



## **FINANCIAL ASSISTANCE POLICY**

Virginia Hospital Center Health System is proud of its not-for-profit mission to provide quality healthcare services to patients 24 hours a day 7 days a week regardless of their ability to pay, doing so in an equitable manner and treating them with dignity, respect and compassion.

To achieve this end, Virginia Hospital Center Health System has established a program to facilitate provision of financial assistance to uninsured or underinsured patients for Eligible Services (defined below). Under this program, patients whose household income is less than 200% of the published federal poverty guidelines are provided free care with respect to the patients' out of pocket portion of the bill for Eligible Services ("Financial Assistance"). Virginia Hospital Center Health System does not provide discounted care under its Financial Assistance Policy.

**Virginia Hospital Center Health System's Financial Assistance Policy, Plain Language Summary and the Financial Assistance Application form can be viewed at [www.virginiahospitalcenter.com/fap](http://www.virginiahospitalcenter.com/fap).**

## **PATIENT NOTICE OF FINANCIAL ASSISTANCE**

Virginia Hospital Center Health System is proud of its not-for-profit mission to provide quality healthcare to all who need it.

In an effort to make our patients, families and the broader community aware of our Financial Assistance program, Virginia Hospital Center Health System has taken a number of steps to widely publicize this policy including posting of legible signage, development of a Plain Language Summary of the Financial Assistance Policy (PLS) and offering informational pamphlets regarding the Financial Assistance Policy at our Hospital's registration desks, County Social Service offices, and other charitable organizations. This Financial Assistance Policy, Plain Language Summary and Financial Assistance Application form are available in English and multiple other languages.

## **DEFINITIONS**

### **1. UNINSURED**

The patient has no insurance or third party assistance to assist with meeting his/her payment obligations.

### **2. 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.

### 3. FINANCIAL ASSISTANCE

Aid is made available for Eligible Services (described below) provided to uninsured or underinsured patients whose household income is less than 200% of the published federal poverty guidelines. Such eligible services are provided by Virginia Hospital Center Health System without expectation of payment. Financial assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments or deductibles, or both. Please note that the Financial Assistance program offered at Virginia Hospital Center Health System is **NOT** an insurance policy.

### 4. ELIGIBLE SERVICES

Service provided by the Hospital facility which are eligible for Financial Assistance include: (1) emergency medical services provided in an emergency room setting; (2) non-elective service provided in response to life-threatening circumstances in a non-emergency room setting; and (3) other Medically Necessary Care (defined below) as based upon the clinical judgment of the healthcare provider without regard to the financial status of the patient.

### 5. MEDICALLY NECESSARY CARE

As defined by Medicare - healthcare services or supplies reasonable and necessary for the diagnosis or treatment of illness or injury.

### 6. COVERED PROVIDERS

The Financial Assistance Policy applies to services provided by physicians directly employed by the Virginia Hospital Center; and DOES NOT include services provided by independent physicians or physicians that act as independent contractors to Virginia Hospital Center Health System, including emergency medicine physicians, anesthesiologists, radiologists, and pathologists. If you receive a physician bill from an independent physician or physician that acts as an independent contractor to Virginia Hospital Center Health System, you must contact such physician's office to discuss the terms of payment for services received. If you have any questions regarding whether a physician is employed by Virginia Hospital Center Health System, please visit the Hospital registration desks or call the Financial Assistance Department at 703.558.2492.

### 7. BAD DEBT

Expenses resulting from treatment for services provided to a patient and/or guarantor who - having the requisite financial resources to pay for health care services, and therefore, not qualifying for Financial Assistance - has demonstrated through his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill.

### 8. HOUSE HOLD

As defined by the Census Bureau, a group of two or more people who reside together and who are related by birth, marriage or adoption. According to Internal Revenue Services' rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

# PRINCIPLES

## 1. FINANCIAL ASSISTANCE PROVISION

All Eligible Services shall be available to all individuals under this Financial Assistance Policy. All patients can obtain free copies of the Financial Assistance Policy, Plain Language Summary and Financial Assistance Applications at the Emergency Department registration desk, Hospital admission areas, the concierge desk in the main lobby, or from the Hospital web site. The determination of whether a patient qualifies for financial aid will be made as soon as possible and, to the extent possible, prior to discharge. Under no circumstance will a patient determined to be eligible for Financial Assistance be issued a bill.

## 2. NON-DISCRIMINATION

The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient. All patients will be treated for Eligible Services without discrimination and regardless of their eligibility for financial assistance. The determination of financial aid will be based on the patient's ability to pay and will not be affected by the individual's age, sex, race, religion, disability, sexual orientation, marital status, immigrant status or national origin.

## 3. ASSISTANCE IN COMPLETING APPLICATION

In-house financial counselors and Arlington County workers are available to assist patients in applying for County, State and Federal assistance programs, including, but not limited to, Medicaid, Emergency Medicaid, SSI Disability, and SLH.

## 4. PATIENT RESPONSIBILITY

As described in greater detail below, patients are expected to cooperate with and provide appropriate and timely information to Virginia Hospital Center to obtain Financial Assistance.

# APPLYING FOR FINANCIAL ASSISTANCE

Patients have 240 days after the first post-discharge billing statement to submit Financial Assistance application forms for Financial Assistance. One can apply for Financial Assistance by completing an application form and supplying the following documents:

- Two copies of your most recent pay stub(s) or a copy of your most recent income tax form
- Copy of lease (if applicable)
- Copy of your recent bank statements

The Financial Assistance Application form is available to patients at the time they receive care at Virginia Hospital Center Health System. The application form, the Financial Assistance Policy and the Plain Language Summary can be downloaded at [www.virginiahospitalcenter.com/fap](http://www.virginiahospitalcenter.com/fap). Accompanying instructions will also state the documents required for eligibility determination and guide patients in completion of the form.

Alternatively, printed copies of the Hospital's Financial Assistance Policy, its Plain Language Summary and the Financial Assistance Application form may also be obtained free of cost by

visiting the Hospital registration desks, including the concierge desk located in the Hospital's main lobby. You can request a free copy to be mailed to you by calling the Financial Assistance department at 703.558.2492.

The completed Financial Assistance Application form and all supporting documentation should be returned to:

Virginia Hospital Center Business Office  
Attention: Financial Assistance Department  
601 S. Carlin Springs Rd.  
Arlington, VA 22204

## DETERMINATION OF ELIGIBILITY

If complete information on the patient's insurance or financial situation is unavailable at the time of service, or if the patient's financial condition changes, qualification for Financial Assistance may be determined after rendering Eligible Services. All efforts will be made to establish whether the patient is eligible for Financial Assistance before the patient leaves the Hospital.

Virginia Hospital Center Health System does not provide financial assistance based on a sliding scale, but rather provides free care to all patients whose Household income is less than 200% of the Federal Poverty Guidelines. The income level needed to qualify for Financial Assistance is recalculated annually to reflect the then-current FPL Poverty levels as published by the Federal Register.

The table below indicates the Federal Poverty Levels that are in effect for the 2017 calendar year:

<b>Persons in Household</b>	<b>Poverty guideline</b>	<b>200%</b>
1	\$12,060	\$24,120
2	\$16,240	\$32,480
3	\$20,420	\$40,840
4	\$24,600	\$49,200
5	\$28,780	\$57,560
6	\$32,960	\$65,920
7	\$37,140	\$74,280
8	\$41,320	\$82,640

***NOTE: For Households with more than 8 persons, add \$4,180 for each additional person.***

## PROCEDURES

Upon receipt of a completed Financial Assistance Application form, our Special Projects Coordinator will review the provided information and make a decision regarding eligibility within 30 days. The patient will be handled as a self-pay account until patient submits a completed Financial Assistance Application form, or receives Presumptive Charity Care (described below), within 240 days of the first post-discharge billing statement.

It is preferred, but not required, that a request for Financial Assistance and a determination of eligibility under the Financial Assistance Policy occur before the provision of Eligible Services. However, eligibility determination may be done at any point in the registration, patient care, or revenue cycle process. *Financial Assistance Applications that are approved are valid for a six-month period.*

## INCOMPLETE APPLICATIONS

If a patient submits an **incomplete** Financial Assistance Application, (i.e. missing information or documents), Virginia Hospital Center Health System will contact the patient with requests for such additional information or documentation. In the case that the patient is unreachable, non-responsive or non-compliant after multiple attempts, the Hospital will wait a reasonable time from the date of contact initiation before handling the patient account as a self-pay account, and forwarding the account to a collection agency for further action. However, every patient still has the ability to apply for financial assistance within 240 days from the first post discharge billing statement.

**Patients seeking assistance to complete the application form can contact the Financial Assistance Department at 703.558.2492 or visit the address below:**

Virginia Hospital Center Business Office  
Financial Assistance Department  
601 S. Carlin Springs Rd.  
Arlington, VA 22204

## PRESUMPTIVE CHARITY CARE

Virginia Hospital Center Health System understands that certain patients may be unable to complete a Financial Assistance Application, comply with requests for documentation, or are otherwise non-responsive to the application process. As a result, there may be circumstances under which a patient's qualification for Financial Assistance is established without completing the Financial Assistance Application form. Under these circumstances, Virginia Hospital Center Health System may utilize other sources of information to make an individual assessment of financial need. This information will enable us to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient.

The Hospital may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry-recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for the Hospital's Financial Assistance under the traditional application process.

The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows the Hospital to screen all patients for financial assistance prior to pursuing any extraordinary collection actions (ECAs). The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

**If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional Financial Assistance Application process.**

Patient accounts granted presumptive eligibility shall be reclassified under the Financial Assistance Policy. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expense.

## COLLECTION POLICIES

Virginia Hospital Center Health System's collection policies take into account the extent to which the patient qualifies for financial assistance and a patient's good faith effort to comply with his or her negotiated payment plans.

If the patient is not eligible for financial assistance, payment for services provided by Virginia Hospital Center Health System and any Covered Providers will generally be due 30 days after the provision of such services. However, the patient will continue to receive monthly billing statements for 120 days. If the patient has not qualified for financial assistance and fails to contact Virginia Hospital Center Health System to set up acceptable payment terms, the patient's account will be transferred to a professional collection agency. If continued non-payment occurs beyond a reasonable period of time, judicial proceedings may be undertaken by the Collection Agency to collect payment. Per a Collection Services Agreement signed with Virginia Hospital Center Health System's collection agency contractors, the collection agencies will provide the patient sufficient notice at least 30 days prior to pursuing any such judicial proceedings. The following actions constitute ECAs for purposes of this Financial Assistance Policy:

- Selling an individual's debt to another party
- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus
- Actions that require a legal or judicial process, including but not limited to:

- Placing a lien on an individual's property
- Foreclosing on an individual's real property
- Attaching or seizing an individual's bank account or any other personal property
- Commencing a civil action against an individual
- Causing an individual's arrest
- Causing an individual to be subject to a writ of body attachment
- Garnishing an individual's wages

Virginia Hospital Center Health System will not deny or defer the provision of Eligible Services based on a patient's outstanding accounts receivable, patient's payment history or any previous collection actions previously undertaken by the hospital to collect outstanding payments.

## REFUND POLICY

If determination of a patient's eligibility for financial assistance occurs following any payments received for the care at issue, refunds will be made for the episodes of care to which the individual's Financial Assistance Policy application form relates.

**If you have questions regarding our Financial Assistance Policy or require assistance in completing a Financial Assistance Application form, please contact our Financial Assistance Department at 703.558.2492 or visit our Financial Assistance Office at the address provided below:**

Virginia Hospital Center Business Office  
601 S. Carlin Springs Rd.  
Arlington, VA 22204

We will treat you and your questions with courtesy, respect and with the utmost confidentiality.

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_