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Title of Owner	Dir Patient Access
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TITLE: Financial Assistance Program

PURPOSE:

To establish a policy and procedure for the administration of The University of Vermont Health Network Financial Assistance Program.

POLICY STATEMENT:

The University of Vermont Health Network is a patient-centered organization committed to treating all patients equitably, with dignity and respect regardless of the patient’s health care insurance benefits or financial resources. Further, The University of Vermont Health Network 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. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to fulfill our obligation as a nonprofit organization, The University of Vermont Health Network 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 UVMHN’s Vermont partners’ procedures for obtaining 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.

To manage its resources responsibly and to allow UVMHN to provide the appropriate level of assistance to the greatest number of persons in need, the following policies and procedures have been established for the provision of patient financial assistance.

Policy Applies to the following UVMHN Partners:

Central Vermont Medical Center
130 Fisher Road
Berlin, VT 05602

Porter Medical Center
115 Porter Drive
Middlebury, VT 05753

The University of Vermont Medical Center
111 Colchester Avenue
Burlington, VT 05401

PROCEDURES:

Financial Assistance

Health Care Service Eligibility:

The following services are eligible for financial assistance:

- Emergency medical services provided in an emergency room setting;
- Emergent services provided in response to life-threatening circumstances in a non-emergency room setting;
- Urgent services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual; and
- Elective medically necessary services for patients who meet established program guidelines.

Services not eligible for financial assistance:

- Cosmetic/plastic services
- Infertility/fertility services, e.g., IVF, vasectomies/reversals, tubal ligations/reversals
- Non-medically necessary care, including custodial care where acute hospitalization necessity is not present
- Services covered under a global policy, e.g., discount already applied
- Research/experimental services
- International/foreign national patient care unless service is provided in an emergency room setting; foreign national defined as a patient visiting, not residing or working in Vermont
- Services rendered at Appletree Bay
- Services reimbursed directly to the patient by an insurance carrier or third party

Provider Coverage: All UVMHN employed medical providers rendering care at the UVMHN partners and physician practices are covered under this policy. Covered providers may be found on the UVMHN public website where an up-to-date list is available (see below contact list). To request a copy of the list, free of charge, please contact our Customer Service Department at 802-847-8000 or 800-639-2719.

Hospital Coverage: All eligible services provided or ordered at UVMHN partners regardless of employed or non-employed physicians status. Note: This pertains to hospital billing only, see provider coverage to determine if the physician bill will or will not be covered.

Financial Eligibility: Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not consider age, gender, race, social or immigrant status, sexual orientation, gender identity or expression, or religious affiliation.

Eligibility for financial assistance is based on an income and asset test.

- **Income Test:** This program is limited to patients who demonstrate financial need based upon income or whose medical bills are catastrophic in nature. The most recently published Federal Poverty Guidelines will be used as the primary determinant. A patient whose modified adjusted gross household income is at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size, may pass the income test, and are considered for financial assistance if they also pass the asset test.
 - Dependents, aged 18 or older, may be included within the household size when more than 50% of the support is provided by the guarantor. To qualify for this household extension, the dependent must be listed as a dependent on the Federal Income Tax return.
 - Migrant workers whose direct family members (spouse and birth children) reside outside the country will be included in the household size.
- **Asset Test:** Each individual/household is allowed liquid assets equal to income levels at 400% of FPL, adjusted to household size. If assets are below this guideline, the patient passes the assets test.
 - Depending upon the value, rental properties may be excluded from the calculation, provided rental income is included in the monthly household income calculation.

Exclusions:

- Primary residence, assets held in a tax deferred comparable retirement savings account or pension plan and college savings accounts held by the patient for the patient are excluded from the assets review.
- Tuition stipends and/or grants for education are not considered a liquid asset and shall not be factored into the assets test.

Residency Criteria: Patients must reside within the UVMHN service area unless medical services were urgent or emergent in nature. Scheduled services for patients residing outside of the UVMHN service area are not eligible for financial assistance. Financial assistance for residents outside of the UVMHN service area will be granted only in unique circumstances and with appropriate approval. A separate policy has been developed defining the requirements, process, and required approval for the

UVMHN physicians wishing to deliver charitable care at UVMHN to international residents. (Request for Provision of Health Care Services to Foreign Nationals)

Vermont residents live in Vermont, are employed by a Vermont employer to deliver services in Vermont or attend school in Vermont, or a combination of these. The term includes an individual who is living in Vermont at the time the services are received but who lacks stable permanent housing.

New York residents must live in our service area greater than 6 months per annum to meet the residency requirement.

Service area is defined as: All Vermont Counties, Select New York Counties (Clinton, Essex, Franklin, Washington, Hamilton, Warren, and St. Lawrence) and New Hampshire for reference lab (Coos, Grafton, and Sullivan Counties).

Proof of residency may be established by one of the following:

- Service area driver's license, housing bills with service area address, lease for service area property or a service area utility bill, copy of migrant worker contract or letter of contracted employment by the employer.
- Vermont employment pay stubs, proof of school enrollment, or written documentation from the Open Door Clinic.

Health Insurance and Liability Payments: Services rendered at the UVMHN will be billed to patient's primary coverage, a private medical insurance, an employer occupational health plan, workers' compensation, or pending by med pay/third-party liability carriers. In cases where there is a potential auto/injury liability payment pending at a future date, UVMHN will file a lien to protect its financial interests, excluding Medicare/Medicaid recipients. After the lien is filed, financial assistance may be granted, if the patient otherwise qualifies. If there is a future time when liability payments are distributed, the UVMHN lien will allow UVMHN to recover some or all the financial assistance initially granted to the patient.

Public Health Care Program/Health Care Exchange Criterion: Patients applying for the UVMHN financial assistance program are reviewed for their potential eligibility for state or federal health care programs. Any patient identified with potential to be granted such assistance will be instructed to apply. For patients identified as candidates for potential eligibility with Medicare, Medicaid or benefits through the Vermont or New York Health Care Exchange Program, an application for and compliance with those program guidelines is a pre-requisite for the UVMHN financial assistance program.

Exclusions:

- A patient whose religious or cultural belief system prohibits seeking or receiving financial assistance from a government entity may be excluded from the public health care program criterion. The patient will, however, be required to assume a portion of financial responsibility to be assessed by the Financial Assistance Program Appeals Committee.
- An undocumented immigrant's refusal to apply for public programs shall not be grounds for denying financial assistance.
- A patient's refusal to purchase private health insurance shall not be grounds for denial of financial assistance.

Determination of Financial Need: Financial need will be determined in accordance with procedures that involve an individual assessment which will include the following. Note, in the case of presumptive charity, the application process may be excluded.

- Include an application process, in which the patient or the patient's guarantor is required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
- Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay. UVMHN reserves the right to obtain a credit report, when approval from the patient is granted, to verify financial stability before financial assistance is authorized;
- Include reasonable efforts by UVMHN to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist the patient to apply for such programs;
- Consider the patient's available liquid assets, and all other financial resources available to the patient; and
- Include a review of the patient's UVMHN outstanding accounts receivable for prior services rendered and the patient's payment history.

It is preferred, but not required, that a request for financial assistance and a determination of financial need occur prior to rendering of services. A patient must have a current patient balance that is due to UVMHN, an expectation that an account

currently pending insurance will leave a balance that is due to UVMHN, or a future scheduled/referred service at UVMHN that is expected to leave a patient balance.

Requests for assistance shall be processed promptly, and UVMHN shall notify the patient/applicant of the decision in writing within 30 days of receipt of a completed application.

It is crucial that applicants cooperate with UVMHN's need for accurate and detailed information within a reasonable time frame. Applications with information that are not legible or incomplete may be considered denied or returned until such time that all crucial information can be obtained. Applications should contain the applicant's signature or a signature of a representative acting on behalf of the applicant (i.e., power of attorney).

Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for assistance, however, there is no financial assistance application on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources that could provide sufficient evidence to provide the patient with financial assistance.

Presumptive eligibility may be determined based on individual life circumstances that may include:

- Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid)
- Supplemental Nutrition Assistance Program (SNAP) eligibility
- Participation in Women, Infants and Children programs (WIC)
- Patient is incarcerated/inmate with balances not covered by insurance
- Patient is homeless

Presumptive eligibility will be adjusted to a specific transaction/pay code to ensure these dollars are excluded from the Medicare Cost Report.

Financial Assistance Eligibility Period: The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known. Re-evaluation of patients whose age exceeds 64 and whose income is fixed below 400% FPLG shall occur annually. Re-evaluation of UVMHN employees whose income is below 400% FPLG shall occur annually. It is the responsibility of the patient to advise UVMHN of financial changes within their award period.

Financial Assistance Guidelines: In accordance with financial need, eligible services under this policy will receive financial assistance based upon the federal poverty guidelines. The amount of assistance provided to a patient will vary based upon their income level, and the grant awarded shall ensure the patient is not responsible for more than the amount generally billed to an insured patient.

Amount Generally Billed (AGB): As defined by the IRS, eligible patients cannot be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance coverage. The average generally billed (AGB) to patients is calculated using the "look-back method." See associated Limitation on Charges (AGB) policy for the calculation methodology and per annum discount rate.

Assistance Awards:

- Qualified patients shall receive free care, a 100% discount, when their FPLG is less than or equal to 250% FPL.
- Qualified patients shall receive a minimum discount of the AGB plus an additional 40% discount for self-pay balances after insurance payment.
- Qualified uninsured patients shall receive a minimum discount of the AGB plus an additional 40% discount on self-pay balances.

Approved Application Processing: Upon application approval, the patient grant is applied against all current balances (i.e., hospital and physician, gross charges for the uninsured and balance after insurance for the insured) and extends for a coverage window of six months or 12 months, as noted above where income is fixed within the calendar year. When the grant period has closed, patients will be required to re-apply for financial assistance and based upon their financial status, may have their grant category adjusted. The coverage window is defined as the date of approval through the last day of the month the grant expires.

Refunds: UVMHN shall limit all charges for financial assistance for qualified individuals to the amounts generally billed to insured patients. The hospital will refund any amount paid in excess of the amount the patient is personally responsible for paying under the financial assistance policy within the application period or 240 days prior to the receipt of a complete application. Payments made outside the application period will not be eligible for a refund.

Catastrophic Medical Indigence: UVMHN has determined that catastrophic assistance will be reviewed for an appropriate level of financial assistance. Medically indigent, in most cases, will be a patient for whom the balance of a hospital bill exceeds 20% of the person's annual household gross income. The patient's maximum out of pocket will be the lesser of 20% of annual household income or \$10,000.

Appeals/Individual Case Reviews: UVMHN acknowledges that extenuating circumstances may exist where an individual's income may exceed program eligibility guidelines. An appeals committee will be convened on an as-needed basis to review unusual or catastrophic cases that do not meet established program guidelines but present unusual hardship.

Other cases involving services that require review for medical necessity will be presented to the Chief Medical Officer or their designee for a decision regarding medical necessity of services rendered. If services are deemed medically necessary and the financial assistance eligibility guidelines are met, assistance will be granted.

Patients whose applications for financial assistance are denied may appeal the denial decision. Requests for appeal should be sent to the financial assistance program specialist, in writing, within 60 days of receipt of the denial decision and must clearly indicate the reason for the appeal. The patient will be notified of the final decision.

Notification Period: UVMHN will make reasonable efforts to notify patients about the financial assistance program. This period begins on the date a billing statement for the patient balance of care is presented and ends 120 days later. As defined in this policy, multiple methods of notification occur beginning in advance of care, during care and throughout the 120-day billing cycle.

Application Period: UVMHN will process applications submitted by individuals during the application period, which begins on the date a billing statement for the patient balance of care is presented and ends 240 days later. If at the end of the 120-day notification period an account has been referred to a collection agency and an application is received and granted within the 240-day application period, accounts shall be recalled from the agency and processed under the financial assistance program.

Reasonable Efforts: Reasonable efforts will be made to determine if a patient is eligible for financial assistance prior to balance transfer to collections. Reasonable efforts may include the use of presumptive scoring, the notification and processing of applications and notification before, during and after care.

- UVMHN shall not initiate any extraordinary collection actions (ECA)
- Incomplete applications shall be processed with notification to patients providing direction on how to appropriately complete the application and/or what additional documentation is required, along with a 30-day window of time to respond to the UVMHN request
- UVMHN shall process completed applications within 30 days of receipt

University of Vermont Health Network Partners: Patients may submit a single application for assistance at any UVMHN Vermont partner referenced in this policy. Based upon variations in state law, separate applications must be generated for UVMHN New York partners. Each partner will provide assistance at the appropriate FPLG grant level set for the individual institution, based upon the unique AGB calculation set for the organization. Supporting documentation will be retained by the organization processing the application, however, it will be made available to the partner organization as needed to facilitate audit functions.

Communication of the Financial Assistance Program to Patients and the Public: Notification about financial assistance is available from UVMHN, which shall include a contact number, and shall be disseminated by UVMHN by various means, which may include, but are not limited to:

- Reference to the financial assistance program printed on each patient statement.
- Posting notices in emergency rooms, admitting and registration departments, and patient financial services offices that are located on facility campuses; conspicuous displays may be found in the main registration and emergency departments.
- Providing a copy of the plain language policy summary at the point of registration on the facility campuses and making the summary available at our satellite clinics. Providing copies of the policy and application upon request.

- For inpatient, observation and short stay patients, a copy of the inpatient guide will be provided, which includes information regarding the financial assistance program.
- Information shall be available on the UVMHN website, including the policy, a plain language summary, the application, FAQ, FPLG guidelines and contact information for follow-up assistance.
- Referral of patients for financial assistance may be made by any member of UVMHN staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for financial assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.
- Translations for individuals with limited English proficiency will be provided for populations with >1,000 individuals or 5% of the service area community. Additionally, translations for UVMHN Vermont partners shall include the top 13 languages identified by the Vermont Office of Racial Equity 2023 Language Access Report. Written translations are available on our public website or upon request at any registration location. Oral translations are available by contacting the Customer Service Department and/or meeting with a financial advocate at our main hospital campus. Contact information reflected below.
- Patients requiring a translated copy and/or assistance in completing the application will be assisted by financial advocates and/or customer service representatives, who will secure the services of an appropriate interpreter.
- Information, rack cards and flyers are available through the Community Health Improvement office, where staff routinely interact with community centers and advocates disseminating information and programs available to the public.
- Policies, applications, provider rosters and copies of the plain language summary are available, free of charge, online, or in person at the contact locations listed below.

How to Apply for Financial Assistance: Patients seeking financial assistance should complete and submit an application form, including all required documentation. See contact information below.

Program Contact Information Summary: Policies, applications, provider rosters, plain language summaries and in-person assistance are offered free of charge and can be obtained through:

- The University of Vermont Medical Center
 - Website: <http://uvmhealth.org/medcenter>
 - Customer Service: (802) 847-8000 or (800) 639-2719
 - Financial Advocacy: (802) 847-1122 or for in-person assistance, UVMHC, 111 Colchester Avenue, Burlington, VT 05401
 - Mailing Address:
 - UVMMC Patient Access Department
 - 40 IDX Drive, Bldg. 200-22052
 - 111 Colchester Avenue, Burlington, VT 05401
 - Health Assistance Program: (802) 847-6984 or toll free (888) 739-5183
 - Fax: (802) 847-9332
 - Registration desks in all locations
 - Provider roster coverage: <https://www.uvmhealth.org/medcenter/patients-and-visitors/billing-insurance-and-registration/financial-assistance>
- Porter Medical Center:
 - Website: <http://www.portermedical.org>
 - Customer Service: (802) 847-8000 or (800) 639-2719
 - Patients may call (802) 388-8808 option 5, Monday through Friday, 7:30 am – 4:00 pm
 - Financial Advocacy at 23 Pond Lane, Middlebury VT 05753
 - Mailing Address:
 - PMC Patient Financial Services
 - 115 Porter Drive
 - Middlebury VT, 05753
 - Registration desks in all locations
 - Provider roster coverage: <http://www.portermedical.org>
- Central Vermont Medical Center:
 - Customer Service: (802) 847-8000 or (800) 639-2719 or (802) 371-4600 option 1, option 1
 - Financial Advocacy: 3 Home Farm Way, Montpelier, VT 05602

- Mailing Address:
PO Box 547
Barre, VT 05641
Patient Financial Assistance Program
- Website: <https://www.cvmc.org/patients-visitors/patient-financial-services/financial-assistance>
- Registration desks in all locations
- Provider roster coverage: <https://www.cvmc.org/patients-visitors/patient-financial-services/financial-assistance>

Relationship to Collection Policies: UVMHN management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient’s good faith effort to apply for a governmental program or for financial assistance from UVMHN, and a patient’s good faith effort to comply with his or her payment agreements with UVMHN. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, UVMHN may offer extended payment plans to eligible patients.

Note: UVMHN will not engage in extraordinary collection actions (ECA). ECA is defined as selling an individual’s debt to another party, reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus, deferring, denying or requiring payment before providing medically necessary care because of an individual’s non-payment of one or more bills for previously provided care under the FAP, and/or actions requiring a legal or judicial process. A copy of the UVMHN Credit and Collections policy may be obtained by contacting the Customer Service Department at (802) 847-8000 or (800) 639-2719. A copy may also be obtained at any registration location at UVMHN.

Confidentiality/Document Retention: All information relating to financial assistance applications will be kept confidential. Financial assistance applications and supporting documentation will be kept for seven years from the date of approval or denial to allow for subsequent retrieval and review and audits.

Financial Assistance Adjustment Authority Levels: The following approval levels will be followed before charges may be adjusted off an individual patient’s account under the Patient Financial Assistance Program:

\$1 - \$20,000	Financial Assistance Program Specialist
\$20,001 – \$50,000	Manager
\$50,001 - \$ 150,000	Director
>\$150,001	CFO
Committee Appeals	CFO

Regulatory Requirements: In implementing this policy, UVMHN management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

Document Retention: Completed applications for the Financial Assistance Program will be scanned and retained in the electronic health record for a minimum period of seven years after the date the application was approved or denied.

Monitoring Plan: Compliance with this policy will be monitored through annual review of Financial Assistance Program applications and grant/deny decisions. Quarterly department spot auditing will occur, and monthly reporting of outcomes will be reviewed.

Definitions: For the purpose of this policy, the terms below are defined as follows:

- **AGB:** Amount generally billed to insurance payers for services provided. The look-back method is used to calculate the AGB, reflecting a combination of fully adjudicated claims for Medicare fee for service, Medicare Advantage, Medicaid, and all private health care plans, including the portions paid by the beneficiaries.
- **Assets (Liquid):** Cash, checking and savings account balances, money markets, certificates of deposit, term certificate annuities, stocks, bonds, mutual funds, secondary homes, and rental properties (unless rental income is included in household income).
- **Bad Debt:** The charges incurred by a patient who based on available financial information, appears to have the financial resources to pay the charged health care services, but who has demonstrated by their actions an unwillingness to resolve the bill.

- **Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union, or adoption.
- **Gross Charges:** The total charges at full-established rates before deductions are applied.
- **Household Income:** Income is calculated in accordance with the financial methodologies for determining eligibility for advance premium tax credits, e.g., MAGI (modified adjusted gross income).
 - Includes earnings, unemployment compensation, social security, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, and other miscellaneous sources
 - Excludes pre-tax contributions such as those for childcare, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401K and 403b
 - Excludes noncash benefits (such as SNAP benefits and housing subsidies)
 - Determined on a before-tax basis (gross income)
 - Excludes capital gains or losses
 - If a person lives with a family/domestic partner, it includes the income of all family members (non-domestic partners or housemates do not count)
- **Household Size:** Patient, spouse, children, domestic partners, and any individual who is considered a dependent of either partner for federal income tax purposes, shall be treated as members of the same household. Domestic partners are defined as unrelated/unmarried people sharing a home who are in a committed, intimate relationship that is not legally defined as marriage.
 - Excludes married individuals who live separately while divorcing, regardless of federal income tax filing. These are separate households.
 - Children under a shared custody agreement; both parents are allowed to claim the child as a dependent, provided a copy of the custody agreement indicates equal financial support.
 - Includes adult children who are claimed as a dependent on the parents' federal income tax returns.
 - For migrant workers, direct family members (spouse and birth children) who reside outside of the country will be included in the household size.
- **Income Verification: May include but is not limited to:**
 - A copy of the most recent tax return
 - Copies of most recent bank statements (savings, checking, money market, etc.)
 - Statement of earnings from the Social Security Office (800-772-1213)
 - Copies of two of the most recent pay stubs or last paystub of calendar year
 - Income statement from self-employed persons
 - Copy of unemployment benefits, if applicable
 - Investment accounts, if applicable
 - Rental income, if included in income vs. assets
 - Written income verification from an employer (if paid in cash)
 - Recent statements from financial institutions or other third parties verifying an asset's value, and/or evidence that all possible third party payers have been exhausted, and the balance is due from the responsible party
 - Contract or written confirmation of migrant worker contract
 - Written documentation from the Open Door Clinic of financial information will be accepted in lieu of the above income verification. If ineligible for government program, a copy of letter or notice received from government office documenting ineligibility
- **International/Foreign National:** Non-US citizens who are in the US under a travel/visitor visa.
- **The University of Vermont Health Network Service Area:** Vermont, select Counties in New York (Clinton, Essex, Franklin, Washington, Hamilton, Warren, and St. Lawrence) and select Counties in New Hampshire (Coos, Grafton, and Sullivan) for select services.
- **LEP/Translation:** Limited English proficiency requiring translated copies of the policies, application, plain language summary and application.
- **Medical Indigence:** There are instances when individuals are financially unable to access adequate medical care without depriving themselves and their dependents of food, clothing, shelter, and other essentials of living. A patient will generally be considered medically indigent if the balance of a hospital bill exceeds 20% of the person's annual household gross income, and he or she is otherwise unable to pay all or a portion of the bill balance resulting from a catastrophic illness or injury.
- **Medically Necessary Health Care Services:** Health care services, including diagnostic testing, preventive services, and after care, which are appropriate to the patient's diagnosis or condition in terms of type, amount, frequency, level, setting, and duration. Medically necessary care must: (A) be informed by generally accepted medical or scientific evidence and be consistent with generally accepted practice parameters as recognized by health care professions in the

same specialties as typically provide the procedure or treatment, or diagnose or manage the medical condition; (B) be informed by the unique needs of each individual patient and each presenting situation; and (C) meet one or more of the following criteria: (i) help restore or maintain the patient's health; (ii) prevent deterioration of or palliate the patient's condition; or (iii) prevent the reasonably likely onset of a health problem or detect an incipient problem.

- **Patient Statement:** The monthly patient account summary mailed to a patient at their stated home address which states the amount due from the patient for patient care services rendered by UVMHN.
- **Primary Homestead:** The primary residence of the patient, whether solely or jointly owned.
- **Transaction/Pay Code:** The unique transaction used to record the uninsured patient discount.
- **Uninsured:** The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations. An uninsured patient is ineligible for any government health care entitlement program (Medicare, Medicaid, Vermont Health Connect exchange plans, etc.) during the dates of service provided by UVMHN.
- **Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.
- **University of Vermont Health Network - Vermont:** Includes The University of Vermont Health Network, Central Vermont Medical Center, Porter Medical Center, and the University of Vermont Medical Center.
- **Vermont Residency:** An individual, regardless of citizenship and including undocumented immigrants, who resides in Vermont, is employed by a Vermont employer to deliver services for the employer in Vermont, or attends school in Vermont, or a combination of these. The term includes an individual who is living in Vermont at the time the services are received but who lacks stable permanent housing. This does not include domestic visitors or foreign national visitors.

RELATED POLICIES:

PAS35	Limitation on Charges (AGB)
EXEC11	Requests for Provision of Health Care Services to Foreign National Patients
RISK4	Medical Screening and Stabilization
UVMHN_CUST1	Credit and Collections

REFERENCES:

IRC § 501®(4):
IRC § 501®(5):
IRC § 501®(6):
H.287 (Act 119)
26 C.F.R. §1.36B-2
VT Title 18, Chapter 221, Subchapter 10:
§ 9481 Definitions
§ 9482 Financial assistance policies for large health care facilities
§ 9483 Implementation of financial assistance policy
§ 9484 Public education and information
§ 9485 Prohibition on sale of medical debt
§ 9486 Prohibition of waiver of rights
§ 9487 Enforcement

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