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| <b>Approved By Signature Below:</b><br><br><hr/><br>Ricardo Talento, CFO |  |

## I. Purpose

Inova's mission is to provide world-class healthcare – every time, every touch – to each person in every community we have the privilege to serve. Pursuant to that mission and as a tax-exempt health care organization, Inova provides emergency and other medically necessary health care for individuals regardless of their ability to pay.

## II. Policy

Inova has established this Financial Assistance Policy (FAP) to manage its resources responsibly and to allow Inova to provide the appropriate level of assistance to the greatest number of persons in need. This policy also is designed to comply fully with any binding agreements with local governments and with all applicable state and federal laws and regulations, including Section 501(r) of the Internal Revenue Code.

Under this policy, financial assistance is provided for eligible individuals who receive emergency and other medically necessary services provided by each of Inova's hospital facilities and by other Covered Entities and Covered Providers.

The policy includes:

- Definitions of various terms used throughout this policy;
- A description of:
  - Financial assistance available for services covered by this policy,
  - Eligibility criteria that an individual must satisfy to receive each type/level of financial assistance,
  - How individuals may apply for financial assistance,
  - Information that Inova may use to establish eligibility that is obtained from sources other than the individuals seeking financial assistance,
  - Actions that Inova may take in the event of nonpayment,
  - How Inova will widely publicize the policy within the communities served by each hospital facility and by other Covered Entities,
  - How Inova determines Amounts Generally Billed (AGB), and
  - Basis for calculating amounts charged to patients eligible for financial assistance under this policy.

There are three Appendices to this policy:

- Appendix A provides applicable Federal Poverty Guidelines
- Appendix B specifies which Inova facilities and providers are and are not covered by this policy
- Appendix C specifies the comprehensive list of acceptable documentation for income and residency.

No Inova hospitals, entities, or providers covered by this policy will charge individuals eligible for financial assistance more than Amounts Generally Billed.

### **Governance**

This policy has been approved by authorized bodies for the facilities and entities to which it applies.

## **III. Definitions**

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

- **Amounts Generally Billed (AGB):** Under 501(r), a hospital may determine AGB by multiplying the hospital's gross charges for care by one or more percentages of gross charges (AGB percentages). A hospital facility must calculate its AGB percentage(s) at least annually by dividing the sum of all of its claims for emergency and other medically necessary care by the sum of the gross charges for those claims. For more information on Inova's computation of AGB, see page 8 of this policy or visit <https://www.inova.org/patient-and-visitor-information/financial-assistance>.
- **Covered Entities:** The Inova entities that provide emergency and/or other medically necessary care and to which this Financial Assistance Policy applies, include:
  - Inova Hospital Facilities:
    - Inova Alexandria Hospital
    - Inova Fair Oaks Hospital
    - Inova Fairfax Medical Campus
    - Inova Loudoun Hospital
    - Inova Mount Vernon Hospital
    - Inova Loudoun Ambulatory Surgery Center
    - Inova Ambulatory Surgery Center at Lorton
    - Inova McLean Ambulatory Surgery Center
    - Inova Northern Virginia Surgery Center
    - Inova Franconia-Springfield Surgery Center
  - Other Inova Ambulatory Facilities:
    - Inova Cares Clinic for Children
    - Inova Cares Clinic for Women
    - Inova Cares Clinic for Families
    - Inova Cares Clinic for Community Bridging
    - Inova Cares Clinic for Behavioral Health
    - Inova Juniper Program
    - Inova Kellar Center
    - Inova Emergency Care Centers
  - Selected Inova Medical Group Physician Practices (see Appendix B)
- **Covered Providers:** The subset of Inova-affiliated physicians and other providers to which this Financial Assistance Policy applies. See Appendix B for a full list of Covered Entities.

- **Eligible Services:** Services provided by Inova's Covered Entities and Covered Providers which are eligible for financial assistance, including: (1) emergency medical services provided in an emergency room setting; (2) services provided in response to life-threatening circumstances in a non-emergency room setting; and (3) other Medically Necessary services.
- **Emergency Medical Conditions:** Medicare participating hospitals must meet the Emergency Medical Treatment and Labor Act (EMTALA) requirements codified in section 1867 of the Social Security Act (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 will be construed to permit the denial of such care regardless of the patient's/guarantor's financial assistance status, insured status, ability to pay, current or past collection status, or delinquency of any debt.
- **Family:** For the purpose of applying the provisions of this policy dependents claimed on a patient's most recent federal income tax return or other individuals covered under the patient's current health insurance plan(s) are considered family members of the patient. Income verifications will be requested for anyone listed as providing financial support to the patient, for purposes of determining FAP-eligible income.
- **FAP-Eligible Income:** Income is determined as follows:
  - Determined on a before-tax basis;
  - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
  - Excludes capital losses; and
  - Following IRS guidelines, if a family member has claimed that patient on their income tax return, then the family member's/guarantor's income should be included.

A comprehensive list of acceptable documentation is available in Appendix C.
- **FAP-Eligible Individual:** A patient and/or guarantor (a person or entity responsible for paying for patient's medical care) that Inova has determined is eligible to receive financial assistance pursuant to this Financial Assistance Policy.
- **Federal Poverty Guidelines (FPG):** Poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services (see Appendix A).
- **Financial Assistance:** Financial assistance includes free or discounted health services provided to persons who meet Inova's criteria for financial assistance and are unable to pay for all or a portion of services provided. Financial assistance does not include the following:
  - bad debt or uncollectible charges that Inova recorded as revenue but subsequently expensed due to a patient's failure to pay;
  - the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom;
  - self-pay discounts; or
  - contractual adjustments with any third-party payers.
- **Gross Charges:** The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.
- **Income Documentation:** Acceptable documentation of FAP-eligible income must include at least one (1) of the following documents:

- Copy of the patient's and/or guarantor's most recent federal income tax return;
  - Copies of the 2 most recent pay stubs;
  - Another form of third-party income verification deemed acceptable to Inova as listed in Appendix C.
- **Medically Necessary:** Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of a patient. Bariatric services, cosmetic procedures, and certain other services are not covered by this Financial Assistance Policy.
  - **Uninsured:** The patient has no level of insurance or third-party resources to assist with meeting his/her payment obligations.
  - **Underinsured:** The patient has access to some level of insurance or third-party resources but still has out-of-pocket expenses that exceed his/her ability to pay.

## IV. Eligibility

### Eligibility Criteria and Financial Assistance Available

Inova provides financial assistance for individuals based on an assessment of their FAP-eligible income available assets, and eligibility for government sponsored or government subsidized health insurance programs. Financial assistance to the uninsured or underinsured for Eligible Services provided by an Inova hospital facility, Covered Entity, or Covered Provider is determined based on the criteria below.

#### 1. Financial assistance for emergency medical conditions or non-emergent, medically necessary services

Inova's financial assistance is intended to be a program of last resort for those who are unable to pay for emergency and medically necessary care. 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.

- A. **Residency Requirement:** Financial assistance for emergency medical conditions or non-emergent, medically necessary services is available for individuals who live in Virginia and have established residency for thirty (30) days or longer prior to the date eligible services are first rendered. Residency requirements will not apply to Inova Cares for Women, Children and Families. Both non-citizens and permanent residents are eligible to receive financial assistance, however patients in the United States on a tourist visa will only be considered for emergency care admissions.  
A comprehensive list of acceptable documentation is available in Appendix C.
- B. Three categories of financial assistance are available for individuals who satisfy the Residency Requirements outlined above and the income criteria below.
  1. **Uninsured Individuals:** A 100% financial assistance discount (free care) is available for uninsured patients with FAP-eligible income at or below 400% of the current Federal Poverty Guidelines (FPG).
  2. **Underinsured Individuals:** A 100% financial assistance discount (free care) is also available for insured individuals with FAP-eligible Incomes at or below 400% of the current FPG who have partial coverage (e.g., underinsured individuals who after receiving treatment are left with liabilities they are unable to pay), who otherwise meet eligibility criteria described in this policy, and whose insurer allows Inova to grant a financial assistance discount on their balances after insurance. Inova is unable to waive deductibles, coinsurance and/or other patient obligations for individuals that hold insurance plans under which Inova is not a participating provider.

3. **Catastrophic Financial Assistance:** Catastrophic financial assistance is available for patients with FAP-eligible Incomes over 400% of FPL (as defined in Appendix A), who, due to the nature and extent of services provided, have significant Inova care-related financial obligations with a remaining balance of more than 15% of their FAP-eligible Income after payment by all third parties or after the self-pay discount has been applied. In such circumstances, the patient responsibility will be limited to the lesser of the Amounts Generally Billed or 15% of FAP-eligible Income.

## **2. Pre-negotiated rates**

Patients receiving pre-negotiated discounts (package pricing) for services will not be eligible for financial assistance.

## **3. Non-discrimination**

The granting of financial assistance is based on an individualized determination of financial need, and does not take into account age, gender, gender identity, race, national origin, social or immigrant status, sexual orientation, or religious affiliation. Inova also provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance.

## **4. Requirement to apply for government sponsored or subsidized insurance or private insurance**

Inova financial assistance is not an insurance policy. Inova requires uninsured individuals to apply for government sponsored (e.g., Medicaid) or government subsidized health insurance or private insurance if Inova believes that these individuals may be eligible for those programs/plans, including traveler health programs or any organizational programs, such as those administered by foreign governments or international organizations/corporations for affiliated persons. Individuals with the ability to purchase health insurance either through a government sponsored plan or an employer-based plan will be required to do so, as a means of assuring their access to health care services, for their overall personal health, and for the protection of their assets. Securing insurance coverage helps people afford health care both for recent episodes of care and for ongoing services - which may or may not be provided by Inova.

## **5. Presumptive Financial Assistance**

- A. Inova recognizes that not every patient, or patient's guarantor, is able to complete the financial assistance application or provide the required documentation. In such cases, Inova may deem patients presumptively eligible for financial assistance by utilizing a third-party to review a patient's and/or guarantor's information to assess eligibility for financial assistance. These criteria may include, but not be limited to annual adjusted gross income, value of assets, and residence in impoverished area.
- B. Once accounts are deemed eligible through the Presumptive Financial Care process, the patient obligation amount in the account will receive a 100% financial assistance discount.
- C. Inova may deem individuals presumptively eligible if they demonstrate the following conditions or eligibility in the following means-tested programs including but not limited to:
  1. Homelessness;
  2. Deceased with no estate;
  3. Supplemental Nutrition Assistance Program (SNAP);
  4. Patients qualifying for Medicaid will be eligible for assistance associated with emergency or medically necessary services not covered by the Medicaid program;
  5. Patients qualifying for Local County Indigent Programs will be eligible for assistance associated with emergency or medically necessary services not covered by such program.
- D. Certain identified community partners with eligibility requirements and processes more stringent than Inova's can arrange for their patients to be exempt from providing the documentation required in this policy and its appendices.

## **6. Exceptions to this policy**

The Vice President Clinical Enterprise Operations Finance and Senior Vice President of Community Health have the authority to grant Financial Assistance up to 100% of charges incurred on a case-by-case basis to individuals who otherwise would not qualify for Financial Assistance under this policy.



Inova's values of human dignity and stewardship will be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance will be processed promptly and Inova will make reasonable efforts to notify the patient or applicant regarding eligibility determinations in writing within 30 days of receipt of a completed application.

For financial assistance to be granted by Inova, individuals must cooperate by providing requested information on a timely basis, by applying for government sponsored or government subsidized health insurance or any other insurance programs for which they may be eligible, and by paying any amounts due as required by payment plans established between the patient and Inova.

### **Use of information from sources other than individuals seeking financial assistance**

In determining eligibility, Inova may use information from sources other than the individual seeking financial assistance. This includes data from systems that:

- Help Inova identify individuals who may need financial assistance and who thus should be contacted to receive an Application;
- Help Inova validate the accuracy of information submitted by individuals in their Applications;
- Help Inova identify whether certain patients believed to be uninsured already have established eligibility for Medicaid or other third-party coverage; and/or
- Identify individuals as patients of a safety-net organization (e.g., a Federally Qualified Health Center) that already has income or other documentation that Inova may accept for purposes of determining eligibility for financial assistance.

### **Processes in the event of nonpayment**

Patients who have not applied for financial assistance under this policy are subject to Inova's normal billing and collections processes.

All patient responsibility portions of Inova's accounts will process through Inova's billing and collection systems for effective collections within federal and state guidelines. Patient responsibility portions will be processed through pre-billing, statement, and follow-up in automated and systematic steps. All collections actions will be in compliance with the Fair Debt Collection Practices Act, 501r guidelines and ACA International's Code of Ethics and Professional Responsibility.

Patients with unpaid balances will receive statements for 120 days. After 120 days, with no contact from the patient and without the establishment of acceptable payment terms, accounts will be transferred to a professional collection agency. If continued non-payment occurs beyond a reasonable period of time, Inova may take additional actions on the account.

If a patient wishes to make payment arrangements and does not have resources to pay the account in full, the patient should make Inova aware of their situation and Inova will offer payment plans.

No Inova entity or third-party collections agent will impose extraordinary collections actions ("ECAs") such as legal actions or adverse credit reporting against any patient, without first making reasonable efforts to determine whether that patient is eligible for financial assistance under this policy. These reasonable efforts include:

- Assuring that no ECAs are imposed for at least 120 days from the date of the first billing statement.
- Providing, at least 30-days before engaging in ECAs against an individual, a written notice to the individual that includes information about Inova's Financial Assistance Policy and about any intended ECAs to be taken in the event of nonpayment.
- Providing a copy of Inova's Plain Language Summary of its Financial Assistance Policy to the individual at least 30 days before engaging in such ECAs.
- Providing to the individual an oral notification of any intended ECAs to be imposed in the event of nonpayment at least 30 days before engaging in such ECAs.
- If a patient is determined to be eligible for financial assistance after payment is received or after an ECA has been imposed, the account will be adjusted and the collections action will be reversed.

- The Vice President of Revenue Cycle or his/her designee is responsible for determining whether Inova has made reasonable efforts to determine whether an individual is FAP-eligible and whether one or more ECAs may be imposed.

## VI. Communication related to policy

### How Inova will widely publicize this policy

Inova, together with each Inova entity, will widely publicize this Financial Assistance Policy, through the following means.

- Inova will make a link to this Financial Assistance Policy in its entirety, the Application for Financial Assistance, and a Plain Language Summary of the Financial Assistance Policy available on web sites for each hospital facility and Covered Entity.
- Paper copies of this policy, the Application for Financial Assistance, and/or the Plain Language Summary will be made available without charge upon request, in public locations, and by mail.
- A Plain Language Summary of the Financial Assistance Policy will be offered as part of the intake or discharge process, so that all patients including those who are uninsured, underinsured or classified as self-pay will be informed of the policy.
- The Financial Assistance Policy, the Application for Financial Assistance, and a Plain Language Summary of the Financial Assistance Policy will be translated for significant populations (the lesser of 1,000 individuals or 5 percent of the community served by each Inova hospital facility) that have limited English proficiency.
- Billing statements and Conditions of Admission forms will include a conspicuous written notice regarding the Financial Assistance Policy (including the phone number of the Inova department that can provide information about financial assistance).
- Verbal and written explanations of the policy also will be made to those persons who give an indication of an inability to pay for services.
- Inova will assure that the Financial Assistance Policy is described in conspicuous public displays in public locations in each Inova hospital facility and Covered Entity, including the emergency room and admissions and registration areas.
- Inova will provide copies of the Plain Language Summary to community-based organizations (e.g., Federally Qualified Health Centers and other safety net clinics) who serve individuals most likely to require Financial Assistance.
- Information about this Financial Assistance Policy routinely will be included in marketing and community benefit communications to the communities served by Inova.

## VII. Additional regulatory information

### Amounts Generally Billed (AGB)

Inova Health System assures that individuals eligible for financial assistance are billed no more than the Amounts Generally Billed to insured individuals. Inova 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 Inova Health System hospital facility and Covered Entity as follows:

- Inova Health System determines the amount generally billed (AGB) using the look-back method.
- The AGB is calculated for each Inova hospital facility and the most generous AGB discount calculated is then applied system wide.
- The AGB is calculated using all claims allowed by both private pay insurers (including Medicare HMO) and Medicare (traditional and fee-for-service) for both inpatient and outpatient services. Payers excluded from the calculation include Medicaid, Medicaid Pending, charity and self-pay.

- The result of the AGB calculation provides the maximum percentage of gross charges that a FAP-eligible individual will be asked to pay (with the inverse representing the minimum Financial Assistance discount to be offered).
- The AGB is computed April 1 of each year for the prior 12-month fiscal year ending December 31. Any changes to the AGB calculation that result from the updated computation are to be implemented within 120 days of that date.

For more information regarding the AGB and computation (available free of charge) please (1) call Inova's Financial Assistance Department at the number listed in the Plain Language Summary, (2) send a written request to the address in the Plain Language Summary, or (3) visit <https://www.inova.org/patient-and-visitor-information/financial-assistance>.

### **Regulatory Requirements**

All Inova hospital facilities, Covered Entities, and Covered Providers will comply with all applicable federal, state, and local laws, rules, binding agreements and regulations when implementing or conducting activities pursuant to this policy.