

Financial Assistance Policy Summary

The University of Vermont Health Network – Alice Hyde Medical Center is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient’s insurance benefits or financial resources. Alice Hyde Medical Center is committed to providing financial assistance to persons who have essential health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Alice Hyde Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

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

Applications are available online at www.alicehyde.com, via our Patient Financial Services Representative, by phone at (518) 481-2241, or in person at the Patient Financial Service Office at 133 Park Street, Malone, New York 12953 or any registration location at Alice Hyde Medical Center.

Service Eligibility

- Inpatient, emergent and urgent services and medically necessary elective services.
- Exclusions from the assistance program:
 - Cosmetic services
 - Birth control, Fertility, and Infertility services, including reversals
 - Services deemed not medically necessary
 - Services reimbursed directly to the patient by an insurance carrier or third party

Patient Eligibility

- Uninsured, underinsured or ineligible for any government health care benefit program.
- Eligibility shall be based upon an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.
- Eligibility is based upon an income calculation and household size.
- Patient must reside within the AHMC service area unless care was emergent (*proof of residence required*). Part time residents and students must reside more than six months in AHMC service area.
- All insurance plans, worker’s compensation, third party liability carriers, etc., must be billed.
- Patients who would qualify for public programs, including the health exchange, are encouraged but not required to apply for benefit coverage.
- Catastrophic coverage is available when care exceeds **30%** of annual household income.

Financial Need Determination

- Patients are invited to complete an application and are required to supply supporting financial documentation upon submission.
- Determination is a financial calculation based upon a household income and qualified household size.
- Coverage will be provided to patient whose income is at or below **400%** of federal poverty level guidelines.
- Income not to exceed **400%** of federal poverty guidelines for household size (*income is calculated at gross earnings per month*).

Assistance Guidelines

- In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount assessed to a patient will not exceed the amount generally billed to patients who have insurance coverage and will not exceed the maximum amount paid by the highest volume payor for the previous calendar year.
- The patient grant may be applied against six month coverage window. When the period has closed, patients will be required to re-apply and based upon their financial status may have their grant category adjusted.
- Catastrophic assistance is available to patients whose balance exceeds **30%** of their annual household income.
- AHMC acknowledges extenuating circumstances may exist where an individual’s income may exceed program eligibility guidelines. Where these conditions exist, patients may submit a letter for consideration detailing the hardship.
- Cases which may require review for clinical necessity will be presented to the Chief Medical Officer for a decision on medical necessity.
- Patients whose applications are denied may appeal the decision. Requests for appeal should be sent to the Director, Revenue Cycle in writing within 30 days of denial receipt and must clearly indicate the reason for appeal. Patients may also contact NYS DOH at 800-804-5447.
- Patients who qualify for assistance and who are cooperating in good faith to resolve their bills may be offered extended payment plans on balances not covered by the financial assistance program. Monthly payment amount shall not exceed 10 percent of gross monthly household income

Application Process

Patients who face financial hardship are encouraged to apply for assistance. Applications are available online at www.alicehyde.com, via Patient Financial Representative, by phone at (518) 481-2241, or in person at the Patient Financial Services Office at 133 Park Street, Malone, New York 12953 or any registration location at AHMC.

- Applications must be completed in full and be accompanied by all required supporting documentation.
- Incomplete applications will remain unprocessed and will be rejected if supporting documentation is not received within 14 days of submission.
- Receipt of a completed application, documentation included, will begin a processing period where the financial status of the family will be reviewed. This will include a review of all family balances, medical necessity of service and an income test.
- Requests for assistance will be processed promptly and AHMC will notify the patient applicant of a decision in writing within 30 days of receipt.
- AHMC will apply the adjustment grant to all eligible services and subsequently bill the patient for any remaining balances.

UVM Health Network – Alice Hyde Medical Center Financial Assistance Grid

FPLG	Less than 200%	201% - 250%	251% - 300%	301% - 350%	351% - 400%
Financial Assistance Percentage	100%	85%	75%	65%	55%