



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, Windham and Bennington 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. SMCS will provide, without discrimination, care for emergency medical conditions to individuals, regardless of their eligibility under the financial assistance policy.

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), including dental services and ophthalmology services.
1. In order to be eligible for financial assistance for 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 and pharmacy discount schedule and attachment B for the Springfield Hospital medical discount schedule and attachment C for the SMCS dental discount schedule.
- C. 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.
- D. SMCS does not engage in extraordinary collection activities before SMCS has made reasonable efforts to determine whether the individual is eligible for financial assistance under the financial assistance policy.
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 (D).
 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.
- E. 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.
- F. 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.
- G. 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.
- H. 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.
- I. The patient and/or guarantor must cooperate fully with SMCS to explore and obtain all possible alternative insurance coverage.
- J. The patient and/or guarantor are encouraged to maintain coverage through New Hampshire Medicaid or Vermont Medicaid.

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.

VII. PROVIDERS PARTICIPATING IN SMCS FINANCIAL ASSISTANCE POLICY

SMCS physicians and other providers participate in the SMCS Financial Assistance Policy. Please see our provider list at <https://springfieldmed.org/physician-directory/> where each provider's biography page indicates whether the provider is a participant in the SMCS Financial Assistance Policy. The Provider financial assistance participation will be reviewed and updated quarterly.

ATTACHMENT A - SMCS MEDICAL & 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	\$ 12,490	\$ 12,491	\$ 15,613	\$ 15,614	\$ 21,858	\$ 21,859	\$ 24,980	\$ 24,981
2	0	\$ 16,910	\$ 16,911	\$ 21,138	\$ 21,139	\$ 29,593	\$ 29,594	\$ 33,820	\$ 33,821
3	0	\$ 21,330	\$ 21,331	\$ 26,663	\$ 26,664	\$ 37,328	\$ 37,329	\$ 42,660	\$ 42,661
4	0	\$ 25,750	\$ 25,751	\$ 32,188	\$ 32,189	\$ 45,063	\$ 45,064	\$ 51,500	\$ 51,501
5	0	\$ 30,170	\$ 30,171	\$ 37,713	\$ 37,714	\$ 52,798	\$ 52,799	\$ 60,340	\$ 60,341
6	0	\$ 34,590	\$ 34,591	\$ 43,238	\$ 43,239	\$ 60,533	\$ 60,534	\$ 69,180	\$ 69,181
7	0	\$ 39,010	\$ 39,011	\$ 48,763	\$ 48,764	\$ 68,268	\$ 68,269	\$ 78,020	\$ 78,021
8	0	\$ 43,430	\$ 43,431	\$ 54,288	\$ 54,289	\$ 76,003	\$ 76,004	\$ 86,860	\$ 86,861

For families with more than 8 persons, add \$4,320 for each additional person

2/6/19

Attachment B - SPRINGFIELD HOSPITAL MEDICAL DISCOUNT SCHEDULE

Family #	60040		60041		60042		60043		60044		60045	
	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	\$12,490	\$12,491	\$ 14,988.00	\$ 14,989.00	\$ 17,486.00	\$ 17,487.00	\$ 19,984.00	\$ 19,985.00	\$ 22,482.00	\$ 22,483.00	\$ 24,980.00
2	0	\$16,910	\$16,911	\$ 20,292.00	\$ 20,293.00	\$ 23,674.00	\$ 23,675.00	\$ 27,056.00	\$ 27,057.00	\$ 30,438.00	\$ 30,439.00	\$ 33,820.00
3	0	\$21,330	\$21,331	\$ 25,596.00	\$ 25,597.00	\$ 29,862.00	\$ 29,863.00	\$ 34,128.00	\$ 34,129.00	\$ 38,394.00	\$ 38,395.00	\$ 42,660.00
4	0	\$25,750	\$25,751	\$ 30,900.00	\$ 30,901.00	\$ 36,050.00	\$ 36,051.00	\$ 41,200.00	\$ 41,201.00	\$ 46,350.00	\$ 46,351.00	\$ 51,500.00
5	0	\$30,170	\$30,171	\$ 36,204.00	\$ 36,205.00	\$ 42,238.00	\$ 42,239.00	\$ 48,272.00	\$ 48,273.00	\$ 54,306.00	\$ 54,307.00	\$ 60,340.00
6	0	\$34,590	\$34,591	\$ 41,508.00	\$ 41,509.00	\$ 48,426.00	\$ 48,427.00	\$ 55,344.00	\$ 55,345.00	\$ 62,262.00	\$ 62,263.00	\$ 69,180.00
7	0	\$39,010	\$39,011	\$ 46,812.00	\$ 46,813.00	\$ 54,614.00	\$ 54,615.00	\$ 62,416.00	\$ 62,417.00	\$ 70,218.00	\$ 70,219.00	\$ 78,020.00
8	0	\$43,430	\$43,431	\$ 52,116.00	\$ 52,117.00	\$ 60,802.00	\$ 60,803.00	\$ 69,488.00	\$ 69,489.00	\$ 78,174.00	\$ 78,175.00	\$ 86,860.00

Family #	60046		60047		60048		60049		60050		>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%		From	To
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$ 24,981.00	\$ 27,478.00	\$ 27,479.00	\$ 29,976.00	\$ 29,977.00	\$ 32,474.00	\$ 32,475.00	\$ 34,972.00	\$ 34,973.00	\$ 37,470.00	\$ 37,471.00	+
2	\$ 33,821.00	\$ 37,202.00	\$ 37,203.00	\$ 40,584.00	\$ 40,585.00	\$ 43,966.00	\$ 43,967.00	\$ 47,348.00	\$ 47,349.00	\$ 50,730.00	\$ 50,731.00	+
3	\$ 42,661.00	\$ 46,926.00	\$ 46,927.00	\$ 51,192.00	\$ 51,193.00	\$ 55,458.00	\$ 55,459.00	\$ 59,724.00	\$ 59,725.00	\$ 63,990.00	\$ 63,991.00	+
4	\$ 51,501.00	\$ 56,650.00	\$ 56,651.00	\$ 61,800.00	\$ 61,801.00	\$ 66,950.00	\$ 66,951.00	\$ 72,100.00	\$ 72,101.00	\$ 77,250.00	\$ 77,251.00	+
5	\$ 60,341.00	\$ 66,374.00	\$ 66,375.00	\$ 72,408.00	\$ 72,409.00	\$ 78,442.00	\$ 78,443.00	\$ 84,476.00	\$ 84,477.00	\$ 90,510.00	\$ 90,511.00	+
6	\$ 69,181.00	\$ 76,098.00	\$ 76,099.00	\$ 83,016.00	\$ 83,017.00	\$ 89,934.00	\$ 89,935.00	\$ 96,852.00	\$ 96,853.00	\$ 103,770.00	\$ 103,771.00	+
7	\$ 78,021.00	\$ 85,822.00	\$ 85,823.00	\$ 93,624.00	\$ 93,625.00	\$ 101,426.00	\$ 101,427.00	\$ 109,228.00	\$ 109,229.00	\$ 117,030.00	\$ 117,031.00	+
8	\$ 86,861.00	\$ 95,546.00	\$ 95,547.00	\$ 104,232.00	\$ 104,233.00	\$ 112,918.00	\$ 112,919.00	\$ 121,604.00	\$ 121,605.00	\$ 130,290.00	\$ 130,291.00	+

For families with more than 8 persons, add \$4,320 for each additional person

2/6/19

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	\$ 12,490.00	\$ 12,491.00	\$ 15,613	\$ 15,614	\$ 21,858	\$ 21,859	\$ 24,980	\$ 24,981
2	0	\$ 16,910.00	\$ 16,911.00	\$ 21,138	\$ 21,139	\$ 29,593	\$ 29,594	\$ 33,820	\$ 33,821
3	0	\$ 21,330.00	\$ 21,331.00	\$ 26,663	\$ 26,664	\$ 37,328	\$ 37,329	\$ 42,660	\$ 42,661
4	0	\$ 25,750.00	\$ 25,751.00	\$ 32,188	\$ 32,189	\$ 45,063	\$ 45,064	\$ 51,500	\$ 51,501
5	0	\$ 30,170.00	\$ 30,171.00	\$ 37,713	\$ 37,714	\$ 52,798	\$ 52,799	\$ 60,340	\$ 60,341
6	0	\$ 34,590.00	\$ 34,591.00	\$ 43,238	\$ 43,239	\$ 60,533	\$ 60,534	\$ 69,180	\$ 69,181
7	0	\$ 39,010.00	\$ 39,011.00	\$ 48,763	\$ 48,764	\$ 68,268	\$ 68,269	\$ 78,020	\$ 78,021
8	0	\$ 43,430.00	\$ 43,431.00	\$ 54,288	\$ 54,289	\$ 76,003	\$ 76,004	\$ 86,860	\$ 86,861

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	\$ 12,490.00	\$ 12,491.00	\$ 15,613	\$ 15,614	\$ 21,858	\$ 21,859	\$ 24,980	\$ 24,981
2	0	\$ 16,910.00	\$ 16,911.00	\$ 21,138	\$ 21,139	\$ 29,593	\$ 29,594	\$ 33,820	\$ 33,821
3	0	\$ 21,330.00	\$ 21,331.00	\$ 26,663	\$ 26,664	\$ 37,328	\$ 37,329	\$ 42,660	\$ 42,661
4	0	\$ 25,750.00	\$ 25,751.00	\$ 32,188	\$ 32,189	\$ 45,063	\$ 45,064	\$ 51,500	\$ 51,501
5	0	\$ 30,170.00	\$ 30,171.00	\$ 37,713	\$ 37,714	\$ 52,798	\$ 52,799	\$ 60,340	\$ 60,341
6	0	\$ 34,590.00	\$ 34,591.00	\$ 43,238	\$ 43,239	\$ 60,533	\$ 60,534	\$ 69,180	\$ 69,181
7	0	\$ 39,010.00	\$ 39,011.00	\$ 48,763	\$ 48,764	\$ 68,268	\$ 68,269	\$ 78,020	\$ 78,021
8	0	\$ 43,430.00	\$ 43,431.00	\$ 54,288	\$ 54,289	\$ 76,003	\$ 76,004	\$ 86,860	\$ 86,861

For families with more than 8 persons, add \$4,320 for each additional person

2/6/19

ATTACHMENT D

PS&R Run Date 8/17/2017
 Beginning Service dates 10/1/16
 Ending Service dates 7/31/17

 Data entry
 Calculation

Report	Type	Gross					Benefit	Net		Allowance	Allowance Factor	Covered Days
		Charges	Reimbursement	Deductibles	Coinsurance	MSP		Other Adj	Reimbursement			
110	Inpatient	8,591,090	5,188,268	740,248	13,321	-	88,694	7,748,827	4,346,005	3,402,822	39.61%	2,659
180	Swing	90,225	74,855	-	4,841	-	1,400	83,984	68,614	15,370	17.04%	59
Total Inpatient		8,681,315	5,263,123	740,248	18,162	-	90,094	7,832,811	4,414,619	3,418,192	39.37%	
120	Outpatient	-	-	-	-	-	-	-	-	-	#DIV/0!	
140	Outpatient	753	256	-	-	-	5	748	251	497	66.00%	
145	Outpatient	947,674	141,750	-	-	-	2,839	944,835	138,911	805,924	85.04%	
850	Outpatient	24,233,069	8,196,173	185,335	3,836,822	663	84,201	20,126,048	4,089,152	16,036,896	66.18%	
852	Outpatient	1,021	347	-	-	-	7	1,014	340	674	66.01%	
855	Outpatient	2,607,935	973,498	18,176	148,453	-	16,047	2,425,259	790,822	1,634,437	62.67%	
Total Outpatient		27,790,452	9,312,024	203,511	3,985,275	663	103,099	23,497,904	5,019,476	18,478,428	66.49%	
11U	Psych Inpatient	1,033,297	728,865	78,484	-	-	13,011	941,802	637,370	304,432	29.46%	749
		37,505,064		1,022,243	4,003,437				10071465	5,025,680		
									15,097,145			

40.25% Amount Generally Billed