

## FINANCIAL ASSISTANCE POLICY

### PURPOSE:

To define eligibility, application and approval processes for Financial Assistance offered to uninsured, underinsured, and medically indigent patients who indicate an inability to pay for emergency and other medically necessary care provided at Vanderbilt University Medical Center.

### SCOPE:

This policy adheres to the common element Scope statement presented in Finance & Revenue Cycle Policy on Policies.

### DEFINITIONS:

**Adjusted Gross Income:** Adjusted gross income (AGI) is gross income minus adjustments to income. AGI is a measure of income calculated from your gross income and used to determine how much of your income is taxable.

**Alternate Charity Process:** A patient's eligibility for VUMC Financial Assistance determined by criteria demonstrating financial need other than information provided by the patient and/or their family. Additional information received after qualification via the Alternate Charity Process may not change the determination.

**Amounts Generally Billed (AGB):** IRS Section 501(r) requires hospitals to limit the amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance to no more than the amounts generally billed (AGB) to insured individuals. The AGB calculation is updated annually.

**Application Process:** A process by which a patient or their appropriate representative completes a paper or an electronic form that provides VUMC with information on the patient's income and family size. All applications will be evaluated on a case-by-case basis by appropriate VUMC representatives taking into consideration medical condition, employment status, and potential future earnings.

**Bad Debt:** Uncollected patient financial liabilities that have not been resolved at the end of the patient billing cycle and for which there is no documented inability to pay.

**Discharge Medications:** Broadly defined as patient prescriptions or patient use items sold by VUMC's Retail Pharmacy and necessary for the continued care of the patient after discharge from a VUMC hospital, physician office or other clinical location.

**Eligible Health Care Services:** Services which are emergent and other medically necessary care. See Appendix A for a list of services excluded from Eligible Health Care Services.

**Estimated Patient Liability:** The estimated patient financial responsibility that is due to VUMC for professional and technical charges for Eligible Health Care Services the patient received. This amount is determined in compliance with the patient's insurance benefits for the specific scheduled service and includes deductibles, co-payments, co-insurance, and non-covered services.

**Extraordinary Collection Actions (ECAs):** Actions which require a legal or judicial process, involve selling a debt to another party or reporting adverse information to credit agencies or bureaus. VUMC will determine charity eligibility prior to taking any extraordinary collection action. Written notice must be

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provided at least 30 days in advance of initiating specific ECAs and meet informational requirements. As defined under IRS Codes Section 501(r), such actions that require legal or judicial process include:

- Certain liens;
- Foreclosure on real property;
- Attachment or seizure of a bank account or other personal property;
- Commencement of a civil action against an individual;
- Actions that cause an individual's arrest;
- Actions that cause an individual to be subject to body attachment; and,
- Wage garnishment.

**External Screening Process:** A process to determine if a patient qualifies for VUMC Financial Assistance that does not involve completing a financial assistance application. The screening process may be in person or on the telephone and utilizes an external vendor to review a Patient's family size and household income to assess financial need.

**Family:** The patient, the patient's married or common-law spouse (regardless of whether s/he lives in the home) and all the patient's children (natural or adoptive) under the age of eighteen (18) who live at home. If the patient is under the age of 18, "Family" includes the patient, his or her natural or adoptive parents (regardless of whether they live in the home), and the parent's other children (natural or adoptive) under the age of 18.

**Financial Assistance or Financial Assistance Discounts:** Discounts or elimination of payment for health care services provided to eligible patients with documented and verified financial need. Financial Assistance Discounts provided under this policy include:

- **Financial Assistance:** Discounts provided to patients for medical bills based on income guidelines; and,
- **Catastrophic Financial Assistance:** Discount provided to patients when VUMC unreimbursed eligible medical expenses incurred in a one-year period exceed their annual household income.

**Financial Counselor:** VUMC representatives responsible for assessing a patient's liability, identifying and assisting with public funding options (Medicare, Medicaid, etc.), determining if patient is eligible for financial assistance, and establishing payment plans.

**Federal Poverty Guidelines (FPG):** Federal Poverty Guidelines published annually by the U.S. Department of Health and Human Services and in effect at the date(s) of service for which financial assistance may be available.

**Look-Back Method:** The methodology specified by IRS Code Section 501(r) and selected by VUMC to determine AGB. A hospital facility determining AGB under the Look-Back method may use claims for all medical care allowed during a prior 12-month period for the calculation of AGB.

**Private Pay:** Patient identified as having no insurance coverage or opting out of their insurance coverage for specific services/events. This does not include patients with Faith-Based coverage as identified by the Affordable Care Act.

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**Professional Charges:** Health care provider charges generated from a patient’s visit to a healthcare facility. Examples of healthcare providers are Medical Doctors, advanced practice nurses, anesthesiologists, dentists, etc.

**Retail Pharmacy:** A VUMC-contracted pharmacy licensed as a retail pharmacy by the State of Tennessee to sell or distribute medications to patients. The provision of medications from a retail location is a separate, point-of-sale patient transaction subject to its own billing process separate and apart from a clinic visit or hospital encounter.

**Technical Charges:** Charges generated from a patient’s visit to a hospital or hospital designated facility. The hospital bill lists the services a patient received such as procedures, visits, tests, medicines and supplies.

**Underinsured:** Insured patients who receive Eligible Health Care Services that are determined to be noncovered services or have limited benefit coverage by the insurance provider. This Excludes patients with health care sharing ministries as defined in the Affordable Care Act. This does not apply to disease specific or defined benefit plans as these are not considered health care insurance coverage plans.

**Uninsured:** Patients identified as having no insurance coverage. This does not include those patients with faith-based plans as identified by the Affordable Care Act.

**Vanderbilt University Medical Center (VUMC) or Vanderbilt Health:** Vanderbilt University Hospital, Monroe Carell Jr. Children’s Hospital at Vanderbilt, Vanderbilt Psychiatric Hospital, Vanderbilt Medical Group, Vanderbilt Academic and Research Enterprise, Medical Center Administration, Vanderbilt Wilson County Hospital, Vanderbilt Bedford Hospital, Vanderbilt Tullahoma-Harton Hospital or other similar consolidated health care entity.

### POLICY:

- I. Introduction
- II. Eligibility Criteria
- III. Basis for Calculating Patient Charges and Amounts Generally Billed
- IV. Method for Applying for Financial Assistance
- V. Actions that may be taken in the event of nonpayment
- VI. Use of Extraordinary Collection Actions
- VII. Eligibility information obtained from other sources
- VIII. Other Information

#### I. Introduction

VUMC is committed to provide Eligible Health Care Services regardless of a patient’s ability to pay. Patients who demonstrate an inability to pay and who meet this policy’s financial criteria for qualification will be covered under the Financial Assistance Policy. Patients are informed of VUMC’s Financial Assistance Policy primarily through the VUMC website, Financial Counselors, Admitting and ED Registration staff, Patient Financial Services Customer Service, signage, and brochures distributed in VUMC clinic and hospital locations. The website information is listed on all billing statements with a link to a plain language summary of this policy. For patients without internet access, this policy is available when calling VUMC

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Patient Financial Services. These communications are available in English, Spanish, and Arabic.

This policy applies to Vanderbilt Medical Group, and any VUMC-employed providers of emergency and other medically necessary care in VUMC facilities. A list of providers of emergency and other medically necessary care not covered by the Financial Assistance Policy can be found at <https://www.vanderbilthealth.com/financialassistance/>. This list specifies which providers or groups of providers delivering care within VUMC facilities are covered by Financial Assistance Policy and which are not.

### II. Eligibility Criteria

VUMC utilizes four possible methods for determining if an uninsured or underinsured patient is eligible for Financial Assistance. The first is participation in state assistance programs (Medicaid). Patients who are eligible for TennCare or other state Medicaid programs are automatically qualified for a 100% discount (see Appendix B, C or D) without further investigation. The remaining processes available for determining eligibility for charity are: an Application Process, an External Screening Process, and an Alternate Charity Process.

In the Application Process, patients complete an electronic or paper form and provide documentation to support the patient's income and family size (see Appendix E for application). VUMC may also supplement the application with data received in the External Screening Process to validate information received in the Application Process. Uninsured patients with balances above \$250K will be proactively contacted by VUMC within 45-days of the first statement to attempt to get a long form application.

VUMC uses an External Screening Process to determine estimated income and family size for the purpose of determining charity care eligibility and potential discount amounts. The External Screening Process provides a systematic method to grant financial assistance to patients with appropriate financial needs by providing VUMC with an estimated income and family size for the patient. FAP-eligible patients under the External Screening Process are provided discounts as described in Appendix B, C or D for eligible services for retrospective dates and subsequent visits for six months. The model's rule set is designed to assess each patient to the same standards. The External Screening Process enables VUMC to assess whether a patient is characteristic of other patients who have historically qualified for financial assistance under the Application Process. Uninsured patients may be screened through the External Screening Process at any time to determine financial assistance eligibility. Underinsured patients will be screened through the External Screening Process after 120-days without payment or initiating a financial assistance application to determine financial assistance eligibility. VUMC provides patient name, address, social security number (SSN), date of birth (DOB), and phone number to the vendor as part of this determination process.

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The Alternate Charity Process is for instances when a patient is NOT Medicaid eligible but appears eligible for charity care discounts, but there is no financial assistance form on file because the patient cannot provide the routine documentation required to approve a traditional financial assistance application. FAP-eligibility may be determined on the basis of individual life circumstances, as provided by the patient, that may include but not limited to:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., TennCare spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no known estate.

FAP-eligible patients under the Alternate Charity Process are automatically qualified for a 100% discount (see Appendix B, C or D) without further investigation.

The Alternate Charity Process may be used at any point prior to or after the 120-day period. Discounts will be applied to medically necessary patient accounts, professional and technical. Subsequent eligible services for six months following the discount approval date will also receive the same discount. After six months, the patient must be reprocessed for financial assistance eligibility.

The qualification for Financial Assistance will be based on only on the combination of family size and the annual adjusted gross income of the patient (or patient's household if filing jointly) for the most recent year available based on either the most recently filed tax returns, income data received in the External Screening Process, or from the most current documents noted below. Calculation of annual adjusted gross income and family size are based on information taken from recent family tax returns and must be provided to verify income and family size.

If an applicant does not have current tax returns or if no information is received in the External Screening Process, VUMC may accept W9, 1099, food stamp adjudication letters, disability award letters, other official government documentation of income, three months of pay stubs, or bank statements for one year.

To meet the income requirements, the adjusted gross income of the patient (or the patient's household) for the current or prior year may not exceed 2.5 times the Federal Poverty Guideline (FPG). For patients with adjusted gross income of less than or equal to 2 times the

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FPG, a 100% Financial Assistance Discount will be applied to Estimated Patient Liability. For patients with adjusted gross income above 2 times but less than or equal to 2.5 times FPG for the most recent year, a sliding scale discount will be applied to Estimated Patient Liability in percentage increments based upon income and family size. See Appendix B, C or D.

If the adjusted gross income of the patient exceeds 2.5 times FPG, the patient may still be eligible for Catastrophic Financial Assistance if the patient's un-reimbursed medical expenses at VUMC during a one-year period exceed 100% of the responsible party's annual household income as described in the Patient Discount Policy. See Appendix G.

Please refer to Appendix B, C or D for current discount amounts provided relative to the most current year available Federal Poverty Guidelines.

Patients should be closely monitored for the existence of charity status as soon as its practical. As soon as the need is observed the patient should be informed of the financial assistance program and encouraged to complete the application. Patients should be encouraged to complete the application within one hundred twenty (120) days from the date VUMC sends the first "post discharge" billing statement. Extraordinary Collection Actions will not be taken by VUMC during this window. If the patient begins the Application or External Screening Process during the 120-day period but cannot complete this Application Process, the patient will be provided at least another 120-days after the date of application to complete the Application Process before Extraordinary Collection Actions are taken by VUMC. The Alternate Charity Process may be used at any point prior to or after the 120-day period.

Discounts will be applied to medically necessary patient accounts, professional and technical. Subsequent eligible services for six months following the discount approval date will also receive the same discount. After six months, the patient must be reprocessed for financial assistance eligibility.

### III. **Basis for Calculating Patient Charges and Amounts Generally Billed (AGB)**

Patients who meet the VUMC eligibility criteria defined in this policy will not be charged more for emergency or other medically necessary care than the amount generally billed (AGB) to individuals who have insurance covering such care. However, all uninsured patients receiving eligible healthcare services will be provided an Uninsured Patient Discount prior to the first billing statement. This Uninsured Patient Discount is provided without consideration of patient financial status. This Uninsured Patient Discount may be ultimately classified as a Financial Assistance Discount if the patient meets the income-based criteria identified through either the External Screening Process or traditional Application Process. In

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accordance with the Tennessee regulations, uninsured patients are not to pay for services in an amount that exceeds one hundred seventy-five percent (175%) of the cost for the services provided (calculated using the cost to charge ratio in the most recent joint annual report). Please see Patients Discounts Policy RC 3.7 for details regarding the uninsured discount.

In accordance with Internal Revenue Code Section 501(r) requirements, VUMC calculates two AGB percentages: one AGB percentage for all VUMC, with the exception of Vanderbilt Wilson County Hospital (VWCH); and a separate AGB percentage for VWCH. For both AGB percentages, VUMC utilizes the “Look Back Method” to determine the AGB percentage based on claims from the prior 12-month period. The AGB percentages are determined by using the calculated expected reimbursement from all claims allowed by Medicare fee-for-service and all private health insurers and dividing that total reimbursement by total charges for the same claims. The resulting percentages represent the AGB for Medicare and private insurers. VUMC includes hospital and physician claims which occur in both the hospital and hospital-based clinic settings in the AGB calculation. VUMC removes from the calculation all claims 100% denied by the applicable insurers and claims which are in a credit balance status. The AGB percentages are then updated annually based on the analysis described above.

Please see Appendix H for the current AGB percentages.

#### IV. **Method for Applying for Financial Assistance**

Patients may obtain Financial Assistance applications via the following website  
<https://www.vanderbilthealth.com/information/financial-assistance>

or by contacting customer service:

VUMC Customer Service  
719 Thompson Lane, Suite 30330  
Nashville, TN 37204  
(615) 936-0910

Please call (866) 402-3211 for services provided at the following facilities:

- Vanderbilt Wilson County Hospital (services prior to August 1, 2019)
- Vanderbilt Bedford Hospital
- Vanderbilt Tullahoma-Harton Hospital

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Patients may also obtain Financial Assistance applications by contacting VUMC inpatient registration locations:

Inpatient locations:

VUMC Admitting 1107  
1211 Medical Center Drive  
Nashville, TN 37232  
615-322-5000  
MCJCHV Business Center, 1st floor  
2200 Children's Way  
Nashville, TN 37232  
615-936-1000

Vanderbilt Wilson County Hospital (VWCH)  
1411 Baddour Parkway  
Lebanon, TN 37087  
866-402-3211

Vanderbilt Tullahoma-Harton Hospital (VTHH)  
1801 N Jackson St  
Tullahoma, TN 37388  
866-402-3211

Vanderbilt Bedford Hospital (VBCH)  
2835 US-231  
Shelbyville, TN 37160  
866-402-3211

Patients should mail complete financial assistance applications to the following address:

VUMC Customer Service  
719 Thompson Lane, Suite 30330  
Nashville, TN 37204

Program eligibility determinations are normally completed within thirty (30) business days after receipt.

The Financial Assistance Policy applies to Vanderbilt Medical Group, and any VUMC-employed providers of emergency and other medically necessary care in VUMC facilities. A list of providers of emergency and other medically necessary care that are covered and those that are not covered by the Financial Assistance Policy can be found at <https://www.vanderbilthealth.com/financialassistance/>.

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### **V. Actions that may be Taken in the Event of Nonpayment**

Patients will receive monthly bill(s) for amounts greater than \$5 that VUMC determines are their responsibility, after any insurance plan payments have been applied.

Patients will receive billing statements or phone calls during a one hundred twenty (120) day period reminding them of their bill(s). During this period, patients will be expected to pay their bill(s) in full, establish a payment plan, or apply for Financial Assistance.

### **VI. Use of Extraordinary Collection Actions (ECAs)**

VUMC strives to assist all patients prior to enlisting the assistance of a collection agency. Patients will have one hundred twenty (120) days from the date the first billing statement is generated to complete the Financial Assistance Application or External Screening Process before any Extraordinary Collections Actions are considered or taken. See the Patient Collections Policy for a description of the reasonable efforts VUMC and its collection agencies take to determine an individual's FAP eligibility before engaging in ECAs against that individual.

In select cases, VUMC may choose to engage an attorney in a collection action. This step would occur after Patient Financial Services Leadership first reviews each case to determine if all reasonable efforts have been made to assist patient access to VUMC Financial Assistance before taking ECA. Such documentation will be presented to both the Associate Vice President for Patient Financial Services and the Vice President for Revenue Cycle for review and approval prior to an ECA.

### **VII. Eligibility Information Obtained from Other Sources**

Patients that are unresponsive to inquiries by VUMC may be screened through an External Screening Process to determine estimated income amounts for Financial Assistance eligibility prior to placement with a collection agency.

As noted above, if a patient's account has an outstanding balance that exceeds \$1,000, and no other party is responsible for the bill, VUMC will submit the patient's information through an External Screening Process to determine estimated income amounts, before sending it to collections, and will automatically apply the appropriate discount if the patient qualifies. VUMC provides patient name, address, SSN, DOB, and phone number to the vendor as part of this determination process.

### **VIII. Other Information**

Uninsured patients will be provided an Uninsured Discount regardless of financial status. The Uninsured Patient Discount may be ultimately reclassified as a Financial Assistance Discount if the patient subsequently meets the qualifications described in this policy.

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If a patient submits a complete Financial Assistance application and is determined to be eligible, VUMC will refund any amounts the patient has paid for care that exceed the amount they are determined to be personally responsible for paying.

It is routine and customary for VUMC patients to receive scripts for pharmaceuticals to facilitate their care post discharge as a component of their on-going care plan. The nature of the discharge process is transitional and designed to effectively and efficiently arrange for the patient's care in the next venue. Discharge Medications to be obtained at a Retail Pharmacy are a key component of the patient care transition. However, Retail Pharmacies follow a point of sale model requiring settlement of obligations prior to dispensing of the drugs which is a potential barrier to patient care transitions. Thus, VUMC allows professionals involved in a patient's clinical care to deem a patient as eligible for financial assistance to receive Discharge Medications without expectation of payment. Discharge Medications can be provided free of charge to patients for a specific period of time at the request of Social Services, Physicians, Nurses, Pharmacist, Care Managers or their licensed clinicians.

VUMC community outreach efforts to care for the uninsured in the greater Nashville area include both clinics operated directly by VUMC such as the Shade Tree Clinic, Nurse Practitioner outreach clinic (a.k.a Clinic at Mercury Courts) for select patients and Homeless Street Clinic, as well as collaborative efforts with other independent charities including the Siloam Clinic. VUMC's clinical commitment to these patients can range from providing patients free prescription drugs to accepting referrals for higher acuity clinical services without the expectation of payment. Patients served at these clinics or who are referred to VUMC are eligible for financial assistance using Alternate Charity Process.

VUMC Patient Financial Services staff makes the final determination about financial assistance. An appeals process is available to individuals and requires completion of the appeals application. The application and instructions for submission are included in Appendix F.

For patients receiving eligible healthcare services who qualify or qualified for Medicaid and whose States' Medicaid Program has been deemed bankrupt, VUMC will immediately write off 100% of unpaid balances to Financial Assistance. The patient will not be required to complete a Financial Assistance application since they were deemed Medicaid qualified in the corresponding State.

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Any exceptions to this policy must be approved by the VUMC Chief Executive Officer and / or the VUMC Chief Financial Officer.

Financial Assistance is calculated according to the Federal Poverty Guidelines set forth in Appendix B, C or D.

### Contact Information

If you need assistance with completing a Financial Assistance application or have questions about financial assistance in general or the eligibility process, patients may email [financial.assistance@vumc.org](mailto:financial.assistance@vumc.org) or contact:

VUMC Customer Service  
719 Thompson Lane, Suite 30330  
Nashville, TN 37204  
(615) 936-0910

Please call (866) 402-3211, for services provided at the following facilities:

- Vanderbilt Wilson County Hospital (services prior to August 1, 2019)
- Vanderbilt Bedford Hospital
- Vanderbilt Tullahoma-Harton Hospital

### EXHIBITS:

Appendix A: Services Excluded from Eligible Health Care Services

Appendix B: 2020 Vanderbilt University Medical Center Charity Guidelines

Appendix C: 2020 Vanderbilt Wilson County Hospital (VWCH) Charity Guidelines

Appendix D: 2020 Vanderbilt Bedford Hospital (VBCH) and Vanderbilt Tullahoma-Harton Hospital (VTHH) Charity Guidelines

Appendix E: Financial Assistance Application

Appendix F: Financial Assistance Appeal Application

Appendix G: Catastrophic Care Guidelines

Appendix H: Amounts Generally Billed (AGB)

Appendix I: List of Providers Covered/Not Covered by VUMC Financial Assistance Policy

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### APPENDIX A: SERVICES EXCLUDED FROM ELIGIBLE HEALTH CARE SERVICES

The following services are excluded from the definition of “Eligible Health Care Services” and are not covered by the Financial Assistance Policy:

- Non-Covered Services
- Cosmetic services or elective services that are not medically necessary;
- Market Sensitive services where Alternative Pricing has been developed and deployed;
- Experimental Services;
- Transplant Services;
- Drugs Therapies reviewed by the ERT Sub-Committee of P&T Committee;
- Retail Health Clinic Services;
- Retail and Specialty Pharmacy items
- Vanderbilt Health On-Call Services; and
- Specified molecular tests (Examples: PREDICT & Whole Exome Testing) where Alternative Pricing has been developed and developed

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### APPENDIX B: 2020 VANDERBILT UNIVERSITY MEDICAL CENTER CHARITY GUIDELINES

#### 2020 Vanderbilt University Medical Center Charity Guidelines

Family Size	2020 Poverty Guideline	100% of Estimated Patient Liability Household Income Between	80% of Estimated Patient Liability Household Income Between	70% of Estimated Patient Liability Household Income Between
1	\$12,760	\$0 & \$25,520	\$25,521 & \$28,710	\$28,711 & \$31,900
2	\$17,240	\$0 & \$34,480	\$34,481 & \$38,790	\$38,791 & \$43,100
3	\$21,720	\$0 & \$43,440	\$43,441 & \$48,870	\$48,871 & \$54,300
4	\$26,200	\$0 & \$52,400	\$52,401 & \$58,950	\$58,951 & \$65,500
5	\$30,680	\$0 & \$61,360	\$61,361 & \$69,030	\$69,031 & \$76,700
6	\$35,160	\$0 & \$70,320	\$70,321 & \$79,110	\$79,111 & \$87,900
7	\$39,640	\$0 & \$79,280	\$79,281 & \$89,190	\$89,191 & \$99,100
8	\$44,120	\$0 & \$88,240	\$88,241 & \$99,270	\$99,271 & \$110,300
Each additional family member add	\$4,480	\$0 & \$8,960	\$8,961 & \$10,080	\$10,081 & \$11,200

VUMC's 2020 Charity Guidelines are based on the 2020 U.S. Department of Health and Human Services Poverty Guidelines effective 01/15/20

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### APPENDIX C: 2020 VANDERBILT WILSON COUNTY HOSPITAL CHARITY GUIDELINES

2020 Vanderbilt Wilson County Hospital Charity Guidelines			
	2020	100% of Estimated Patient Liability	85% of Estimated Patient Liability
Family Size	Poverty Guideline	Household Income Between	Household Income Between
1	\$12,760	\$0 & \$25,520	\$25,521 & \$31,900
2	\$17,240	\$0 & \$34,480	\$34,481 & \$43,100
3	\$21,720	\$0 & \$43,440	\$43,441 & \$54,300
4	\$26,200	\$0 & \$52,400	\$52,401 & \$65,500
5	\$30,680	\$0 & \$61,360	\$61,361 & \$76,700
6	\$35,160	\$0 & \$70,320	\$70,321 & \$87,900
7	\$39,640	\$0 & \$79,280	\$79,281 & \$99,100
8	\$44,120	\$0 & \$88,240	\$88,241 & \$110,300
Each additional family member add	\$4,480	\$0 & \$8,960	\$8,961 & \$11,200

VWCH's 2020 Charity Guidelines are based on the 2020 U.S. Department of Health and Human Services Poverty Guidelines effective 01/15/20

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### APPENDIX D: 2020 VANDERBILT BEDFORD HOSPITAL AND VANDERBILT TULLAHOMA-HARTON HOSPITAL CHARITY GUIDELINES

2020 Vanderbilt Bedford Hospital and Vanderbilt Tullahoma-Harton Hospital Charity Guidelines			
Family Size	2020	100% of Estimated Patient Liability	85% of Estimated Patient Liability
	Poverty Guideline	Household Income Between	Household Income Between
1	\$12,760	\$0 & \$25,520	\$25,521 & \$31,900
2	\$17,240	\$0 & \$34,480	\$34,481 & \$43,100
3	\$21,720	\$0 & \$43,440	\$43,441 & \$54,300
4	\$26,200	\$0 & \$52,400	\$52,401 & \$65,500
5	\$30,680	\$0 & \$61,360	\$61,361 & \$76,700
6	\$35,160	\$0 & \$70,320	\$70,321 & \$87,900
7	\$39,640	\$0 & \$79,280	\$79,281 & \$99,100
8	\$44,120	\$0 & \$88,240	\$88,241 & \$110,300
Each additional family member add	\$4,480	\$0 & \$8,960	\$8,961 & \$11,200

VBH and VTHH's 2020 Charity Guidelines are based on the 2020 U.S. Department of Health and Human Services Poverty Guidelines effective 01/15/20

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### APPENDIX E: FINANCIAL ASSISTANCE APPLICATION



#### Vanderbilt University Medical Center Financial Assistance Application

VUMC is committed to care for all patients regardless of their ability to pay. Patients who are unable to pay for services may be eligible for financial assistance. Please complete and return the following form to be evaluated for financial assistance.

Applicant Name (First, Middle, Last)	Services Locations and Dates	Account Number(s)
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Instructions: Complete application and attach copies (no originals) of:  
 • Tax returns and supporting schedules (previous 2 years) • Pay stubs\* (most recent 3 months)  
 • Social Security/Disability\* (if applicable) • Food Stamp Letters\* (if applicable)  
 • W-2 or Unemployment Statements\*  
 \*NOTARIZED LETTERS ARE NOT ACCEPTED

#### Patient/Responsible Party

Name (First, Middle, Last)		Social Security Number	Birth Date (Month DD, YYYY)	
Address		City	State	ZIP Code
Phone	Household Size (Patient, Spouse and Dependents)		Marital Status	
Employment Status	Part Time	Self Employed	Unemployed	Student
Employment Length	Unemployed Date/Length (Month DD, YYYY)		Employer Name	
		Are you claimed on another tax return? Yes/No (If yes provide tax returns of those being claimed)		

Spouse/Partner

Name (First, Middle, Last)		Social Security Number	Birth Date (Month DD, YYYY)	
Employment Status		Full Time/Part Time		Employer Name
		Self Employed	Unemployed	Student
Employment Length	Unemployed Date/Length (Month DD, YYYY)			

Dependents (if more than 3 dependents use separate page)

Full Name	Relationship	Birth Date (Month DD, YYYY)
1.		
2.		
3.		

#### Certification

I certify that all information listed is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to pay for services provided by VUMC or an affiliated entity and I give permission to VUMC and all affiliated clinics, hospitals and entities to share the information as necessary to consider my financial assistance request. I hereby grant permission to VUMC, all VUMC affiliates and representatives or agents to investigate the information contained herein, and to obtain credit reports.

Patient/Responsible Party Signature	Date (Month DD, YYYY)
Spouse/Partner Signature	Date (Month DD, YYYY)

In 4 to 6 weeks, you will receive a letter to inform you if you are eligible for financial assistance for an approved service. If you receive an approval letter, it does not mean that all services at VUMC are approved or that future services will be approved for financial assistance. Please call VUMC Patient Billing Customer Service Team at 888-274-7849 to reapply. You can also email or mail in a new application. If you receive a letter informing you are not eligible for financial assistance and wish to appeal the decision, you can appeal the decision by emailing, mailing or faxing a completed VUMC Financial Assistance Appeal Application.

Section Break

VANDERBILT UNIVERSITY MEDICAL CENTER  
 719 THOMPSON LANE, SUITE 30330  
 NASHVILLE, TN 37204  
 (615) 936-0910  
 (615) 936-0620  
[FINANCIALASSISTANCE@VUMC.ORG](mailto:FINANCIALASSISTANCE@VUMC.ORG)

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### APPENDIX F: FINANCIAL ASSISTANCE APPEAL APPLICATION

#### Vanderbilt University Medical Center Appeal Request For Financial Assistance

VUMC is committed to care for all patients regardless of their ability to pay. Patients who are unable to pay for services may be eligible for financial assistance. Please complete and return the following form to be evaluated for financial assistance.

Applicant Name <i>(First, Middle, Last)</i>	Services Locations and Dates	Account Number(s)
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Instructions: Complete application and attach copies of (no originals):

- Tax returns and supporting schedules (previous 2 years)
  - Social Security/Disability\* (if applicable)
  - W-2 or Unemployment Statements\*
  - Pay stubs\* (most recent 3 months)
  - Food Stamp Letters\* (if applicable)
- \*NOTARIZED LETTERS ARE NOT ACCEPTED

#### Patient/Responsible Party

Name <i>(First, Middle, Last)</i>		Social Security Number	Birth Date <i>(Month DD, YYYY)</i>	
Address		City	State	ZIP Code
Phone	Household Size <i>(Patient, Spouse and Dependents)</i>		Marital Status	
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			Employer Name	
Employment Length	Unemployed Date/Length <i>(Month DD, YYYY)</i>		Are you claimed on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes provide tax returns of those being claimed)</i>	

#### Appeal/Comments:

#### Certification

I certify that all information listed is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to pay for services provided by VUMC or an affiliated entity and I give permission to VUMC and all affiliated clinics, hospitals and entities to share the information as necessary to consider my financial assistance request. I hereby grant permission to VUMC, all VUMC affiliates and representatives or agents to investigate the information contained herein, and to obtain credit reports.

Patient/Responsible Party Signature	Date <i>(Month DD, YYYY)</i>
Spouse/Partner Signature	Date <i>(Month DD, YYYY)</i>

In 4 to 6 weeks, you will receive a letter to inform you if you are eligible for financial assistance for an approved service. If you receive an approval letter, it does not mean that all services at VUMC are approved or that future services will be approved for financial assistance. Please call VUMC Patient Billing Customer Service Team at 888-274-7849 to reapply. You can also email or mail in a new application. If you receive a letter informing you are not eligible for financial assistance and wish to appeal the decision, you can appeal the decision by emailing, mailing, or faxing a completed VUMC Financial Assistance Appeal Application attaching proof of income.

VANDERBILT UNIVERSITY MEDICAL CENTER  
719 THOMPSON LANE, SUITE 30330  
NASHVILLE, TN 37204  
(615) 936-0910  
(615) 936-0620  
[FINANCIALASSISTANCE@VUMC.ORG](mailto:FINANCIALASSISTANCE@VUMC.ORG)

## FINANCIAL ASSISTANCE POLICY

### APPENDIX G: CATASTROPHIC CARE GUIDELINES

<b>Income Level for Household</b>	<b>Payment Requirement</b>
Up to \$50,000 annually	15% of annual gross income
\$50,001 - \$75,000 annually	20% of annual gross income
\$75,001 - \$100,000 annually	25% of annual gross income
Over \$100,000 annually	30% of annual gross income

## FINANCIAL ASSISTANCE POLICY

### APPENDIX H: AMOUNTS GENERALLY BILLED (AGB)

IRS Section 501(r) requires hospitals to limit the amounts charged for emergency and other medically necessary care provided to individuals eligible for financial assistance to no more than the amounts generally billed (AGB) to insured individuals. VUMC calculates AGB percentages using the “Look-Back” method and including Medicare fee-for-service and all private health insurers that pay claims to VUMC.

#### **Vanderbilt University Medical Center AGB:**

As of April 29, 2020, the AGB percentage for patients who receive services at VUMC based on the period ending December 31, is 31% of total billed charges for Eligible Health Care Services, resulting in a discount of 69%.

#### **Vanderbilt Wilson County Hospital AGB:**

As of April 29, 2020, the AGB percentage for patients who receive services at Vanderbilt Wilson County Hospital, based on the period ending January 31, is 15% of total billed facility charges for Eligible Health Care Services, resulting in a discount of 85%.

#### **Vanderbilt Bedford Hospital AGB:**

As of January 1, 2021, the AGB percentage for patients who receive services at Vanderbilt Bedford Hospital, based on the period ending October 31, is 15% of total billed facility charges for Eligible Health Care Services, resulting in a discount of 85%.

#### **Vanderbilt Tullahoma-Harton Hospital AGB:**

As of January 1, 2021, the AGB percentage for patients who receive services at Vanderbilt Tullahoma-Harton Hospital, based on the period ending October 31, is 15% of total billed facility charges for Eligible Health Care Services, resulting in a discount of 85%.

## FINANCIAL ASSISTANCE POLICY

### **APPENDIX I: LIST OF PROVIDERS COVERED/NOT COVERED BY VUMC FINANCIAL ASSISTANCE POLICY**

A list of providers or groups of providers of emergency and other medically necessary care at VUMC that are covered and not covered by VUMC's Financial Assistance Policy can be found at <https://www.vanderbilthealth.com/financialassistance/>. This list is updated quarterly.

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