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| Policy Title: | SVMC Financial Assistance Program Eligibility Policy - Patient Accounting | Policy ID | 5954 |
| Department | *Business Office , Business Services | | |
| Keywords | Financial, Bills, payment | | |

I. Purpose of Policy

To establish a policy for the administration of Southwestern Vermont Medical Center (SVMC) financial assistance program for healthcare services. 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 Internal Revenue Code Section 501(r).

Southwestern Vermont Medical Center (SVMC) 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.

II. Policy Scope

This policy applies to all emergency and medically necessary healthcare services provided by SVMC and any provider employed by SVMC.

III. Definitions

- **“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).
- **“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.
- **“Emergency Medical Conditions”** as defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd), a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
 - serious impairment to bodily functions
 - serious dysfunction of any bodily organ or part

- with respect to a pregnant woman:
 - inadequate time to affect a safe transfer to another hospital before delivery.
 - a threat to the health or safety of the woman or the unborn child in the event of a transfer or discharge.
- **“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.
- **“Gross Charges”** The total charges at the organization’s full established rates for the patient’s healthcare services.
- **“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;
 - 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.
- **“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.
- **“Presumptive Financial Assistance”** The provision of financial assistance for medically necessary services to patients for whom there is not a completed SVMC Financial Assistance application 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 Insurance.
- **“Uninsured Patient”** A patient with no insurance or other third-party source of payment for his/her medical care.
- **“Underinsured Patient”** A patient with some insurance or other third-party source of payment, whose out-of-pocket expenses nevertheless exceed his/her ability to pay in as determined according to this policy.
- **“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.

IV. Policy Statement

Southwestern Vermont Medical Center, is committed to providing financial assistance to persons who have healthcare needs but do not have the financial means to pay for services or balances that are their responsibility. SVMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

SVMC 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, and regardless of age, gender, race, social or immigrant status, sexual orientation or religious affiliation. In accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA), no patient shall be screened for financial assistance or payment information prior to the rendering of services for emergency medical conditions.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with SVMC procedures for obtaining financial assistance or other forms of payment, and to contribute to the cost of their care based on their individual ability to pay.

Before SVMC will seek payment from a patient for emergency and/or medically necessary care, 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 presumptive eligibility for patient financial assistance.
- Offer the patient a financial assistance application at no cost;
- Offer to provide the patient with assistance completing and submitting the financial assistance application at no cost.

A. Method by Which Patients May Apply for Financial Assistance

Provision of 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 office where patient financial assistance services are provided.

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.

By Phone: Patients can call (802) 447-4500 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 <https://svhealthcare.org/patients-visitors/billing-insurance>. Patients may also access these documents by signing into their patient portal at <https://svhealthcare.org/patients-visitors/patient-portal> and navigating to Financial Assistance.

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:

Southwestern Vermont Medical Center
100 Hospital Drive
Box 52
Bennington, VT 05201

Assistance Completing Application: SVMC Financial counselors are available in person or by phone at 802-447-4500 to assist patients in applying for financial assistance

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.

B. Eligibility Criteria for Financial Assistance

SVMC 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) 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 or a resident of the following counties located outside of Vermont Rensselaer (NY), Washington (NY) and Berkshire (MA). There is no residency restrictions if services provided were the result of an emergency medical condition as defined in the “Definitions” section of this policy.

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

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

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 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, SVMC shall use the "Household Income" definition in the "Definitions" section of this policy, which also contains guidance on determining household size. See also the "Determination of Amount of Financial Assistance" 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.

Insurance: The patient has no medical insurance, liability or other third-party coverage that will pay for services the patient received at SVMC. All insurance guidelines/plan provisions must have been followed including obtaining necessary referrals/authorizations and staying within your plans specified provider network.

Eligibility Period: A patient shall be deemed eligible for patient financial assistance for twelve months 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. Note: It is permissible for patients to submit new supporting financial documentation to an initial application provided the initial application is less than one year old.

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.

Application Period: SVMC 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. If an account has been referred to a collection agency and an application is received and granted within the 365-day application period, accounts shall be recalled from the agency and processed under the financial assistance program.

Documentation Requirements

- Residency

SVMC 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 the residency requirements included in this policy.

- Income/Assets

A patient must provide proof of income along with their financial assistance application. A patient may provide their most recent state and 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.

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

SVMC 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.

SVMC 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. See also the "Presumptive Eligibility" section of this policy for further guidance.

- Income/Asset Supporting documentation to include with application when applicable:
 - 2 most recent payroll stubs or written verification of wage from employer.

- Prior year Federal and State Income Tax Returns.
- Business tax return (if applicable).
- 2 months of bank statements including checking, savings, money market.
- Social security statements.
- Pension statements.
- Forms approving or denying unemployment compensation or Worker Compensation, if appropriate
- Written verification from public welfare agencies or any other government agency, which can attest to the income status for the past twelve (12) months. (if applicable).

C. Determination of Amount of Financial Assistance

It is the policy of SVMC to follow the federal poverty household guidelines to determine eligibility for financial assistance. Individuals eligible for SVMC's financial assistance program will not be charged more than amounts general billed to patients that have insurance. The amounts generally billed (AGB) to patients is calculated using the "Look-back" Medicare Fee for Service method as defined by the IRS in section 501(r) (5). To calculate the AGB, the sum of the allowed amount for all Medicare Fee-for-service claims for the prior year is divided by the gross charges for those claims. Based on this calculation for Calendar year 2023, the minimum discount granted to eligible patients under this policy is 70%.

Effective 7/1/2024, the following Discount Rates Apply:

| Family Size | <=250% FPL | 251%-300% | 300%-400% FPL |
|-------------|---------------|--------------|---------------|
| | 100% Discount | 75% Discount | 70% Discount |
| 1 Person | \$37,650 | \$45,180 | \$60,240 |
| 2 People | \$51,100 | \$61,320 | \$81,760 |
| 3 People | \$64,550 | \$77,460 | \$103,280 |
| 4 People | \$78,000 | \$93,600 | \$124,800 |
| 5 People | \$91,450 | \$109,740 | \$146,320 |
| 6 People | \$104,900 | \$125,880 | \$167,840 |
| 7 People | \$118,350 | \$142,020 | \$189,360 |
| 8 People | \$131,800 | \$158,160 | \$210,880 |

Determining household income

Regardless of what type of income documentation the applicant submits, SVMC 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:

Printed copies are for reference only. Please refer to electronic copy for the latest version

“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).

Determining Household Size

SVMC shall calculate the household size in accordance with the guidelines set forth in the definition of “Household Income” (see “Definitions” section above).

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.

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 between 250% FPL and 400% FPL, we will discount all out-of-pocket costs for emergency and medically necessary services rendered by 70%.

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 uninsured patients whose household income is between 250% FPL and 400% FPL, we will discount the amount generally billed for emergency and medically necessary services rendered by 70%.

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.

Decision Timeline & Content

SVMC 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, SVMC will notify the applicant of this fact and specify what information is needed to complete the application.
- If the patient's application is approved, SVMC 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, SVMC 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, SVMC will include the factual grounds for any denial.

Extenuating Circumstances

SVMC acknowledges that extenuating circumstances may exist in which a patient does not satisfy the criteria for financial assistance detailed in this policy, yet the patient is unable to pay for emergency or medically necessary healthcare services received or needed. A patient or hospital staff may request a waiver of the financial assistance eligibility test outlined in this policy due to an unusual or unanticipated circumstance which warrants special consideration. Such requests will be reviewed by Director of Revenue Cycle or Chief Financial Officer

D. Financial Assistance Appeal Process

1. Appeal Rights

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

2. Appeals Process

If SVMC 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 Director of Revenue Cycle to explain why the decision made by SVMC was inappropriate. The appeal letter will be reviewed by SVMC and a final decision will be sent to the patient within 60 days of the receipt of the request for appeal.

E. Presumptive Eligibility for Financial Assistance

Known Circumstances surrounding a patient's personal situation may support the conclusion that they qualify for financial assistance. In addition, the patient is either unable to apply for financial assistance and/or provide required supporting documentation to make a routine determination of eligibility. Presumptive screening is used, without respect to outstanding balance, on eligible accounts after notices to collect the debt and prior to referral of the account to an outside collection agency to provide financial assistance to patients who have not been responsive to the notification of the option to complete a Financial Assistance Application.

- Some common, specific scenarios where a patient may be eligible for presumptive financial assistance are listed below. This is not an all-encompassing list. Unique situations that are not listed may occur will be evaluated independently.
 - Currently eligible for Medicaid
 - Eligible for other state or local assistance programs that are unfunded (e.g., Medicaid spend down)
 - Supplemental Security Income (SSI) eligibility
 - Food Stamp Eligibility
 - Participation in Women, Infant and Children's programs
 - Patient is incarcerated with no health care coverage
 - Patient is known to be homeless
 - The patient is deceased. There is no probate filed in the local jurisdiction where the patient resided. There may or may not be family we can locate and we have no reason to believe that the patient has assets that would cover their services.

F. Financial Assistance Approval Levels

- Financial Counselor – Up to \$10,000
- Assistant Director/Director – Up to \$50,000
- CFO/President – Greater than \$50,000

G. Communication Regarding Financial Assistance

SVMC 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:

- SVMC will 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.
- SVMC will ensure that patient facing staff and medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors, have sufficient knowledge of the policy to inform patients of their options related to patient financial assistance.
- Referral of patients for financial assistance may be made by any SVMC staff member or agent, 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.
- SVMC will 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.
- SVMC will provide financial counseling to patients about their bills and will make the availability of such counseling widely known. Financial counselors are available in person at the SVMC Billing Office located at 100 Hospital Drive, Bennington VT 05201, or by phone at 802-447-4500.
- SVMC will respond promptly to patient questions about their bills and requests for financial assistance. It is the goal of SVHC to process completed financial assistance applications within 30 days.
- SVMC will use a billing process that is clear, concise and patient friendly.
- SVMC will post information on SVHC’s Financial Assistance Program, including copies of the policy and application on the SVHC website, <http://www.svhealthcare.org>
- SVMC will send a Financial Assistance Application to all self-pay patients living in the SVHC service area with their initial bill and notify patients of the Financial Assistance Program on all patient statements.
- SVMC will post information regarding the SVHC Financial Assistance Program in the emergency department, in all patient registration areas and in the billing office.
- SVMC will provide Financial Assistance Policy, Application and Plain Language Summary in the primary languages spoken by the population served by SVMC.
- SVMC provides free aids and services to people with disabilities and for people whose primary language is not English in order to communicate effectively with us. This includes qualified sign language interpreters and free language assistance through qualified interpreters. If you need these services please call 1-800-367-9559 (TTY: 1-866-237-0174) option 1 then client code 05201.

- ATENCIÓN: si habla inglés, tendrá a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-367-9559 (TTY: 1-866-237-0174, opción 1 y luego código de cliente 05201).

Language Access Rights

- SVMC 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 us at (802) 442-6361 or <https://svhealthcare.org/contact-us>.
- SVMC 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 us at (802) 442-6361 or <https://svhealthcare.org/contact-us>. 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.

Questions

Individuals can direct questions about the financial assistance policy to the Billing Office located at Southwestern Vermont Medical Center. The office can be reached via telephone ((802) 447-4500, or in-person at: 100 Hospital Drive, Bennington, VT 05201.

Complaints

- If you have concerns or complaints about our financial assistance program, please contact our office at: (802) 447-4500.
- 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: (800) 649-2424 or <https://ago.vermont.gov/contact>.
- 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.

H. Patient Billing and Collections

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 Southwestern Vermont Medical Center, to collect a medical debt arising from health care services delivered at this facility shall include information about our financial assistance policy. SVMC will not impose extraordinary collection actions, such as reporting to credit bureau, for patients without first making reasonable efforts to determine whether the patient is eligible for Financial Assistance. For information on the steps SVMC will take to inform patients of the

financial assistance policy and collection activities we may pursue, please see SVMC Billing and Collections policy. This policy can be found online at <http://svhealthcare.org/patients-visitors/billing-insurance> can be requested by phone by calling the SVMC billing department at 802-447-4500.

I. Financial Assistance Exclusions

- Non-Covered services – Services not eligible for financial assistance:
 - Cosmetic, Infertility and other elective procedures and services that are not medically necessary.
 - CT Calcium Score testing not covered by insurance.
 - Services where an Advanced Beneficiary Notice (ABN) was signed.
 - Services where a non-covered waiver for services has been signed.
 - General Dentistry.
 - Services reimbursed directly to the patient by an insurance carrier or third party.
 - Non-emergency care that may be covered by an insurance carrier at another provider, but are not covered at SVMC due to SVMC being out of network.
 - Travel consults and vaccines not covered by Insurance
- Providers not covered under this policy

This policy covers hospital services performed by SVMC and professional services provided by SVMC medical providers. You may receive services at SVMC from other private physicians in the community. These providers are separate entities and services are billed separately. These physician groups are not required to follow SVMC's Financial Assistance policy. A list of these Non-SVMC providers is below:

Centers for Living and Rehabilitation
Centers for Nursing and Rehabilitation
Dartmouth Hitchcock Medical Center
David Charnock MD
Eric Seyferth MD
Erik Niemi DO
Glen MacKenzie MD
Jennifer Judkins MD
Judy Orton MD
Mary Schuh DPM
Matthew McDonald MD
Radiology Associates of Bennington
Suzanne McGuire DPM
SVMC Dentistry
Virtual Radiology
Wesley Baker DMD
William Sarchino DPM

J. Policy Review

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

V. References

Not applicable

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| Responsible Owner: | Raquel Brown | Original Creation Date | 10/01/2016 |
| Approved By: | PolicyTech Oversight Committee, Raquel Brown, Robert Laba | Last Modified | 06/10/2024 |
| Approval Date: | 06/11/2024 | Next Periodic Review | 06/11/2027 |
| Related Polices & Procedures: | | | |
| Related Job Aids: | | | |

Providers Included in the SVMC Financial Assistance Program Policy

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| Northern Berkshire Orthopedics | 375 Main Street, Williamstown, MA 01267 |
| Southwestern Vermont Medical Center | 100 Hospital Drive, Bennington, VT 05201 |
| Southwestern Vermont Regional Cancer Center | 140 Hospital Drive, Suite 116, Bennington, VT 05201 |
| SVMC ER Physicians | 100 Hospital Drive, Bennington, VT 05201 |
| SVMC Hospitalist Physicians | 100 Hospital Drive, Bennington, VT 05201 |
| SVMC Anesthesia Physicians | 100 Hospital Drive, Bennington, VT 05201 |
| SVMC Pathologist | 100 Hospital Drive, Bennington, VT 05201 |
| SVMC Cardiology | 140 Hospital Drive Suite 211, Bennington, VT 05201 |
| SVMC Deerfield Valley Campus | 30 Route 100 South, Wilmington, VT 05363 |
| SVMC Dermatology | 140 Hospital Drive Suite 205, Bennington VT 05201 |
| SVMC Endocrinology | 140 Hospital Drive Suite 302, Bennington, VT 05201 |
| SVMC <u>ExpressCare</u> | 120 Hospital Drive, Bennington, VT 05201 |
| SVMC Gastroenterology | 140 Hospital Drive Suite 302, Bennington, VT 05201 |
| SVMC General Surgery | 140 Hospital Drive Suite 205, Bennington, VT 05201 |
| SVMC Infectious Disease | 140 Hospital Drive Suite 111, Bennington, VT 05201 |
| SVMC Internal Medicine | 140 Hospital Drive Suite 108, Bennington, VT 05201 |
| SVMC Mountain Medical Service | 13 Grand Summit Way, West Dover, VT 05356 |
| SVMC Neurology | 140 Hospital Drive Suite 302, Bennington, VT 05201 |
| SVMC <u>Northshire</u> Campus | 5957 Main Street, Manchester Center, VT 05255 |
| SVMC OB/GYN | 140 Hospital Drive Suite 307, Bennington, VT 05201 |
| SVMC Occupational Health | 140 Hospital Drive Suite 301, Bennington, VT 05201 |
| SVMC Orthopedics | 332 Dewey Street, Bennington, VT 05201 |
| SVMC Palliative Care | 140 Hospital Drive Suite 116, Bennington, VT 05201 |
| SVMC Pediatrics | 140 Hospital Drive Suite 210, Bennington, VT 05201 |
| SVMC <u>Pownal</u> Campus | 7237 Route 7, <u>Pownal</u> , VT 05261 |
| SVMC Plastic Surgery | 140 Hospital Drive Suite 205, Bennington, VT 05201 |
| SVMC Pulmonology | 140 Hospital Drive Suite 111, Bennington, VT 05201 |
| SVMC Rheumatology | 140 Hospital Drive Suite 306, Bennington, VT 05201 |
| SVMC Urology | 140 Hospital Drive Suite 100, Bennington, VT 05201 |
| Twin Rivers Medical PC | 16 Danforth Street, Hoosick Falls, NY 12090 |