligible for assistance, however, there is no financial assistance application on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources that could provide sufficient evidence to provide the patient with financial assistance.

Presumptive eligibility may be determined based on individual life circumstances that may include:

- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid)
- Supplemental Nutrition Assistance Program (SNAP) eligibility
- Participation in Women, Infants and Children programs (WIC)
- Patient is incarcerated/inmate with balances not covered by insurance
- Patient is homeless

**Financial Assistance Eligibility Period:** The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known. Re-evaluation of patients whose income is fixed below 400% FPLG shall occur annually. Re-evaluation of UVMHN employees whose income is below 400% FPLG shall occur annually. It is the responsibility of the patient to advise UVMHN of financial changes within their award period.

**Financial Assistance Guidelines:** In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount of assistance provided to a patient will vary based upon their income level, and the grant awarded shall ensure the patient is not responsible for more than the amount generally billed to an insured patient.

**Amount Generally Billed (AGB):** As defined by the IRS, eligible patients cannot be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance coverage. The amount generally billed (AGB) to patients is calculated using the “look-back method.” You may obtain a copy of the AGB calculation and percentage in writing and free of charge by visiting our website or by calling our customer service department. Website and phone contact directions are located under the program contact information section of this policy.

**Assistance Awards:**

Eligible insured patients shall receive the following grants based on their FPL (determination of underinsured is not necessary as discounts exceed minimums required by law):

- < 250% of FPL is 100% discount of amounts owed after insurance
- < 300% of FPL is 10% maximum of amounts owed after insurance
- < 400% of FPL is 20% maximum of amounts owed after insurance

Eligible uninsured patients shall receive the following grants based on their FPL

- < 250% of FPL is 100% discount
- < 300% of FPL is 98% discount
- < 400% of FPL is 96% discount

**Approved Application Processing:** Upon application approval, the patient grant is applied against all open balances (i.e., hospital and physician, gross charges for the uninsured and balance after insurance for the insured) and extends for a coverage window of six months or 12 months, as noted above where income is fixed within the calendar year. When the grant period has closed, patients will be required to re-apply for financial assistance and based upon their financial status, may have their grant category adjusted. The coverage window is defined as the date of approval through the last day of the month the grant expires.

**Refunds:** If the patient submits a complete financial assistance application and is determined to be eligible for financial assistance, then UVMHN will refund any excess amount the patient has paid for their care within the 240 days prior to the receipt of a complete application. Payments made outside the application 240 day window period will not be eligible for a refund.

**Appeals/Individual Case Reviews:** UVMHN New York Hospital Partners acknowledge that extenuating circumstances may exist where an individual’s income may exceed program eligibility guidelines. An appeals committee will be convened on an as-needed basis to review unusual cases that do not meet established program guidelines but present unusual hardship.

Patients whose applications for financial assistance are denied may appeal the denial decision. Requests for appeal should be sent to the financial assistance program specialist at the respective address listed below, in writing, within 60 days of receipt of the denial decision and must clearly indicate the reason for the appeal. The patient will be notified of the final decision.

**Notification Period:** UVMHN New York Hospital Partners will make reasonable efforts to notify patients about the financial assistance program. This period begins on the date a billing statement for the patient balance of care is presented and ends 180 days later. As defined in this policy, multiple methods of notification occur beginning in advance of care, during care, at discharge and throughout the 180-day billing cycle.

**Application Period:** UVMHN New York Hospital Partners will process applications submitted by individuals at any time during the collection process.

**Reasonable Efforts:** Reasonable efforts will be made to determine if a patient is eligible for financial assistance prior to balance transfer to collections. Reasonable efforts may include the use of presumptive scoring, the notification and processing of applications and notification before, during and after care.

- UVMHN New York Hospital Partners shall not initiate any extraordinary collection actions (ECA)
- Incomplete applications shall be processed with notification to patients providing direction on how to appropriately complete the application and/or what additional documentation is required. The application period will start over once the missing documents are received.
- A UVMHN New York Hospital Partner shall process completed applications within 30 days of receipt

**University of Vermont Health Network New York Partners:** Patients may submit a single application for assistance at any UVMHN New York Hospital Partner referenced in this policy. Supporting documentation will be retained by the organization processing the application, however, it will be made available to the Partner organization as needed to facilitate audit functions.

**Communication of the Financial Assistance Program to Patients and the Public:** Notification about financial assistance is available from the UVMHN New York Hospital Partners which shall include a contact number, and shall be disseminated by the UVMHN New York Hospital Partners by various means, which may include, but are not limited to:

- Reference to the financial assistance program printed on each patient statement.
- Posting notices in emergency rooms, admitting and registration departments, and patient financial services offices that are located on facility campuses; conspicuous displays may be found in the main registration and emergency departments.
- Providing a copy of the plain language policy summary at the point of registration and discharge on the facility campuses and at our satellite clinics. Providing copies of the policy and application upon request.
- For inpatient, observation and short stay patients, a copy of the inpatient guide will be provided, which includes information regarding the financial assistance program.
- Information shall be available on each UVMHN New York Hospital Partner website, including the policy, a plain language summary, the application, FAQ, FPL guidelines and contact information for follow-up assistance.
- Referral of patients for financial assistance may be made by any member of UVMHN staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- Translations for individuals with limited English proficiency will be provided for populations with >1,000 individuals or 5% of the service area community. Additionally, translations for UVMHN New York Hospital Partners shall include the top 13 languages identified by the Vermont Office of Racial Equity 2023 Language Access Report. Written translations are available on our public website or upon request at any registration location. Oral translations are available by contacting the Customer Service Department and/or meeting with a financial advocate at our main hospital campus. Contact information reflected below.
- Patients requiring a translated copy and/or assistance in completing the application will be assisted by financial advocates and/or customer service representatives, who will secure the services of an appropriate interpreter.
- Policies, applications, practitioner rosters and copies of the plain language summary are available, free of charge, online, or in person at the contact locations listed below.

**How to Apply for Financial Assistance:** Patients seeking financial assistance should complete and submit an application form, including all required documentation. Applications should contain the applicant's signature or a signature of a representative acting on behalf of the applicant (i.e., power of attorney). Signature indicates the accuracy of data submitted, as well as confirmation that current income remains as reflected on the federal income tax return forms. Mail your completed application, along with supporting documentation to the following:

UVMHN Patient Access Department  
Financial Assistance Program  
40 IDX Drive, Bldg. 200-22052  
111 Colchester Avenue, Burlington, VT 05401

**Program Contact Information Summary:** Policies, applications, practitioner rosters, plain language summaries and in-person assistance are offered free of charge and can be obtained through:

- UVMHN Champlain Valley Physicians Hospital
  - Website: [UVM Health Network - CVPH - Financial Assistance](#)
  - Customer Service: (802) 847-8000 or (800) 639-2719
  - Financial Advocacy: (518)-562-7075 or for in-person assistance, CVPH, 75 Beekman Street, Plattsburgh, NY 1290; First Floor Registration Area
  - Fax: (518)314-3043
- Practitioner roster coverage: [UVM Health Network - CVPH - Financial Assistance](#)
- UVMHN Alice Hyde Medical Center:
  - Website: : [Alice Hyde Medical Center | Financial Assistance Program](#)
  - Customer Service: (802) 847-8000 or (800) 639-2719
  - Patients may call (518)481-2241
  - Financial Advocacy for in person assistance at 10 Third Street, Malone, NY 12953
  - Practitioner roster coverage: [Alice Hyde Medical Center | Financial Assistance Program](#)
- UVMHN Elizabethtown Community Hospital:
  - Website: [Elizabethtown Community Hospital | Billing & Financial Assistance \(ech.org\)](#)
  - Customer Service: (802) 847-8000 or (800) 639-2719
  - Patients may call (518)873-3139
  - Financial Advocacy for in person assistance at 8 Williams Street, Elizabethtown, NY
  - Practitioner roster coverage: [Elizabethtown Community Hospital | Billing & Financial Assistance \(ech.org\)](#)

**Relationship to Collection Policies:** UVMHN management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for financial assistance from UVMHN. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, UVMHN may offer installment payment plans to eligible patients. Refer to the UVMHN\_CUST1 Credit and Collections policy which states patients are notified in writing (including on a patient bill) no less than thirty days prior to the referral of debts for collection. UVMHN New York Hospital Partners does not sell medical debt and does not collect from a patient who is determined to be eligible for medical assistance pursuant to title XIX of the federal social security act at the time services are rendered and for which services Medicaid payment is available. External collection agencies follow the hospital's financial assistance policy, including providing information to patients on how to apply for financial assistance where appropriate, the prohibition on foreclosure on primary residences, and prohibition on commencing debt collection against patients with incomes below four hundred percent of the federal poverty level.

Note: UVMHN New York Hospital Partners will not engage in extraordinary collection actions (ECA). ECA is defined as selling an individual's debt to another party, reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus, deferring, denying or requiring payment before providing medically necessary care because of an individual's non-payment of one or more bills for previously provided care under the Financial Assistance Policy (FAP), and/or actions requiring a legal or judicial process. A copy of the UVMHN Credit and Collections policy may be obtained by contacting the Customer Service Department at (802) 847-8000 or (800) 639-2719. A copy may also be obtained at any registration location at UVMHN.

**Confidentiality/Document Retention:** All information relating to financial assistance applications will be kept confidential. Financial assistance applications and supporting documentation will be kept for seven years from the date of approval or denial to allow for subsequent retrieval and review and audits.

**Financial Assistance Appeals:** The appeal process will be considered and determined by a committee comprised of the AVP of Revenue Cycle, Director of Patient Accounting and others as appropriate.

**Regulatory Requirements:** In implementing this policy, UVMHN management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

**Monitoring and Training Plan:** All general hospital staff who interact with patients or have responsibility for billing and collections are trained on this policy and related procedures. Compliance with this policy will be monitored through annual review of Financial Assistance Program applications and grant/deny decisions. Quarterly department spot auditing will occur, and monthly reporting of outcomes will be reviewed.

**Definitions:** For the purpose of this policy, the terms below are defined as follows:

- **Gross Charges:** The total charges at full-established rates before deductions are applied.
- **Household Income:** Income is calculated in accordance with the financial methodologies for determining eligibility for advance premium tax credits, e.g., MAGI (modified adjusted gross income).
  - Includes earnings, unemployment compensation, social security, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, and other miscellaneous sources
  - Excludes pre-tax contributions such as those for childcare, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401K and 403b
  - Excludes noncash benefits (such as SNAP benefits and housing subsidies)
  - Determined on a before-tax basis (gross income)
  - Excludes capital gains or losses
  - If a person lives with a family/domestic partner, it includes the income of all family members (non-domestic partners or housemates do not count)
- **Household Size:** Patient, spouse, children, 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. Domestic partners are defined as unrelated/unmarried people sharing a home who are in a committed, intimate relationship that is not legally defined as marriage.
  - Excludes married individuals who live separately while divorcing, regardless of federal income tax filing. These are separate households.
  - Children under a shared custody agreement; both parents are allowed to claim the child as a dependent, provided a copy of the custody agreement indicates equal financial support.
  - Includes adult children who are claimed as a dependent on the parents' federal income tax returns.
  - For migrant workers, direct family members (spouse and birth children) who reside outside of the country will be included in the household size.
- **Income Verification: May include but is not limited to:**
  - A copy of the most recent tax return
  - Copies of most recent bank statements (savings, checking, money market, etc.)
  - Statement of earnings from the Social Security Office (800-772-1213)
  - Copies of two of the most recent pay stubs or last paystub of calendar year
  - Income statement from self-employed persons
  - Copy of unemployment benefits, if applicable
  - Rental income, if included in income vs. assets
  - Written income verification from an employer (if paid in cash)
  - Contract or written confirmation of migrant worker contract
- **LEP/Translation:** Limited English proficiency requiring translated copies of the policies, application, plain language summary and application.
- **Medically Necessary Health Care Services:** Health care services, including diagnostic testing, preventive services, and after care, which are appropriate to the patient's diagnosis or condition in terms of type, amount, frequency, level, setting, and duration. Medically necessary care must: (A) 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; (B) be informed by the unique needs of each individual patient and each presenting situation; and (C) meet one or more of the following criteria: (i) help restore or maintain the patient's health; (ii) prevent deterioration of or palliate the patient's condition; or (iii) prevent the reasonably likely onset of a health problem or detect an incipient problem. If questions of Medical Necessity remain the Chief Medical Officer may be consulted for a determination.
- **Patient Statement:** The monthly patient account summary mailed to a patient at their stated home address which states the amount due from the patient for patient care services rendered by UVMHN.
- **Uninsured:** The patient has no level of insurance or third-party assistance to assist with meeting their payment obligations. An uninsured patient is ineligible for any government health care entitlement program (Medicare, Medicaid, New York Health Connect exchange plans, etc.) during the dates of service provided by UVMHN New York Hospital Partners .
- **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed their financial abilities.

- **University of Vermont Health Network – New York:** Includes Champlain Valley Physicians Hospital, Alice Hyde Medical Center, and Elizabethtown Community Hospital.
- **New York Residency:** An individual, regardless of citizenship and including undocumented immigrants, who resides in New York, is employed by a New York employer to deliver services for the employer in New York, or attends school in New York, or a combination of these. The term includes an individual who is living in New York at the time the services are received but who lacks stable permanent housing. This does not include domestic visitors or foreign national visitors.

**RELATED POLICIES:**

UVMHN\_CUST1            Credit and Collections

**REFERENCES:**

IRC § 50(r)(4):  
 IRC § 501(r)(5):  
 IRC § 501(r)(6):  
 NY PHL § 2807-k

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