

Policy Title: Financial Assistance Policy	Version Number: 6
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Approved By Signature Below: _____ Alice Pope, CFO	

I. Purpose

Inova's mission is to provide world-class healthcare – everytime, 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) in order 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 individual's 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 10 of this policy. For more information regarding the AGB and/or computation (available free of charge) please contact Inova's Financial Assistance Department at 571-423-5880.
- **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 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 and Covered Providers.
- **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:** According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they are considered family members for purposes of the provision of Financial Assistance. Inova follows the same guidance for its determination. Income verifications will be requested for significant others if they are listed on the application as support.
- **Family Income:** Family 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, they are considered family members and such family members' income should be included.

A comprehensive list of acceptable documentation is available in Appendix C.

- **FAP-Eligible Individual:** An individual 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: 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 or prompt 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 Family Income must include at least one (1) of the following documents:
 - Copy of the most recent tax return;
 - Copies of the 2 most recent pay stubs;
 - One other form of third party income verification deemed acceptable to Inova, such as a home lease or purchase application, automobile lease or loan application, or other application requiring income verification.

A comprehensive list of acceptable documentation is available 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.
- **Inova Service Area:** The geographic area served by Inova – for the purposes of this policy coverage will include the state of Virginia.
- **Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
- **Underinsured:** The patient has some level of insurance or third-party assistance 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 household 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 Program 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 Clinics for Women, Children, and Families.

Individuals may prove residency in Virginia by showing one (1) items from the list below that include a current address:

- Virginia Driver's License or State-Issued ID card
- Monthly bank statement. Must be issued by a bank 30 days or longer prior to services;
- Current automobile or life insurance bill;
- U.S. Internal Revenue Service (IRS) tax reporting W-2 form or 1099 form not more than 18 months old;
- U.S. or Virginia income tax return from the previous year;
- Utility bill issued to applicant. Examples include gas, electric, sewer, water, cable or phone bill;
- Lease agreement;
- Virginia Voter Registration Card mailed to applicant by local registrar;
- Receipt for personal property taxes or real estate taxes paid within the last year to the Commonwealth of Virginia or a Virginia locality;
- Virginia Department of Education Certificate of Enrollment form; and/or
- Certified copy of school records/transcripts issued by a school accredited by a U.S. state jurisdiction or territory.
- Notarized letter of residency

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 Family Incomes 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 Family 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 who do not qualify for free care based on the criteria above, who, due to the nature and extent of services provided, have significant care-related financial obligations in relation to household income and other potentially available resources. In such circumstances, the patient responsibility will be limited to the lesser of 15% of Family Income or the Amounts Generally Billed.

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.

The Inova Financial Assistance Program 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.

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, or the patient's Guarantor's, information to assess eligibility for financial assistance.
- 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:
 1. Homelessness;
 2. Deceased with no estate;
 3. Supplemental Nutrition Assistance Program (SNAP);

4. Patients qualifying for Emergency 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.

6. Exceptions to this Policy

The Vice President of Revenue Cycle, Vice President of Population Health and Vice Presidents of Finance of each Inova facility have the authority to grant financial assistance on a case-by-case basis to individuals who otherwise would not qualify for financial assistance under this Policy.

7. Eligibility if Individuals are Denied Government Coverage.

Financial Assistance is available to low-income patients who applied for government sponsored or government subsidized health insurance but subsequently were denied coverage due to excess income or resources, and/or because they have not met the emergency/disability requirements for those insurance programs.

8. Patient right to appeal.

If a patient disagrees with Inova's Financial Assistance eligibility determination, the patient may appeal in writing within 45 days of the determination. Inova's Financial Aid Office will review the appeal and will communicate a final decision within 60 days.

V. Application Procedure

How to Apply for Financial Assistance

Inova grants Financial Assistance based on a completed Application for Financial Assistance (the Application). The Application and additional information about Inova's Financial Assistance Policy are available online at <http://www.inova.org/patient-and-visitor-information/financial-help/index.jsp>.

The Application requires Income Documentation as well as information about certain assets (retirement account balances, bank account balances, whether applicants own or rent their place of residence). Individuals must complete the Application and return the completed form along with required documentation to:

Inova Patient Financial Services
8095 Innovation Park Drive, Suite 501
Fairfax, VA 22031

Individuals can obtain assistance with the application process by contacting the Financial Assistance Department at 571-423-5880.

Applications for Financial Assistance should be submitted as soon as possible, and will be accepted for up to 240 days from the date of the first post-services billing statement. If a complete Application for Financial Assistance is submitted prior to 240 days from the first statement, Inova will make a determination as to FAP-eligibility and will notify the applicant in writing regarding the assistance for

which the individual is eligible. If an incomplete Application for Financial Assistance is submitted, Inova will provide a written notice that describes the information or documentation needed to complete the Application.

Financial Assistance determinations are valid until the last day of the sixth (6th) month following the date of the first eligible service. Patients will not be required to reapply for Financial Assistance during that six-month period; however, patients returning for inpatient services may be asked to reapply for government sponsored or government subsidized health insurance for which they may be eligible.

The need for Financial Assistance will be re-evaluated at each subsequent time that Eligible Services are provided if the Application for Financial Assistance on file is invalid.

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 for assistance;
- Help Inova validate the accuracy of information submitted by individuals in their applications for Financial Assistance;
- 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 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 and ACA International's Code of Ethics and Professional Responsibility.

Patients 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 a 30-day written notice that includes information about Inova's Financial Assistance Policy and about any intended ECAs to be imposed in the event of nonpayment.
- Providing oral notification of any intended ECAs to be imposed in the event of nonpayment.
- 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 Operations 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. Communications 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 (FAP) in its entirety, the Application for Financial Assistance, and a Plain Language Summary of the FAP 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 FAP 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 FAP, the Application for Financial Assistance, and a Plain Language Summary of the FAP 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 FAP (including the phone number of an 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; and
- 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 contact Inova’s Financial Assistance Department at 571-423-5880.

Regulatory Requirements

In implementing this Policy, all Inova hospital facilities, Covered Entities, and Covered Providers will comply with all other federal, state, and local laws, rules, binding agreements, and regulations that apply to activities conducted pursuant to this Policy.