Status **Active** PolicyStat ID **14463264**

Date Of Original Issue	06/2018
Approved	10/2023
Effective	10/2023
Last Revised	01/2023
Next Review	09/2024

Resource	Matthew Toomey: VP PFS
Policy Area	Patient Financial Services
Applicability	Valley Health System - System Wide
Regulatory Tags	501r, FAP, Financial Assistance + 1 more

Financial Assistance Policy

PLAIN LANGUAGE SUMMARY (PLS)

This Plain Language Summary, including the following "**HOW TO APPLY**" section, provides a brief overview of the Valley Health System (VHS) Financial Assistance Policy (FAP) and notice of availability of VHS Financial Assistance, formerly called "Charity Care", and VHS Financial Counseling services. The complete FAP provides a detailed description of the availability, providers, and locations to which this policy applies, and the rules governing FAP availability and Financial Counseling services. The complete FAP is available online free of charge at **http://www.valleyhealthlink.com/charitycare.** Paper copies of the FAP may be obtained free of charge by contacting the Financial Counseling Department by phone, e-mail, or in person, as specified below under "**HOW TO APPLY**". Translations are available in languages that are prevalent in the communities served by VHS.

Valley Health offers Financial Counseling services to help VHS patients and their family members or other individuals financially responsible ("guarantors") for the bills of Valley Health patients who are concerned about their ability to pay for medical services provided by VHS to identify means to cover the cost of medically necessary care. VHS offers a Financial Assistance Program to assist those who are truly unable to pay for emergency or medically necessary care. Financial Counselors serve as guides to patients and guarantors (collectively referred to as "patients" in the remainder of this policy) in need of assistance. Financial Counselors are available to answer questions, work with patients and caregivers to identify the programs that are most appropriate for each patient's particular needs and ability to pay, to assist in the Financial Assistance Application process, to assist with the application, enrollment, including referral to the various government assistance or insurance programs that may be appropriate to the patient's needs, as well as to establish payment plans within VHS guidelines for those who do not

qualify for Financial Assistance or any other program and those who have a financial responsibility after the FAP review. Financial Assistance is the financing option of last resort. As such, Financial Assistance applicants are expected to comply with the screening and application processes of any local, state, or federal programs that would cover the cost of the same medical care, including traveler health programs or any organizational programs, such as those administered by foreign governments or international organizations/corporations for affiliated persons. Financial Assistance cannot be used to circumvent the patient's or referring provider's contractual obligations under insurance or payer contracts, such as pre-authorization, more conservative treatment, network requirements, etc. Services for which the patient elects not to use their coverage, refuses to follow coverage requirements and/or prerequisites or more conservative treatment requirements, or for which the patient declines to apply in good faith for coverage to which they would be entitled under Medicare, Medicaid, commercial insurance, ACA/ Exchange coverages or other coverage. It is strongly recommended that patients and caregivers concerned about their ability to pay for medically necessary services contact the VHS Financial Counselors at the earliest opportunity, including prior to anticipated medically necessary services, in order that the Financial Assistance or other assistance programs can be in place to cover the greatest amount of care possible and to avoid unnecessary self-pay billing and collection activity.

Types of Financial Assistance Available: For patients who are not eligible for Medical Assistance (Medicaid) or other assistance programs, Financial Assistance is available and generally based on family income. A 100% Financial Assistance discount is available for patients who have a combined family income of up to 200% of the Federal Poverty Level (FPL). For families with incomes between 200% and 300% of FPL, partial Financial Assistance is available on a sliding-scale. For families with incomes above 300%, up to 500% of FPL and medical debt exceeding $25,000, Catastrophic Financial Assistance discounts limit medical debt to 30% of income or the Amounts Generally Billed (AGB) billed to insured individuals, whichever is less. Please see the full FAP and explanation of how AGB and partial discounts are calculated, as well as the current AGB rate. Financial Assistance awards may be reduced if significant assets, as described in the full FAP, are available to help cover the cost of medical care.

All United States citizens, permanent U.S. residents, and individuals who intend to stay in the U.S. as permanent residents are eligible for Financial Assistance. Patients who do not intend to remain permanently in the U.S., or are in the U.S. on a student visa or tourist visa are not eligible for VHS Financial Assistance. Regardless of residency status, all patients are expected comply with the screening and application processes of any local, state (including any state programs for which in they may be eligible, whether in the state of patient's current location or in the state of permanent residence), or federal programs that would cover the cost of the same medical care, including traveler health programs or any organizational programs, such as those administered by foreign governments or international organizations/corporations for affiliated persons.

HOW TO APPLY: Patients and caregivers are encouraged to contact:

- VHS Financial Counselors by phone at **866-414-4576,** or e-mail to: **financial.counselor@valleyhealthlink.com** at the earliest possible opportunity.
- The VHS Financial Assistance Application can be found online at **http://www.valleyhealthlink.com/charitycare**. Paper copies of the Financial Assistance

Application may also be obtained without charge at VHS registration desks at each VHS hospital and Emergency Department, in writing to the address below, or by calling the VHS Financial Counselors at the number above. Correspondence, including requests for Financial Counseling assistance, Financial Assistance, completed Financial Assistance Applications, and supporting documentation may be submitted in writing to:

Financial Counseling Dept.

Valley Health System

P.O. Box 3340

Winchester, VA 22604

In person Financial Counseling assistance, including help with applications and billing questions, is available from 8:00 am to 4:30 pm, Monday through Friday, except holidays, in our **Customer Service Center located in Suite 100 of the VHS System Support Building (SSB)** directly off of the main lobby:

Customer Service Center

220 Campus Blvd, Suite 100

Winchester, VA 22601

All other in person Financial Counseling locations at Valley Health System facilities remain closed at this time due to the COVID-19 Pandemic. The Customer Service Center in the SSB has been constructed to allow greater distancing, including glass partitions and other safeguards to promote the safety of our visitors and employees. Other in person locations will re-open as circumstances permit.

End of Plain Language Summary.

VALLEY HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY - STATEMENT OF POLICY

In accordance with Valley Health's mission of "*Serving Our Community by Improving Health*" and its non-profit status, Valley Health is committed to the treatment of the medically necessary needs of our patients with dignity, respect, and compassion, regardless of their financial status or ability to pay. As part of this commitment, VHS offers Financial Counseling services to all patients who believe they may be unable to pay for part or all of their care, and provides Financial Assistance to all patients who meet the Financial Assistance eligibility requirements of this policy. In addition to assistance through the VHS Financial Assistance Program, patients may be eligible for other funding sources, including local, state, and federal assistance programs or insurance sources. In order to maintain the financial viability of VHS, provide for the financing necessary to keep up with ever-changing medical technology and the growing needs of our community, comply with federal and state regulations required for continued participation in the Medicare and Medicaid programs, and ensure that limited healthcare resources are allocated as efficiently as possible, the VHS Financial Assistance Program is intended to be a program of last resort for those who are truly unable to pay for emergency and medically necessary care. For these reasons, Financial Assistance is the financing option of last resort. As such, Financial Assistance applicants are expected to fully comply in good faith with the screening and application processes of any local, state, or federal programs that would cover the cost of the same medical care, including traveler health programs or any organizational programs, such as those administered by foreign governments or international organizations/corporations for affiliated persons.

EMERGENCY MEDICAL CARE

Medicare participating hospitals must meet the Emergency Medical Treatment and Labor Act (EMTALA) statute codified at §1867 of the Social Security Act, the accompanying regulations in 42 CFR §489.24 and the related requirements at 42 CFR 489.20(l), (m), (q), and (r). EMTALA requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination, and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition. The term "hospital" includes critical access hospitals. The provisions of EMTALA apply to all individuals (not just Medicare beneficiaries) who attempt to gain access to a hospital for emergency care. For purposes of this policy, emergency medical condition is defined within the meaning 42 U.S.C. 1395dd. **In no event will emergency medical care be denied to any patient presenting for such care and nothing in this policy shall be construed to permit the denial of such care regardless of the patient's Financial Assistance status, insured status, ability to pay, current or past collections status, or delinquency of any debt.**

UNINSURED SELF-PAY DISCOUNT

All Uninsured patients receive a 30% discount on total charges. This discount is automatically applied to each uninsured account's charges at the time of billing and is independent of the Financial Assistance process; however, if a patient is approved for Financial Assistance, the initial self-pay discount will be reversed so that the full amount, which is greater than the initial self-pay discount, is recognized as a Financial Assistance discount. In addition, if insurance coverage is subsequently identified to cover any account previously identified as uninsured and not otherwise eligible for Financial Assistance, the

Uninsured Discount will be reversed as the rate and discounts negotiated with the insurer will take precedence and be applied to the account in lieu of the Uninsured Discount.

NON-DISCRIMINATION

VHS Financial Assistance is based on an individualized determination of the financial need of the patient and does not take into account age, gender, race, national origin, sexual orientation, religion or political affiliation.

GENERAL RULES GOVERNING THIS POLICY

A. **Only Medically Necessary** care, as defined by Medicare (generally, services or items reasonable and necessary for the diagnosis or treatment of illness or injury), and provided by the providers listed on Appendix A will be covered under VHS Financial Assistance. Bariatric services, cosmetic procedures and certain other services are not covered by the VHS Financial Assistance Policy. Services deemed not medically necessary are not covered by this policy. These are generally services that are excluded from Medicare, Medicaid, commercial insurance, or other coverage because they are deemed not to be medically necessary. Financial Assistance cannot be used to circumvent the patient's or referring provider's contractual obligations under insurance or payer contracts, such as pre-authorization, more conservative treatment, network requirements, etc.

B. **The Financial Assistance determination will be based on the patient's current financial situation and needs**.

C. **Duration**:

1. If approved, Financial Assistance coverage will continue at the level determined for a period of 180 days (six months) following the determination date, unless one of the following events, which would warrant earlier redetermination, occurs:
    a. VHS is notified by any means that the patient has experienced a significant change in their medical condition.
    b. VHS is notified by any means that the patient has experienced a significant change in their financial condition.
2. If, at the end of an approved 180 day period, additional medical need is anticipated, Patients may apply for additional 180 day periods.
3. Multiple/past episodes of care may be considered on a single Financial Assistance Application; however,
    a. Services greater than 240 days from the date of the first post-service billing statement prior to the date that the patient initially submits the Financial Assistance Application will not be considered for Financial Assistance unless the patient has maintained a current payment plan but recent changes in the patient's financial or medical condition has created greater hardship.
    b. In cases of demonstrated, extreme hardship, the 240 day period may be extended.
    c. Applications for Financial Assistance should be submitted as soon as possible in order to avoid expiration of the time limit above.

D. **Privacy**: Privacy rules and regulations require that Financial Assistance and Financial Counseling may only discuss patient financial needs with the patient, legal guardian, or other

authorized caregivers. VHS Financial Counselors and all VHS staff are bound by federal and state laws as well as by VHS policy to maintain the confidentiality of any requests for Financial Assistance and any financial or personal information obtained in accordance with such laws and policy.

Residency: All United States citizens, permanent residents of the United States, and individuals who intend to stay in the United States as permanent residents are eligible for Financial Assistance. Patients who do not intend to remain permanently in the United States, or are in the United States on a student visa or tourist visa are not eligible for VHS Financial Assistance.

E. **Patient responsibility to apply for other assistance programs, including Medical Assistance, or subsidized insurance**: If VHS Financial Counselors reasonably believe that a patient may be eligible for Medical Assistance or other assistance program, that patient's Financial Assistance Application may be suspended pending the patient's good-faith cooperation and completion of the eligibility/enrollment process of Medical Assistance (Medicaid) or another assistance program. VHS maintains relationships with third party agencies that are available to assist in the application process. In the event that the patient is subsequently found not to be eligible after good-faith cooperation with the Medical Assistance eligibility process, VHS will resume processing the patient's Financial Assistance Application without any prejudice to the patient resulting from the delay. Good faith cooperation includes, but is not limited to, the initiation of the assistance program's application/enrollment process by the patient or guarantor within 14 days of referral by a VHS Financial Counselor, completion of the assistance program application, and provision of all documents required by the assistance program's application/enrollment process within the timeframes required by that program.

F. **Reasonable Efforts to determine eligibility and efforts to widely publicize availability of Financial Assistance**: VHS shall make reasonable efforts to identify patients who are eligible for Financial Assistance through the exercise of this Financial Assistance Policy, the exercise of the billing requirements described in the VH Patient Billing and Collections Policy (a copy of this policy may be obtained via the valleyhealthlink.com website or by calling the VH Financial Counselors), and VHS' efforts to widely publicize this policy. VHS' methods to widely publicize the availability of the Financial Assistance Policy include; but, are not limited to the following methods:

    1. The VHS Financial Assistance Application can be found online at **http://www.valleyhealthlink.com/charitycare**
    2. Paper copies of this Financial Assistance Policy and Financial Assistance Application are available without charge in the registration areas and Emergency Departments of each VHS facility.
    3. Notice of the availability Financial Assistance Policy and methods to obtain a copy of the policy are conspicuously posted in the registration areas and Emergency Departments of each VHS facility.
    4. Notice of the availability Financial Assistance Policy and methods to obtain a copy of the policy are conspicuously printed on VHS registration consent documents.
    5. Notice of the availability Financial Assistance Policy and methods to obtain a copy of the policy are conspicuously printed on all VHS patient billing statements.
    6. Verbal notice of the policy and an offer to provide a written or electronic copy of Financial Assistance Policy and Financial Assistance Application will be made to those persons who give an indication of an inability to pay.

7. VHS will provide separate copies of the Plain Language Summary, including HOW TO APPLY, to community based organizations who serve individuals who are likely to require Financial Assistance.
8. Information about this Financial Assistance Policy will routinely be included in marketing and community benefit communications to the communities served by Valley Health.
9. Public notice or advertisement in the Winchester Star newspaper of the VHS primary service area at least once annually.

G. **Actions that may be taken in the event of non-payment:** In accordance with the VHS Collection Agencies and Bad Debt Recoveries Policy, and summarizing the pertinent aspects of that policy here:

1. For hospital accounts: Self-pay liability accounts that remain unpaid after a minimum of four (4) statements have been sent to the patient AND 120 days have elapsed since the date of the first statement sent to the patient are designated as delinquent.

2. For physician accounts: Self-pay liability accounts that remain unpaid after a minimum of three (3) statements have been sent to the patient AND 90 days have elapsed since the date of the first statement sent to the patient are designated as delinquent.

3. Accounts designated as delinquent are eligible for transfer to a bad debt status and placement with a collection agency or collection attorney as a delinquent accounts unless the account has:

    a. A satisfactory, current payment plan, or,

    b. An in process or approved Financial Assistance Application, or,

    c. An in process Medical Assistance or other assistance program application.

4. **Extraordinary Collection Actions (ECA's):** Valley Health may exercise one or more of the following ECA's after an account has been declared delinquent. All other ECA's are prohibited by Valley Health policy:

    a. External Collections Placement: Place delinquent accounts with an external collection agency or attorney after an account has been designated as delinquent. In accordance with the Fair Debt Collections Practice Act (FDCPA), the collection agency or attorney will send written notice to the debtor/patient of placement and the patient's rights under the FDCPA to contest the debt in writing within 30 days of the notice.

    b. Credit Bureau Reporting: After expiration of the FDCPA mandated right to contest described above, Valley Health, through its external collection agent, may report the delinquent debt to third-part credit bureaus.

    c. Suit for judgment: After expiration of the FDCPA mandated right to contest described above, after exhausting other reasonable collection efforts, and in accordance with jurisdictional notice provisions, court rules, as well as, local, state, and federal regulations, Valley Health, through its collection agent, may file suit for judgment to collect delinquent debts. Valley Health reserves the right to execute awarded judgments through

garnishments, liens and attachments on real and personal property, and any other relief to which Valley Health would be entitled under law and/or equity.

H. **Pre-negotiated rates**: Patients receiving pre-negotiated discounts (i.e. services provided under a package pricing agreement with the patient, such as bariatric and cosmetic procedures) for services will not be eligible for Financial Assistance.

I. **Other sources of information that may be used to assist in determination of Financial Assistance eligibility and Presumptive Eligibility**: VHS reserves the right to verify assets, income, and liabilities, as well as to utilize credit reports and/or proprietary or third-party "ability to pay" analytical data to identify patients for whom the totality of their credit history, payment history, employment status, insured status, public assistance program enrollment, and other factors that may provide a strong indication of the patient's ability to pay. VHS further reserves the right to utilize such data to identify patients indicated by the data to be indigent and who would clearly qualify for Financial Assistance had they applied for such assistance, in order to grant these individuals presumptive financial assistance. Because VHS (a) does not utilize such analytical tools at all times and for all self-pay populations, (b) these analytical tools do not identify all indigent cases, patients are strongly cautioned not to rely on the presumptive eligibility process to identify their financial need, (c) Presumptive eligibility will generally be given only on an individual visit or account specific basis as determined by the information available to assess the individual visit or account; and, as such, the 180 day approval duration, (described in paragraph C. "**Duration**" of this policy), does not apply to Financial Assistance given on the basis of presumptive eligibility. Further, because the basis for providing presumptive Financial Assistance is often based, at least in part, on an inability to communicate with the patient or guarantor, Financial Assistance approval letters for presumptive eligibility will only be provided on request. Presumptive eligibility will also be granted in the following situations without the need to complete a full Financial Assistance Application:

    1. The patient is deceased without an estate ; or,
    2. The patient is known to be homeless and without means of support; or,
    3. The patient is covered by an out of state Medicaid program in which Valley Health does not participate; or,
    4. Based solely on receipt of a referral form or provider order, from a recognized Free Clinic in the Valley Health Primary Service Area, for basic outpatient medically necessary diagnostic services provided at Valley Health hospital or diagnostic facilities and limited to basic laboratory services and basic imaging services. For the purpose of this paragraph, (a) limited laboratory services are laboratory tests that are performed onsite in a Valley Health laboratory for which Valley Health individually charges less than $750 per test or $1000 for a series of the same test performed on the same date, and (b) basic imaging services are diagnostic imaging services that are not part of a more intensive treatment, e.g. as an emergency

department visit, observation stay, or surgery, and excludes the following advanced imaging services: Cat Scan, MRI, Nuclear Medicine, and PET Scans. Recognized Free Clinics in the Valley Health Primary Service Area are:

a. Good Samaritan Free Clinic (Martinsburg)
b. Page Free Clinic (Luray)
c. St. Luke's Free Medical Clinic (Front Royal)
d. Shenandoah Community Health Clinic (Woodstock)
e. Sinclair Health Clinic, f.k.a. Free Clinic of Northern Shenandoah Valley, Inc. (Winchester)

Income: Income is defined as total gross wages of the applicant and those of her/his legally responsible relatives who are aged 18 or older. The total countable income for this purpose includes all gross earned and unearned income, including:

A. Taxable employee wages
B. Self Employment income
C. Social Security benefits (SSA and Disability)
D. Railroad retirement benefits
E. Veteran's benefits
F. Dividend income
G. Interest income greater than $10/month
H. Any other predictable income, including:
    1. Alimony
    2. Structured settlements from lottery winnings, legal settlements, or other windfalls.
    3. Monthly income from trust funds for which the patient is a beneficiary
    4. Donations of income
    5. Workers Compensation benefits
    6. Unemployment Compensation
    7. Child Support
    8. Income by any other means derived unless specifically excluded below or by law.
    9. Excluded Income includes:
        a. Food Stamps

b. Any other public assistance program providing housing, food assistance, educational assistance, or healthcare assistance to the patient, guarantor, or their dependents.

c. SSI (Supplemental Security Income)

d. HUD Assistance under Section 8 or Section 23

e. Supplemental Food Assistance programs; e.g. school meal programs, WIC

f. Foster Care payments

g. Any grants or loans for undergraduate education

h. Title VII Nutritional Program for the Elderly

l. **Income Documentation:**

1. A copy of the most recent tax return(s) for all legally responsible family members who are age 18 or older.

    a. If the patient did not file a tax return, he/she must state on the Financial Assistance Application that they did file a tax return. Such statement may be subject to verification through the Internal Revenue Service.

    b. If the number of family members claimed on a Financial Assistance Application exceeds the total number of filers and dependents claimed on the submitted tax returns, the FAA will be denied pending submission of tax returns covering all claimed family members unless documentation can be provided that reasonably demonstrates that the increase in the number of dependents was for a reason other than obtaining a higher Financial Assistance award. Such documentation can include; but, is not limited to: birth certificates, documentation of adoption, court-ordered changes in custody, or court-appointed guardianship.

    c. If husband and wife filed separately, both tax returns are required.

    d. If a Financial Assistance Application is submitted after April 15th, the current year's tax return will be required. If an extension was requested, a copy of the extension and the estimated tax return is required.

2. Copies of one month's pay stubs for the most recent month available for all legally responsible family members who are age 18 or older.

3. Written income verification from an employer if paid in cash.

4. Copies of bank statements of all checking, savings, and investment accounts for the two prior months.

5. Copies of stubs/statements of Social Security, pension, disability, workers

compensation, unemployment, and/or documentation of other sources of income.

6. Verification of alimony and/or child support.
7. If the basic living needs and expenses are being provided by another party, it must be stated either on the Financial Assistance Application or explained in a separate letter of support.
8. If no Income is listed on the Financial Assistance Application, the applicant must explain on the application how basic expenses are being paid.
9. Failure to comply with documentation requirements or reasonable explanation of sources of income may be interpreted as lack of good faith, which may result in denial of a Financial Assistance.

J. **Other Documentation**:

1. If the applicant is applying for Catastrophic Financial Assistance, as described later in this policy, proof of residency within the VHS primary or secondary service areas will be required.
2. The applicant must include copies of all outstanding VHS medical bills so that the VHS Financial Counselors can include all outstanding VHS medical debt. If the patient is applying for Catastrophic Financial Assistance, the applicant must include copies and a separate tabulation of all of outstanding medical debt from all non-VHS providers. In cases of Catastrophic Financial Assistance, non-VHS medical debt may be subject to verification and, if requested, the applicant must provide written consent for VHS to verify outstanding debts to the non-VHS medical providers.

K. **Support from a spouse, parent, or tax filer**:

1. Support from a spouse, parent (natural, adoptive, or step parent), or other tax filer claiming the patient as a dependent, and living in the home is presumed to be available to the applicant, especially as it pertains to the number of persons claimed as dependents on income tax forms for subsistence and included in the number of dependents calculation below.
2. Support from a spouse, parent, or other tax filer claiming the patient as a dependent and living in the home is presumed to be available to the spouse or dependent children under 21 who are living at home.

L. **Assets which may be considered as recoverable as part of the VHS Financial Assistance eligibility calculation**:

1. If the patient outstanding liability is five hundred dollars ($500.00) or greater Assets held as cash or cash equivalents (e.g. cash on hand, checking and savings accounts available for the personal use and benefit of the patient) exceeding three thousand dollars ($3,000.00). The first three thousand dollars ($3,000.00) is excluded from eligibility calculation. If family size as recorded on the FAA is greater than one, these

amounts will be increased by seven hundred fifty dollars ($750.00) for each additional family member. This threshold may be increased at the discretion of the Supervisor, Financial Counseling Dept., in the event of a documented, significant, and recent change in income status of the patient, such as recent loss of employment or the onset of catastrophic illness/injury likely to result in an extended period of income loss provided such assets are not the product of lump-sum awards or settlements in payment for injuries treated by VHS.

2. If the patient outstanding liability is ten thousand dollars ($10,000.00) or greater, the present value of stocks, bonds, and other investment instruments that are under the control of and available for the personal use and benefit of the patient and are eligible to be converted to cash, and are not held in accounts legally designated as retirement accounts shall be considered in the eligibility calculation.

3. If the patient outstanding liability is twenty five thousand dollars ($25,000.00) or greater, the present value of the total vested amount eligible for withdrawal from a 401K, 403B, IRA, Roth IRA and other retirement accounts if the total retirement account value exceeds one hundred thousand dollars ($100,000.00), the first one hundred thousand dollars ($100,000.00) being excluded from eligibility calculation. Only the retirement account value that is (1) in excess of one hundred thousand dollars ($100,000.00) and (2) available for withdraw according to the rules issued by the plan administrator and any applicable rules issued by the IRS.

4. Real Estate: If the patient outstanding liability is twenty five thousand dollars ($25,000.00) or greater, the following will be considered:

    a. Secondary homes, rental property, or any other real estate: Real estate equity in any amount exceeding twenty five thousand dollars ($25,000.00), calculated as the assessed real estate value less any outstanding mortgages, lines of credit, or other liens, shall be included in eligibility calculation. The first twenty five thousand dollars ($25,000.00) of equity will be excluded from the eligibility calculation.

    b. Equity in the patient's or guarantor's primary residence: Real estate equity in any amount exceeding one hundred thousand dollars ($100,000.00), calculated as the assessed real estate value less any outstanding mortgages, lines of credit, or other liens, shall be included in eligibility calculation. The first one hundred thousand dollars ($100,000.00) of equity will be excluded from the eligibility calculation.

5. Amounts currently invested in 529A ABLE Plans will not be included as assets in eligibility calculation; however, patient income currently allocated to investment contributions to such accounts will not be excluded from income calculations.

M. **Asset Verification**:

1. The level of asset verification is dependent upon the amount of Financial Assistance

requested.

2. In most cases, current account statements will suffice, subject to the discretion of the VHS Financial Counselor.
3. In the event that retirement plan assets need to be verified, a copy of the plan administrator's vesting and withdrawal rules will be required.
4. In the event that real estate equity assets (either primary residence or other) may be recoverable, a copy of the most recent real estate tax bill listing the assessed value and most recent mortgage statement, reflecting the mortgage balance, will be required. In rare cases concerning large outstanding medical balances, a new or recent appraisal may be required, in which case the appraised value will be utilized.

PARTICIPATING PROVIDERS AND COVERED ENTITIES

This policy only covers the medically necessary services provided by Valley Health System facilities and providers listed in Appendix A, *Providers Subject To Valley Health Financial Assistance Policy*. Providers not included or specifically excluded from this policy are not controlled by this policy and have no obligation under this policy. This policy does not include providers operated by Valley Regional Enterprises (VRE). VRE providers excluded from and not controlled by this policy are:

- Valley Home Care
- Gateway Home Care
- Occupational Health
- Valley Medical Transport
- Valley Urgent Care /Quick Care

STATEMENT OF PROCEDURE

A. The Financial Counseling process is initiated when VHS Financial Counselors receive a completed Financial Assistance Application for specific episode(s) of care or a "pre-need" application for need anticipated in the near future for a recently diagnosed medical condition.

B. When the Financial Counseling process is initiated: It is the responsibility of the VHS Financial Counselors to help the patient find the best and most practical method to cover the self-pay liability of outstanding or future medically necessary services. In order to do so, the Financial Counselor will interview and discuss the patient's Financial Assistance needs with the patient, guarantor, or authorized caregiver and:

1. Answer any questions related to the Financial Counseling process and Financial Assistance process.
2. Offer to send the patient copies the Financial Assistance Policy and Financial Assistance Application.
3. Attempt to assess the patient's current need based on information currently

available in order to provide an initial assessment of the programs for which the patient may be eligible.

4. Describe the kinds of assistance available as may be determined relevant to the patient's needs.
5. Attempt an initial screening for Medical Assistance and, if appropriate, make a referral to a Medical Assistance advocacy agency for additional screening and assistance with the Medical Assistance application process.
6. Identify any other assistance programs that may cover the patient's care,
7. Identify and refer the patient to any other sources of payment or assistance, e.g. Health Exchange plans, and refer the patient to an external ACA Certified Application Counselor if requested or believed appropriate.
8. If, based on information provided by the patient in the initial interview, it is obvious and recognized by the Financial Counselor and patient, that patient will not be qualify for any assistance program, including VHS Financial Assistance, the Financial Counselor should attempt to create a payment plan for the patient.
9. If, at any point, including after full review and determination of a completed Financial Assistance Application, it is determined that the patient still owes a remaining balance, installment payment plans remain available, and VHS Financial Counselors are available to assist in making such arrangements.

C. When a Financial Assistance Application is received, VHS will:

1. Route the application to the VHS Financial Counseling Department.
2. VHS Financial Counselors will
    a. Document receipt of the application in the hospital accounts receivable system notes.
    b. Submit a copy of the application and any supporting documentation/ correspondence to the scanning department to be attached to the account as digital images.
    c. For accounts placed with early-out or collection agency: Notify relevant agencies with whom the patient's accounts have been placed that a Financial Assistance Application has been received and instruct them to:
        i. Place a 30-day hold on all collection activities with the exception of normal dunning by statements.
        ii. Suspend all extraordinary collection activities (ECA) until the application is approved or denied by VHS.
    d. If any relevant patient accounts are at Statement Level 4 (i.e. in danger of

transferring to bad debt within the next 30 days), the Financial Counselor will re-set the Statement Level back to 3; thus, allowing a full 30 days to process the application.

e. Review the application for completeness and submission of all supporting documentation. If an application is not complete or is missing necessary supporting documentation, the application will be denied; however, the application will be reconsidered if the missing documentation is supplied within 30 days. A letter will be sent to the applicant (1) informing them that the application has been denied as incomplete; but, will be reconsidered if the missing information is supplied within 30 days; (2) specifically listing the items that are missing or otherwise specifically describing the defect or missing information; and, (3) informing the applicant of the due date, which shall be 30 days after the date of the letter. This period may be extended an additional 30 days, if at the discretion of the Financial Counseling Dept., it is believed that the applicant is acting in good faith and due diligence to obtain the missing information but such information is delayed for reasons outside of the control of the applicant. The Financial Counselor will follow or repeat steps i. and ii. above to ensure any further collection activities are suspended for 30 days until the next due date.

D. Calculation of Financial Assistance Eligibility:

1. Financial Assistance Eligibility is calculated by the assigned Financial Counselor when a complete Financial Assistance Application, with all necessary supporting documentation, has been received and the patient has complied with any requirement to be screened for or apply for Medical Assistance or any other assistance program.

2. Financial Assistance eligibility is generally based upon the patient's total income as a percentage of the Federal Poverty Level (FPL), also known as the Federal Poverty Guidelines, as published in the Federal Register for the current year. See Appendix B for the current year FPL table.

3. Amounts Generally Billed (AGB): Valley Health System assures that individuals eligible for Financial Assistance are billed no more than the Amounts Generally Billed to insured individuals. Valley Health System calculates the minimum discounts offered under this Financial Assistance Policy using the "look-back" method described in Internal Revenue Code, Section 501(r). Under that method, the minimum discount that must be provided for FAP-eligible individuals is calculated for each Valley Health System hospital facility and Covered Entity according to the formula in the chart below. For FAP-eligible uninsured patients, Financial Assistance discounts are applied to Gross Charges incurred. For underinsured FAP-eligible patients, the Financial Assistance discounts are applied to any out-of-pocket balance due from the patient after insurance, if the patient's insurer allows Valley Health System to

grant Financial Assistance on such balances. Financial Assistance discounts are based on this method and available through the Financial Assistance Policy. Valley Health's AGB % is calculated on a calendar year and the calculation is completed within 120 days after year end. The AGB rate effective at the time Financial Assistance is approved will be utilized to all eligible accounts.

Minimum Discount	=	1 – (12-Months of Total Allowed Claims for Medicare and All Private Health Insurers divided by: Associated Gross Charges)

a. Current and prior year AGB Rates:

i. The 2021 AGB = 44% (AGB-eligible patients receive a 56% AGB discount on total eligible charges).

ii. The 2022 AGB = 44% (AGB-eligible patients receive a 56% AGB discount on total eligible charges).

iii. The 2023 AGB = 45% (AGB-eligible patients receive a 55% AGB discount on total eligible charges).

4. For patients whose income falls within one of the income brackets specified in paragraphs 5, 6, or 7, below: The value of the portion of assets in excess of the excluded thresholds listed above under "**Assets which may be considered as recoverable as part of the VHS Financial Assistance eligibility calculation"** shall be considered as recoverable to satisfy outstanding medical debts after application of the AGB; and, shall reduce percentage-based calculations, including 100% calculations, of Financial Assistance by the amount of these recoverable assets; however, in no event shall the Financial Assistance reduction cause an uninsured patient liability to exceed the AGB.

5. Patients with a total income at or below 200% of the FPL and no recoverable assets are eligible for a 100% Financial Assistance discount. If there are recoverable assets, the Financial Assistance discount shall be reduced by the amount of such assets; however, such reduction shall be limited so as not to increase an uninsured patient liability above the AGB.

6. Patients with a total income between 200% - 300% of the FPL are eligible for a sliding scale discount based upon the patient balance owed at the AGB rate. If there are recoverable assets, the Financial Assistance discount shall be reduced by the amount of such assets; however, such reduction shall be limited so as not to increase an uninsured patient liability above the AGB. The sliding scale adjustment is calculated according to the following formula:

a. Determine AGB Amount:

i. For Uninsured Patients: The patient amount owed (after reversal of any Uninsured Discount) multiplied by current year AGB % (Total Charges x AGB).

ii. For Insured Patients: The Lesser of Total Charges x AGB Discount OR Patient Responsibility amount after insurance.

b. Calculate the difference of patient actual percentage of FPL minus 200% (FPL % - 200%)

c. The Patient Sliding Scale Amount = (a. x b.) + Any Recoverable Assets Amount.

d. The patient balance after sliding scale = the lesser of a. (AGB) or c. Above.

7. Catastrophic Financial Assistance: Catastrophic Financial Assistance is available for patients who live in VHS's primary and secondary service areas (see Appendix C) with combined income between 301% and 500% of FPL, and who, as the result of catastrophic injury or illness of one or more family members, have significant medically necessary medical debt in relation to household income and other potentially available resources. In such circumstances, patient responsibility will be limited to 30% of total annual income or AGB, whichever is less, after application of any recoverable assets to the amounts owed. Patients must meet the following criteria to qualify for this assistance:

    a. Must be a documented resident of the VHS primary service area,

    b. Must not be eligible for any insurance, governmental assistance program, or other sources of payment that would cover the outstanding medical debt,

    c. Must have annual Family Income between 301% and 500% of the applicable Federal Poverty Guidelines based on family size,

    d. The amount of any recoverable assets will be expected to be paid against such outstanding medical debt to VHS and any award determination will be reduced by the amount of such recoverable assets.

    e. Total patient liability on account(s) must exceed $25,000.

E. Notification of Approval: With the exception of Presumptive Financial Assistance, If Financial Assistance is approved, initial approval notification letter(s) will be mailed to the applicant detailing the level of coverage and remaining balance due on outstanding accounts, if any, after partial adjustment. Approval letters will not be sent on new patient balances created after the FAP approval date unless specifically requested. Approval letters will not be sent in cases of Presumptive Financial Assistance unless specifically requested.

F. Appeal: An unfavorable determination of Financial Assistance coverage, either a complete denial, or a determination of coverage at a level lower than the patient believes appropriate, may be appealed in writing with any new information to the **Supervisor, Financial Counseling Dept**., at the address specified above under "**HOW TO APPLY**". Appeals must be post-marked within 30 days of date of the unfavorable determination letter. The Supervisor shall review the

application, supporting documentation, and any newly supplied information, and issue a redetermination or confirm the prior determination within 30 days of receipt of the appeal.

AUTHORITY TO REVISE POLICY

This policy is authorized by the Valley Health Board of Trustees. Per Board resolution, the Board grants approval to Valley Health senior administration to revise the policy as may be required due to changes in federal or state laws or organizational needs; provided however that the policy must at all times comply with the Affordable Care Act (ACA) and applicable sections of the Internal Revenue Code (IRC), as well as any regulations promulgated under the ACA or IRC. Senior administration is further authorized to execute revised versions of the policy. The taking of any action by senior administration in connection with the Board's resolution and the execution of a revised policy will conclusively establish both senior management's authority from the Board and the Board's approval and ratification of the actions so taken.

End of policy.

All Revision Dates

01/2023, 01/2023, 03/2022, 04/2021, 04/2021, 06/2020, 06/2020, 03/2020, 11/2018, 11/2018, 08/2018, 07/2018, 06/2018

Attachments

Financial Assistance (FAP) Appendix A Providers Subject to Policy.pdf

Financial Assistance Application

Financial Assistance Policy (FAP) Appendix B FPL Table_2023

Financial Assistance Policy (FAP) Appendix C Primary and Secondary Service Areas.pdf

Approval Signatures

Step Description	Approver	Date
	Walt Sowers: CHIEF LEGAL AND COMPLIANCE OFFICER	10/2023
	Matthew Toomey: VP PFS	09/2023

Applicability

Hampshire Memorial Hospital, Northern West Virginia Home Health, Page Memorial Hospital, Shenandoah Memorial Hospital, Valley Health Surgery Center, Valley Health System, Valley Physician Enterprise, Valley Regional Enterprises, War Memorial Hospital, Warren Memorial Hospital, Winchester Medical Center

Regulatory Tags

501r, FAP, Financial Assistance, charity