



Springfield
Medical Care Systems, Inc.

Where People Come First

FINANCIAL ASSISTANCE POLICY

I. OVERVIEW:

Springfield Medical Care Systems (SMCS) is a non-profit healthcare corporation serving portions of Windsor and Windham Counties, Vermont and portions of Sullivan and Cheshire Counties, New Hampshire. SMCS operates the SMCS Community Health Center (CHC) network which provides primary and preventative care at community health center locations dispersed throughout the service area. A subsidiary of SMCS, Springfield Hospital, (with campuses in Springfield and Bellows Falls, VT) provides acute care services, including mental health, and also operates specialty physician practices.

SMCS is committed to meeting the needs of the residents of its defined service area regardless of insurance status or ability to pay. Under no circumstances would SMCS withhold emergent medical care to any individual based upon insurance status, ability to pay or any other criteria.

II. SCOPE AND PURPOSE:

- A. To specify the criteria for identifying individuals that are eligible to receive services rendered by SMCS either free of charge (i.e.: 100% discount) or at partially discounted rates.
- B. Patients qualifying under the Financial Assistance Policy (FAP) will be exempt from liability for the determined discount.
- C. The FAP applies Federal Poverty Guidelines, updated annually, adjusted for household size, to identify patients with a documented inability to pay for either the entirety or for a portion of the services rendered. Individuals that receive a partial discount are liable for balances not discounted and will be subject to collection efforts by SMCS for the balance due after discount.
- D. The FAP does not apply to elective or cosmetic services or services that are not medically necessary. Patients are encouraged to inquire prior to the rendering of services as to whether or not a service qualifies for the FAP.

III. GENERAL REQUIREMENTS:

- A. Financial assistance will be granted only after the submission of a signed application for financial assistance by the patient, relative, legal guardian, power of attorney, or SMCS Patient Financial Counselor with written authorization from the patient. The application must be received by SMCS within thirty (30) days of the furnishing of the application.
- B. There is no residency requirement for medical services provided by the SMCS community health center network (CHC).
1. In order to be eligible for financial assistance for services provided by Springfield Hospital, the patient/guarantor must be a resident of the State of Vermont, or Sullivan or Cheshire counties in New Hampshire. Applicants who reside outside Vermont or the indicated New Hampshire counties, and who have been deemed eligible for assistance for CHC services, may also be deemed eligible for Springfield Hospital assistance.
 2. In order to be eligible for financial assistance for dental services or the 340B prescription drug program, applicants must have selected the CHC as their primary care provider or reside in one of the following Vermont towns: Andover, Athens, Baltimore, Cavendish, Chester, Grafton, Jamaica, Landgrove, Londonderry, Ludlow, Mt. Holly, Peru, Plymouth, Reading, Rockingham (Bellows Falls), Springfield, Stratton, W.Windsor, Weathersfield, Westminster, Weston, Windham and Winhall or NH towns of Acworth, Alstead, Charlestown, Langdon, and Walpole.

*See attachment A for the SMCS medical discount schedule, attachment B for the Springfield Hospital medical discount schedule, attachment C for the SMCS dental discount schedule, and attachment D for the SMCS pharmacy discount schedule.

- C. Neither SMCS or its agents shall pursue collection actions against patients for amounts qualifying for financial assistance. However, any balance remaining after discount that goes unpaid will cause the forfeiture of the original discount and SMCS will pursue collection of the full amount of charges prior to the application of the discount.
1. Springfield Hospital will not charge eligible patients more for emergency or other medically necessary services than the amount generally billed (AGB) to patients who have Medicare. The amount generally billed (AGB) is calculated based on the percentage of what Medicare allows for services billed in a 12 month period. The percentage calculated will be multiplied times the total charges on the claim to arrive at the AGB. See sample methodology attached (E).
 2. Patient balance will hit the self pay category on discharge if the patient is uninsured or after insurance has processed and a statement is then generated.
 3. Statements will contain contact information regarding inquiries for financial assistance and budget payments.

4. Patient accounts may be sent to a collection agency for unpaid balances greater than 120 days and the patient has not applied for financial assistance.
 5. Credit bureau reporting can begin for unpaid balances greater than 240 days or for incomplete financial assistance applications.
- D. Applicants may qualify for financial assistance under the following circumstances.
1. Federal Poverty Guidelines: The patient's and/or guarantor's income is equal to or less than the current approved SMCS income poverty guidelines included in the attachments to this policy and there are no other assets available to the patient which could be used in the settlement of Springfield Hospital charges only. A principal residence generally would not be considered an available asset in this regard. Springfield Hospital allows savings of up to \$10,000 for burial expense.
 2. Medicare Beneficiaries: Deductibles and coinsurances due from Medicare beneficiaries can be eligible for discount under the FAP assuming the patients submits an application and qualifies.
 3. Medicaid Beneficiaries: Coinsurances due from Medicaid beneficiaries qualify for FAP. A Medicaid beneficiary need not complete a FAP application in order for coinsurances to qualify.
 4. Extenuating Circumstances: Accounts that fall outside of the established SMCS guidelines but involve extenuating circumstances can be approved by the Director of Patient Business Services in consultation with the Chief Financial Officer.
- E. A patient who applies for financial assistance will receive a written notice of the determination of SMCS within 30 days of submission of the written application and all required supporting documentation.
- F. Once SMCS determines the patient to be eligible for financial assistance, this determination MAY be in effect for 1 year from the date of the initial determination. If approved for financial assistance, any and all changes regarding income, insurance status, family size, etc. must be reported to SMCS.
- G. SMCS shall not discriminate on the basis of race, color, national origin, ethnicity, religion, creed, sex, sexual orientation or age (for any persons beyond the age of majority) in its application of policies concerning the acquisition and verification of financial information, and eligibility for financial assistance.
- H. The patient and/or guarantor must cooperate fully with SMCS to explore and obtain all possible alternative insurance coverage, ie: Medicaid, Green Mountain Care, auto insurance settlements, Social Security, etc. SMCS has Patient Financial Counselors available to assist with the processing of these applications in a confidential manner.

- I. The patient and/or guarantor must provide proof that application has been made **and coverage denied** by New Hampshire Medicaid or Vermont Medicaid. In certain circumstances where the patient has provided all necessary documentation the SMCS Patient Financial Counselor can confidently determine that Medicaid eligibility cannot be obtained. In such instances, at the discretion of the SMCS Patient Financial Counselor, SMCS will accept an application for financial assistance without requiring proof of a Medicaid coverage denial.

IV. CRITERIA FOR NOTIFICATION AND ASSISTANCE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE.

A. NOTIFICATION:

1. Patients will be made aware of the availability of the Financial Assistance Policy through the posting of signs in all registration areas throughout SMCS and in the Patient Business Services offices located at 100 River Street, Springfield, VT.
2. SMCS shall make available copies of the Financial Assistance Policy application at any and all registration areas where patients access SMCS services.
3. On an Inpatient admission that occurs outside the hours of operation of the registration department, the admitting office will be responsible for delivering the application to the patient the following day or as soon as possible.
4. SMCS will attempt to inform the public of its Financial Assistance Policy through the SMCS website (www.SpringfieldMed.org) and/or use of public announcements, paid advertising, etc.

B. ASSISTANCE:

SMCS will assist all patients with the completion of an application for Financial Assistance and whenever possible with applications for other programs such as Medicaid, Medicare Part D, etc. A patient may obtain confidential and compassionate assistance at:

1. The SMCS Patient Business Services offices located at 100 River Street, Springfield, VT or by calling (802) 886-8950.
2. Valley Health Connections – Through an arrangement with SMCS assistance with applications is available through Valley Health Connections located at 268 River Street, Springfield, VT or by calling (802) 885-1616.

It is preferable that applicants call in advance and make an appointment and that they arrive with all requested documentation and the application completed to the best of their ability in advance.

V. DOCUMENTATION AND AUDIT:

1. Each financial assistance application shall be accompanied by patient documentation of all efforts made by SMCS to determine eligibility.
2. Financial Assistance application documentation shall be kept on file for a period of 5 years. After 5 years all paperwork will be permanently destroyed.

VI. DECISION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE:

Patient Business Services will make the initial determination of eligibility for financial assistance using the above policy. This information will be recorded in writing in the appropriate section of the application forms.

Patient Financial Counselors will submit any applications for extreme hardship that fall outside the guidelines to the Director of Patient Business Services and/or the SMCS Chief Financial Officer to make the final determination on eligibility. An attestation may need to be provided by the applicant.

ATTACHMENT A - SMCS MEDICAL DISCOUNT SCHEDULE

Fam #	<=100% FPG		101-150% FPG		151-200% FPG		>200% FPG
	100% Free		75% Free		50% Free		0% Free
	From	To	From	To	From	To	More Than
1	0	\$ 11,880.00	\$ 11,881.00	\$ 17,820.00	\$ 17,821.00	\$ 23,760.00	+
2	0	\$ 16,020.00	\$ 16,021.00	\$ 24,030.00	\$ 24,031.00	\$ 32,040.00	+
3	0	\$ 20,160.00	\$ 20,161.00	\$ 30,240.00	\$ 30,241.00	\$ 40,320.00	+
4	0	\$ 24,300.00	\$ 24,301.00	\$ 36,450.00	\$ 36,451.00	\$ 48,600.00	+
5	0	\$ 28,440.00	\$ 28,441.00	\$ 42,660.00	\$ 42,661.00	\$ 56,880.00	+
6	0	\$ 32,580.00	\$ 32,581.00	\$ 48,870.00	\$ 48,871.00	\$ 65,160.00	+
7	0	\$ 36,730.00	\$ 36,731.00	\$ 55,095.00	\$ 55,096.00	\$ 73,460.00	+
8	0	\$ 40,890.00	\$ 40,891.00	\$ 61,335.00	\$ 61,336.00	\$ 81,780.00	+

For families with more than 8 persons, add \$4,160 for each additional person

Attachment B - SPRINGFIELD HOSPITAL MEDICAL DISCOUNT SCHEDULE

Family #	60060		60061		60062		60063		60064		60065	
	100% FPG Patient Pays Zero		120% of FPG Patient Pays Zero		140% FPG Patient Pays Zero		160% FPG Patient Pays Zero		180% FPG Patient Pays Zero		200% FPG Patient Pays Zero	
	From	To	From	To	From	To	From	To	From	To	From	To
1	0	\$11,880	\$11,881	\$ 14,256.00	\$ 14,257.00	\$ 16,632.00	\$ 16,633.00	\$ 19,008.00	\$ 19,009.00	\$ 21,384.00	\$ 21,385.00	\$ 23,760.00
2	0	\$16,020	\$16,021	\$ 19,224.00	\$ 19,225.00	\$ 22,428.00	\$ 22,429.00	\$ 25,632.00	\$ 25,633.00	\$ 28,836.00	\$ 28,837.00	\$ 32,040.00
3	0	\$20,160	\$20,161	\$ 24,192.00	\$ 24,193.00	\$ 28,224.00	\$ 28,225.00	\$ 32,256.00	\$ 32,257.00	\$ 36,288.00	\$ 36,289.00	\$ 40,320.00
4	0	\$24,300	\$24,301	\$ 29,160.00	\$ 29,161.00	\$ 34,020.00	\$ 34,021.00	\$ 38,880.00	\$ 38,881.00	\$ 43,740.00	\$ 43,741.00	\$ 48,600.00
5	0	\$28,440	\$28,441	\$ 34,128.00	\$ 34,129.00	\$ 39,816.00	\$ 39,817.00	\$ 45,504.00	\$ 45,505.00	\$ 51,192.00	\$ 51,193.00	\$ 56,880.00
6	0	\$32,580	\$32,581	\$ 39,096.00	\$ 39,097.00	\$ 45,612.00	\$ 45,613.00	\$ 52,128.00	\$ 52,129.00	\$ 58,644.00	\$ 58,645.00	\$ 65,160.00
7	0	\$36,730	\$36,731	\$ 44,076.00	\$ 44,077.00	\$ 51,422.00	\$ 51,423.00	\$ 58,768.00	\$ 58,769.00	\$ 66,114.00	\$ 66,115.00	\$ 73,460.00
8	0	\$40,890	\$40,891	\$ 49,068.00	\$ 49,069.00	\$ 57,246.00	\$ 57,247.00	\$ 65,424.00	\$ 65,425.00	\$ 73,602.00	\$ 73,603.00	\$ 81,780.00

Family #	60066		60067		60068		60069		60070		>300% FPG Patient Pays 100%	
	220% of FPG Patient Pays 10%		240% FPG Patient Pays 20%		260% FPG Patient Pays 30%		280% FPG Patient Pays 40%		300% FPG Patient Pays 50%		>300% FPG Patient Pays 100%	
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$ 23,761.00	\$ 26,136.00	\$ 26,137.00	\$ 28,512.00	\$ 28,513.00	\$ 30,888.00	\$ 30,889.00	\$ 33,264.00	\$ 33,265.00	\$ 35,640.00	\$ 35,641.00	+
2	\$ 32,041.00	\$ 35,244.00	\$ 35,245.00	\$ 38,448.00	\$ 38,449.00	\$ 41,652.00	\$ 41,653.00	\$ 44,856.00	\$ 44,857.00	\$ 48,060.00	\$ 48,061.00	+
3	\$ 40,321.00	\$ 44,352.00	\$ 44,353.00	\$ 48,384.00	\$ 48,385.00	\$ 52,416.00	\$ 52,417.00	\$ 56,448.00	\$ 56,449.00	\$ 60,480.00	\$ 60,481.00	+
4	\$ 48,601.00	\$ 53,460.00	\$ 53,461.00	\$ 58,320.00	\$ 58,321.00	\$ 63,180.00	\$ 63,181.00	\$ 68,040.00	\$ 68,041.00	\$ 72,900.00	\$ 72,901.00	+
5	\$ 56,881.00	\$ 62,568.00	\$ 62,569.00	\$ 68,256.00	\$ 68,257.00	\$ 73,944.00	\$ 73,945.00	\$ 79,632.00	\$ 79,633.00	\$ 85,320.00	\$ 85,321.00	+
6	\$ 65,161.00	\$ 71,676.00	\$ 71,677.00	\$ 78,192.00	\$ 78,193.00	\$ 84,708.00	\$ 84,709.00	\$ 91,224.00	\$ 91,225.00	\$ 97,740.00	\$ 97,741.00	+
7	\$ 73,461.00	\$ 80,806.00	\$ 80,807.00	\$ 88,152.00	\$ 88,153.00	\$ 95,498.00	\$ 95,499.00	\$ 102,844.00	\$ 102,845.00	\$ 110,190.00	\$ 110,191.00	+
8	\$ 81,781.00	\$ 89,958.00	\$ 89,959.00	\$ 98,136.00	\$ 98,137.00	\$ 106,314.00	\$ 106,315.00	\$ 114,492.00	\$ 114,493.00	\$ 122,670.00	\$ 122,671.00	+

For families with more than 8 persons, add \$4,160 for each additional person

ATTACHMENT C - SMCS DENTAL DISCOUNT SCHEDULE

TIER ONE									
Fam #	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG
	Patient Pays \$10.00		Patient Pays 25%		Patient Pays 50%		Patient Pays 75%		Patient Pays 100%
	From	To	From	To	From	To	From	To	More Than
1	0	\$ 11,880.00	\$ 11,881.00	\$ 14,850	\$ 14,851	\$ 20,790	\$ 20,791	\$ 23,760	\$ 23,761
2	0	\$ 16,020.00	\$ 16,021.00	\$ 20,025	\$ 20,026	\$ 28,035	\$ 28,036	\$ 32,040	\$ 32,041
3	0	\$ 20,160.00	\$ 20,161.00	\$ 25,200	\$ 25,201	\$ 35,280	\$ 35,281	\$ 40,320	\$ 40,321
4	0	\$ 24,300.00	\$ 24,301.00	\$ 30,375	\$ 30,376	\$ 42,525	\$ 42,526	\$ 48,600	\$ 48,601
5	0	\$ 28,440.00	\$ 28,441.00	\$ 35,550	\$ 35,551	\$ 49,770	\$ 49,771	\$ 56,880	\$ 56,881
6	0	\$ 32,580.00	\$ 32,581.00	\$ 40,725	\$ 40,726	\$ 57,015	\$ 57,016	\$ 65,160	\$ 65,161
7	0	\$ 36,730.00	\$ 36,731.00	\$ 45,913	\$ 45,914	\$ 64,278	\$ 64,279	\$ 73,460	\$ 73,461
8	0	\$ 40,890.00	\$ 40,891.00	\$ 51,113	\$ 51,114	\$ 71,558	\$ 71,559	\$ 81,780	\$ 81,781

TIER TWO									
Fam #	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG
	Patient Pays 40%		Patient Pays 50%		Patient Pays 60%		Patient Pays 80%		Patient Pays 100%
	From	To	From	To	From	To	From	To	More Than
1	0	\$ 11,880.00	\$ 11,881.00	\$ 14,850	\$ 14,851	\$ 20,790	\$ 20,791	\$ 23,760	\$ 23,761
2	0	\$ 16,020.00	\$ 16,021.00	\$ 20,025	\$ 20,026	\$ 28,035	\$ 28,036	\$ 32,040	\$ 32,041
3	0	\$ 20,160.00	\$ 20,161.00	\$ 25,200	\$ 25,201	\$ 35,280	\$ 35,281	\$ 40,320	\$ 40,321
4	0	\$ 24,300.00	\$ 24,301.00	\$ 30,375	\$ 30,376	\$ 42,525	\$ 42,526	\$ 48,600	\$ 48,601
5	0	\$ 28,440.00	\$ 28,441.00	\$ 35,550	\$ 35,551	\$ 49,770	\$ 49,771	\$ 56,880	\$ 56,881
6	0	\$ 32,580.00	\$ 32,581.00	\$ 40,725	\$ 40,726	\$ 57,015	\$ 57,016	\$ 65,160	\$ 65,161
7	0	\$ 36,730.00	\$ 36,731.00	\$ 45,913	\$ 45,914	\$ 64,278	\$ 64,279	\$ 73,460	\$ 73,461
8	0	\$ 40,890.00	\$ 40,891.00	\$ 51,113	\$ 51,114	\$ 71,558	\$ 71,559	\$ 81,780	\$ 81,781

For families with more than 8 persons, add \$4,160 for each additional person

ATTACHMENT D - SMCS PHARMACY DISCOUNT SCHEDULE

Fam #	<=100% FPG		101-125% FPG		126-175% FPG		176-200% FPG		>200% FPG
	100% Free		75% Free		50% Free		25% Free		0% Free
	From	To	From	To	From	To	From	To	More Than
1	0	\$ 11,880	\$ 11,881	\$ 14,850	\$ 14,851	\$ 20,790	\$ 20,791	\$ 23,760	\$ 23,761
2	0	\$ 16,020	\$ 16,021	\$ 20,025	\$ 20,026	\$ 28,035	\$ 28,036	\$ 32,040	\$ 32,041
3	0	\$ 20,160	\$ 20,161	\$ 25,200	\$ 25,201	\$ 35,280	\$ 35,281	\$ 40,320	\$ 40,321
4	0	\$ 24,300	\$ 24,301	\$ 30,375	\$ 30,376	\$ 42,525	\$ 42,526	\$ 48,600	\$ 48,601
5	0	\$ 28,440	\$ 28,441	\$ 35,550	\$ 35,551	\$ 49,770	\$ 49,771	\$ 56,880	\$ 56,881
6	0	\$ 32,580	\$ 32,581	\$ 40,725	\$ 40,726	\$ 57,015	\$ 57,016	\$ 65,160	\$ 65,161
7	0	\$ 36,730	\$ 36,731	\$ 45,913	\$ 45,914	\$ 64,278	\$ 64,279	\$ 73,460	\$ 73,461
8	0	\$ 40,890	\$ 40,891	\$ 51,113	\$ 51,114	\$ 71,558	\$ 71,559	\$ 81,780	\$ 81,781

For families with more than 8 persons, add \$4,160 for each additional person

ATTACHMENT E

PS&R Run Date
 Beginning Service dates
 Ending Service dates

Report	Type	Gross						Net		Allowance	Allowance Factor	Covered Days
		Charges	Reimbursement	Deductibles	Coinsurance	MSP	Other Adj	Benefit	Reimbursement			
110	Inpatient	10,578,824	6,324,923	663,483	25,067	-	112,727	9,777,547	5,523,646	4,253,901	40.21%	3,021
180	Swing	147,901	121,368	-	4,253	-	2,342	141,306	114,773	26,533	17.94%	88
Total Inpatient		10,726,725	6,446,291	663,483	29,320	-	115,069	9,918,853	5,638,419	4,280,434	39.90%	
120	Outpatient	-	-	-	-	-	-	-	-	-	#DIV/0!	
140	Outpatient	8,709	-	-	-	-	-	8,709	-	8,709	100.00%	
145	Outpatient	875,819	114,950	-	-	-	2,308	873,511	112,642	760,869	86.88%	
850	Outpatient	23,119,590	9,177,376	145,494	3,679,230	3,208	107,333	19,184,325	5,242,111	13,942,214	60.30%	
852	Outpatient	5,190	2,128	-	-	-	43	5,147	2,085	3,062	59.00%	
855	Outpatient	2,626,577	897,144	17,493	139,954	282	14,746	2,454,102	724,669	1,729,433	65.84%	
Total Outpatient		26,635,885	10,191,598	162,987	3,819,184	3,490	124,430	22,525,794	6,081,507	16,444,287	61.74%	
11U	Psych Inpatient	811,451	536,975	58,777	8,372	-	9,397	734,905	460,429	274,476	33.83%	571

38,174,061 17,174,864 885,247 3,856,876 3,490 248,896 33,179,552 12,180,355
 4,742,123 add pt portion
 16,922,478 total pymts
 44.33% pymt % (AGB)