

# CVPH Financial Assistance Policy Summary

CVPH 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. CVPH 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. CVPH 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, and for the protection of their individual assets.

Applications are available online at [www.cvph.org](http://www.cvph.org), via Customer Service, by phone at 518-562-7074, or in person at the Financial Services Office at the Medical Center Campus or any Registration location at CVPH.

## 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 to residents outside of the financial eligibility area unless provided in an emergency room setting
  - Services deemed not medically necessary
  - Services reimbursed directly to the patient by an insurance carrier or third party

## 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 patient's income and may include an assets test.
- Coverage will be provided to patients whose income/assets are at or below 400% of federal poverty level guidelines
- May include the use of external publicly available data sources which provide information on ability to pay

## 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 race, color, sex, sexual orientation, gender identity or expression, ancestry, place of birth, HIV status, national origin, religion, marital status, age, language, socioeconomic status, physical or mental disability. Protected veteran status or obligation for service in the armed forces. Eligibility is based upon an income calculation and may include an assets test.
- Patient must reside within the Adirondack Region service area unless care was emergent (proof of residence is required). Part time residents and students must reside more than six months in Adirondack Region service area.
- All insurances plans, workers' compensation, third-party liability carriers, etc., must be billed
- Patients who would qualify for public programs, including the health exchange will be expected to apply for benefit coverage. Exclusion: Patients whose religious or cultural belief prohibit government assistance, will be required to assume a portion of financial responsibility

## Provider Coverage (MD non-covered list available)

- All employed UVM Health Network providers rendering care at the CVPH Facility and physician practices are covered

## Income & Assets

- Income not to exceed 400% of federal poverty guidelines for household size (income is calculated at gross earnings per month).
- Students 18–21 may be included in the household size provided they are listed as a dependent on federal income tax returns.
- Assets not to exceed 400% of the NY Medicaid Assistance Maximum.
- Assets include: Cash, savings, checking, money market, CD's, term certificates, stocks/bonds, mutual funds, income drawn from retirement accounts and other liquid assets. Secondary homes, some rental properties and fair market value for recreational vehicles.
- Exclusions include: Primary residence, rental property depending upon value, personal property such as furniture, apparel, livestock and non-recreational vehicles. Tuition stipends and/or grants for education. Assets held in a tax-deferred comparable retirement savings account, college savings account.

## 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 a 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.
- CVPH acknowledges extenuating circumstances may exist where an individual's income and assets 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 Patient Assistance Specialist in writing within 30 days of denial receipt and must clearly indicate the reason for appeal.
- 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.

## Application Process

Patients who face financial hardship are encouraged to apply for assistance. Applications are available online at [www.cvph.org](http://www.cvph.org), via Customer Service, by phone at 518-562-7074, or in person at the Financial Services Office at the Medical Center Campus or any Registration location at CVPH.

- Applications must be completed in full and be accompanied by all required supporting documentation. Please refer to the application check list before submission.
- 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 and may include assets test.
- Requests for assistance will be processed promptly and CVPH will notify the patient applicant of a decision in writing within 30 days of receipt.
- CVPH will apply the adjustment grant to all eligible services and subsequently bill the patient for any remaining balances.

### *Champlain Valley Physicians Hospital Financial Assistance Grid:*

| FPLG  | <= 200% | 201% - 250% | 251% - 300% | 301% - 350% | 351% - 400% |
|-------|---------|-------------|-------------|-------------|-------------|
| Grant | 100%    | 91.5%       | 83%         | 74.5%       | 66%         |