



Brattleboro Retreat

Financial Assistance Program

PURPOSE:

To remain viable as it fulfills its mission, the Brattleboro Retreat must meet its fiduciary responsibility to appropriately bill and collect for psychiatric and medical services provided to patients. This Policy and the Financial Assistance Program (FAP) outlined herein are intended to address the interests of providing access to care to those without the ability to pay and to offer a discount from billed gross charges for those who are able to pay a portion of the cost of their care. This policy sets forth the process for determining patient eligibility for financial assistance for the population of our community and to ensure that the Brattleboro Retreat will not discriminate in the determination of eligibility on the basis of race, color, creed, sex, sexual orientation, religion, age, or handicap. Applications will be processed and approval will be determined based on specified criteria. If approved, the patient's obligation to the Brattleboro Retreat may be reduced or eliminated for a period of time as specified.

POLICY:

Financial assistance is intended to help low income patients who do not otherwise have the ability to pay for their healthcare services and takes into account each individual's ability to contribute to the cost of his or her own care. The Brattleboro Retreat provides medically necessary psychiatric care for all people regardless of their ability to pay. For the purpose of this policy, medically necessary care is defined as activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care. The final decision relative to medical necessity will be the Medical Director or appointed clinical manager.

Financial Assistance applications can be provided upon request by contacting the Patient Financial Counseling Office at 802-258-6745, by printing [the application from the Brattleboro Retreat website](#) or by written request to:

Brattleboro Retreat
Patient Financial Services
1 Anna Marsh Lane
PO Box 803
Brattleboro VT 05302

FAP eligibility is either partially or fully provided to patients where the following applies:

- The individual is uninsured, underinsured, ineligible for any government healthcare insurance programs, or under financial hardship. Financial assistance is available to qualifying patients whose household income is lower than 500 percent of the Federal Poverty Guidelines, only and after the individual applies for Medicaid, and
- The services provided must be medically necessary. Services to be considered for financial assistance are inpatient, emergent and urgent services and medically necessary elective services.

Emergency and Urgent Care Services

Any patient who presents at a hospital requesting emergency assistance will be evaluated based on presenting clinical symptom without regard to the patient's identification, insurance coverage, or ability to pay. The hospital will not engage in actions that discourage individuals from seeking emergency medical care, such as demanding that patients pay before receiving treatment for emergency medical condition, or interfering with the screening for and providing of emergency medical care by first discussing the hospital financial assistance program or eligibility for public assistance programs.

- a. Emergency Level Services includes treatment for:
 - i. A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, such *that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in placing the health of the person or another person in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part*, or, with respect to a pregnant woman, as further defined in 42 U.S.C. § 1395dd(e)(1)(B).
 - ii. In accordance with federal requirements, EMTALA is triggered for anyone who presents to a hospital's property requesting examination or treatment of an emergency (as defined above). Examination and treatment for emergency medical conditions, or any such other service rendered to the extent required under EMTALA, will be provided to the patient and will qualify as emergency level care. The determination that there is an emergency medical condition is made by the treating clinician or other qualified medical personnel of the hospital as documented in the hospital medical record.
- All insurances including workers compensation, auto insurance and student insurance policies must have been billed and benefits paid to the Brattleboro Retreat and all insurance guidelines/plan provisions must have been followed such as obtaining a preauthorization in order to be considered for financial assistance.
- Proof of household income and family size is required with a completed application. The individual's eligibility must meet the financial assistance criteria based on household income and asset calculations as compared to Federal Poverty Guidelines.
- The income guidelines will be reviewed on an annual basis, based on the changes in the Federal Poverty Guidelines.

Amounts Generally Billed

No FAP eligible individual will be charged more for emergency care or other medically necessary care than the amounts generally billed (AGB) to patients who have insurance.

The AGB calculation to be used by Brattleboro Retreat is the Medicare look-back method. The percentage for 2016 is 30 percent. A full calculation can be obtained by contacting the Patient Financial Counselor at 802-258-6745 or by written request to:

Brattleboro Retreat
Central Intake and Ambulatory Services
Anna Marsh Lane, PO Box 803, Brattleboro VT 05302

This policy and the FAP set forth herein constitute the official financial assistance policy within the meaning of section 501(r) of the Internal Revenue Code for the Brattleboro Retreat as approved by the Brattleboro Retreat's finance committee and Board of Directors.

PROCEDURE:

The Brattleboro Retreat will:

1. Post information on the Brattleboro Retreat's website, www.brattlebororetreat.org regarding Government Assistance Programs and the Brattleboro Retreat's FAP, including copies of the FAP, a FAP plain language summary, guidelines for qualification, contact information, and application forms;
2. Notify individuals of the FAP at the time of registration, check-in or prior to discharge. A FAP plain language summary will be provided based on primary language consideration as concluded from the community needs assessment.
3. Include the message "Need Help Paying Your Bill" within dunning messages, including contact information for the Brattleboro Retreat Financial Counselor on all billing statements:
 - a. First Notice letters informing the responsible party of an overdue balance aged 30 days,
 - b. Second notice letter informing the responsible part of an overdue balance aged 60 days,
 - c. Final Notice Letters informing the responsible party of an overdue balance aged 90 days.See the Credit and Collection Policy for the Brattleboro Retreat's billing practices.
4. Post signage of notice of availability of FAP, which will be clearly visible and legible to patients in the following locations:
 - a. Service Delivery Areas (Inpatient units, Admissions, and/or waiting and registration areas.
 - b. Patient Financial Counselor areas.
 - c. Central Admissions/Registrations areas.
 - d. Business office areas open to patients.
5. Provide translation of the FAP into languages other than English if the lesser of (a) 1,000 individuals or (b) 5% of the population served in the community have a limited English proficiency. This determination will be based on the results of the Community Needs Assessment completed by the Brattleboro Retreat.
6. Make the FAP plain language summary available and without charge;
7. Provide the plain language summary brochures to the outreach and education department at the Brattleboro Retreat to be distributed when interacting with community agencies.
8. Include FAP information in appropriate reports filed with state governments.
9. If FAP needs to be translated into another language, the Patient Financial Counseling Officer should be contacted at 802-258-6745 and they will arrange for this to be done.

Brattleboro Retreat Registration and all Brattleboro Retreat Clinics will:

1. Offer all patients a plain language summary brochure of the Brattleboro Retreat FAP.
2. Refer patients to the Financial Counseling Officer for assistance with completing the financial assistance application.
3. Note on the patient's registration that this information was provided.

The Brattleboro Retreat Financial Counselors will:

- a. Attempt to contact all inpatients who are uninsured to discuss Brattleboro Retreat FAP.

- b. Take appointments with patients to review guidelines for qualification and or help complete Government Assistance Programs and/or the Brattleboro Retreat FAP applications.
- c. Document in the Brattleboro Retreat's Health Information System anything pertinent to the Financial Assistance process.
- d. Telephone applications will not be accepted, as supporting documentation is required.
- e. If the patient or guarantor is unable to provide the necessary information, the Brattleboro Retreat may, at the patient's request, make reasonable efforts to obtain additional information from other sources. This can occur when the patient is scheduling their services, is admitted in the hospital, upon discharge, or for a reasonable time following discharge from the Brattleboro Retreat. Other sources may include contacting relatives, friends, guardians and or guarantors with patient permission.
- f. When mail is returned due to an incorrect address, the clerk will research the billing system, research the internet and call if needed the responsible party listed on the registration in an attempt to obtain correct contact information for the patient before referring the account to an outside agency for collection due to a bad address.
- g. Review Financial Assistance Application to include:
 1. A completed FAP showing required full names, demographic information, household income, expenses, and signatures.
 2. Review proof of income based on the application. This includes:
 - A copy of the most recently filed Federal Income Tax Return
 - Two most recent paystubs
 - A Copy of Social Security statement of income
 - A copy of Unemployment compensation approval or denial
 - A copy of State Aid income statements, such as food stamps, fuel assistance, etc.
 - Copies of business ledgers if self-employed.
 - Copies of bank statements for both checking and savings for the prior 3 months
 - Proof of incarceration
 - Stocks, bonds and mutual fund statements for the prior 3 months
 - Other information as needed.
- h. Screen for Medicaid Eligibility:
 1. If Medicaid was active for the patient during the period of time the service was provided, the Financial Counselor will update the insurance information so that billing will be completed within the Medicaid required six (6) month timely filing period.
 2. The Brattleboro Retreat provides assistance for both residents and nonresidents of Vermont; however, all applicants must first apply for Medicaid coverage with the state of residency.
 3. In order for the Brattleboro Retreat to determine eligibility for financial assistance, patients must actively work with the Patient Financial Counselor's office to verify the patient's documented household income, other insurance coverage, financial status, and any other information that could be used in determining eligibility.
 4. Any exception to the Medicaid application requirement must be approved by the Director or Manager of Patient Financial Services.
- i. In the case of self-employed applicants or S-Corporations the following will be considered:
 - Cost of goods sold
 - Employee wages

- Officer income
- Employee benefits
- Pension and profit sharing plans
- Contract labor

In the case of a farming applicant, the following will be considered:

- Custom hire
 - Feed
 - Seeds/plants
 - Hired labor
 - Pension or profit sharing
 - Vet
 - Supplies.
- j. Any patient that is deceased, and has no estate as verified in writing by Probate Court, will have their balance adjusted off in full.
- k. Patients will not be eligible for financial assistance when:
- There is an insurance carrier or other party responsible for payment except for balances after insurance payment.
 - The insurance carrier determined services provided were not medically necessary and Brattleboro Retreat's Medical Director agrees.
 - Any portion of the service was denied by the insurance carrier due to non-compliance of the plan provisions or was deemed not medically necessary.
 - The patient does not want to provide the documentation required and listed herein.
 - A patient has liquid assets equal to or greater than \$7,160 for a single person and \$10,750 for married couples.
- l. The Financial Counselor will submit completed Financial Assistance Applications to the Director or Manager of Patient Financial Services for final review and approval.
- Approval or Denial of Financial Assistance will be at the discretion of the director or Manager of Patient Financial Services following the guidelines outlined.
 - Unique situations may arise and financial assistance may be jointly approved by the director or Manager of Patient Financial Services or the Chief Financial Officer based on circumstances relative to the patient's or guarantor's ability to make payments.
 - The Brattleboro Retreat may utilize external publicly available data sources which provide information on the ability to pay.

Incomplete and Unreturned Applications:

- In the event an application is not returned, the Brattleboro Retreat must provide each patient at least three billing statements showing the balance owed for services received, as well as, one final billing statement and notification before transferring to an outside collection agency. (See the Credit and Collection Policy for the Brattleboro Retreat's billing practices.)
- If the individual submits an incomplete application, the Financial Counselor will send the patient written notification indicating what is still required within 30 days of receipt of incomplete application and include a plain language summary of the FAP. Notice will provide patient with a defined timeframe to return completed application usually 30 days or a mutually agreed upon time.

- If the FAP application is denied because the individual does not meet the guidelines or the patient did not send the Brattleboro Retreat the required additional documentation to complete the application, a formal denial notification will be issued.

Denied Applications:

- The application for financial assistance will be retained on file.
- The Financial Advisor will notify patient in writing that their request for assistance has been denied.
- Requests for reconsideration will be accepted with additional documentation proving financial eligibility.
- A final decision relative to approval or denial will be issued in writing.

PRESUMPTIVE ELIGIBILITY DETERMINATIONS

Eligibility Criteria for Presumptive Determinations:

Known circumstances surrounding a patient personal situation 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 routing determination of eligibility.

Determination Process for Presumptive Determinations

Some common, specific scenarios where a patient may be eligible for financial assistance but unable to document it are listed below. This is not an all-encompassing list. Unique situations that are not listed may occur and should be evaluated independently.

- a. A patient is a foreign national who was in the area for a limited period of time and appears to have limited means as best we can tell. We can confirm or have a reasonable belief that the patient has returned to their country and it is questionable whether they will return to this area again. Furthermore, they do not qualify for any kind of other assistance program.
- b. The patient is deceased. There is no probate filed in the local jurisdiction where the person resided. There may or may not be family we can locate. We have no reason to believe that the patient has assets that would cover the bill (as determined from whatever sources of information is available). No assistance programs are available to cover the patient's services.
- c. The patient is known to be homeless. They do not have a job and no assets. They do not qualify for any kind of assistance program.

In addition to specific scenarios, there may be "triggers" that could indicate that a person might need financial assistance. All of these triggers assume that the person has no or very limited insurance coverage.

- a. Their income is below \$5,000 per annum for each family member in the household
- b. They are a full-time student who is on their own
- c. A large cumulative balance of \$20,000 or more is owed to the hospital
- d. The patient is disabled or unemployed
- e. The patient is elderly and is not on Medicare or Medicare Part B only
- f. The patient has a serious or debilitating illness or injury that could cause a person who was previously employed to be unable to work for an extended (6 months or more) period

- g. The patient has any other indicator (trigger) that would suggest the inability to pay their hospital bill

The reasons above are not by themselves a definitive reason to grant presumptive assistance, but are an indicator that further review of the patient's circumstances may be warranted. The following individuals are authorized to examine the facts of potential presumptive financial assistance and make a determination as to whether to approve the write-off. They decide:

- a. \$1 to \$5,000 – Financial Counselors
- b. \$5,000 to \$10,000 – Patient Financial Services Manager
- c. \$10,000 - \$15,000 - Director of Revenue Cycle Services
- d. Greater than \$10,000 – Chief Financial Officer

General Processes and Procedures

- The Financial Counselor will document determination in the Health Information System or other more appropriate system and make adjustments to any open accounts prior to the date of FAP approval for services provided and for services one year after the approval date, at which time new proof of income and FAP application will be required.
- If a patient's income falls at 300% of Federal Poverty guidelines or below for their household size, the individual will not be responsible for any portion of their hospital bill and financial assistance will be provided at 100%.
- If a patient's income is between 301% and 500% of Federal Poverty Guidelines, the amount owed will be reduced by a percentage as outlined in the table below.
- Any FAP eligible encounter payments made by the patient within the application period, prior to the application approval date will be refunded.
- A written notification will be sent to the patient notifying them of FAP eligibility decision, FAP eligibility time frame, and their financial responsibility.
- Monthly billing statements will be sent to the patient if there are remaining balances owed along with staff contact information needed to obtain information on amounts generally billed and how the amount owed was determined.
- All insured account balances that were approved for financial assistance will be adjusted as appropriate using the Federal Poverty guideline table.

2022 Federal Poverty Guidelines/Sliding Fee Table

Household Size	100%	Up to 300%	301% - 400%	401% - 500%
1	\$ 13,590.00	\$ 40,770.00	\$ 54,360.00	\$ 67,950.00
2	\$ 18,310.00	\$ 54,930.00	\$ 73,240.00	\$ 91,550.00
3	\$ 23,030.00	\$ 69,090.00	\$ 92,120.00	\$ 115,150.00
4	\$ 27,750.00	\$ 83,250.00	\$ 111,000.00	\$ 138,750.00
5	\$ 32,470.00	\$ 97,410.00	\$ 129,880.00	\$ 162,350.00
6	\$ 37,190.00	\$ 111,570.00	\$ 148,760.00	\$ 185,950.00
7	\$ 41,910.00	\$ 125,730.00	\$ 167,640.00	\$ 209,500.00
8	\$ 46,630.00	\$ 139,890.00	\$ 186,520.00	\$ 233,150.00
Eligible Discount	100 %	100 %	80 %	70 %
Amount Owed	0	0	20 %	30 %