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Resource	Edward Rowan: Director, Tax & Payroll
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Regulatory Tags	501r, FAP, Financial Assistance + 1 more

Financial Assistance Policy

I. Policy

This Financial Assistance Policy applies to all emergencies and other medically necessary care provided by Valley Health.

II. Purpose

This Policy applies to the following locations in the United States of America ("USA"): Winchester Medical Center, Warren Memorial Hospital, Shenandoah Memorial Hospital, Page Memorial Hospital, Hampshire Memorial Hospital and War Memorial Hospital

Members of the public may readily obtain copies of the policies, plain language summary, and financial assistance application free of charge online at http://www.valleyhealthlink.com/charitycare.

III. Policy Details (Supporting Points)

Services Eligible for Valley Health HFA:

This policy applies to all emergency and other medically necessary care provided by Valley Health medical practice locations.

See Attachment 4 for locations that are included or excluded from the Valley Health HFA

Emergency Medical Care:

- Emergency Medical Treatment and Labor Act (EMTALA) statute codified at §1867 of the Social Security Act, 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. **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.**

  The following services are not covered under this policy:

  - Items deemed "not medically necessary"
  - 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

Eligibility Criteria:

- Income
  - To apply, a patient or family member must complete an application including gross income for a minimum of 3 months (up to 12 months) prior to the date of application or date of service. Proof of income is required with the exception of patients who qualify for presumptive eligibility detailed below. See the Application Process for HFA section below for details.
  - Third party income scoring may be used to verify income in situations where income verification is unable to be obtained through other methods.
- Assets
  - There are situations where individuals may not have reported income but have significant assets available to pay for healthcare services. In these situations, we may evaluate and require documented proof of any assets that are categorized as convertible to cash and unnecessary for the patient's essential daily living expenses.
- Federal Poverty Guidelines
  - Eligibility is based upon expanded income levels of up to 500% of FPG when care is provided by the hospital. Approval is based upon the number of family members, inclusive of natural or adoptive children under 18, and family gross income.
  - If a dependent is disabled and over the age of eighteen, he/she may be included in family size the application.
  - The FPGs in effect on the date of service are in effect for the application process. They are issued each year in the *Federal Register* by the **Department of Health and Human Services** (HHS).
  - The current and historical FPGs are available at https://aspe.hhs.gov/topics/

poverty-economic-mobility/poverty-guidelines.

- Individuals with an income level at 200% FPG or below receives free care when services are provided in a hospital or physician's office. FPG income levels will be updated annually.

Financial Assistance for Catastrophic Situations:

- Financial assistance for a catastrophic situation is available under this policy.
- Catastrophic financial assistance is defined as a patient that has medical or hospital bills after payment by all third parties that exceed 25% of the patient's total Reported Income and the patient is unable to pay the remaining bill.
- To begin the financial assistance process, a financial assistance application should be submitted. See the Application Process section above.

Individuals with an income level at or below 500% receives discounted care based on the table below:

Applicant's Income	Amount of Financial Assistance
At or below 200% of the Federal Poverty Guidelines	The applicant is eligible for 100% assistance and all charges are waived.
Between 201-500% of the Federal Poverty Guidelines	The applicant is eligible for a 75% discount of gross charges.
Total charges exceed 25% of the applicant's annual income	The applicant is eligible for 100% assistance and all charges are waived.

- 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.
- Determination
  - Upon receipt of the signed application, the information will be reviewed, income verified, and an eligibility determination will be made. The patient will be notified in writing of the determination.
- Presumptive Eligibility
  - Patients are presumed to be eligible for financial assistance based on individual life circumstances including but not limited to:
    - Patient's income is below 200% Federal Poverty Guidelines and considered self-pay;
    - SNF patients - If discharged to SNF and patient and or legal guardian is unable to comply with application process

        - Deceased patients
        - State-funded prescription programs;
        - Homeless or received care from a homeless clinic;
        - Participation in Women, Infants and Children programs (WIC);
        - Food stamp eligibility;
        - Subsidized school lunch program eligibility;
        - Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
        - Patients that are referred through a National Association of Free Clinics;
        - Medicaid Eligible Patients, when the following criteria apply:
            - Medicaid eligibility requirements are met after the service is provided;
            - Non-covered charges occur on a Medicaid eligible encounter; and
            - The provider is not credentialed or contracted.
        - Low income/subsidized housing is provided as a valid address; or
        - Other significant barriers are present.
    - Patients determined to have presumptive financial assistance eligibility will be provided 100% financial assistance.
    - Patients determined to have presumptive financial assistance eligibility will not be required to meet income criteria, asset eligibility criteria, or fill out a financial assistance application.
    - Valley Health may utilize available resources (e.g. technology solutions, service organizations, etc.) to obtain such information as credit score to assist in determining whether a patient is presumed eligible for financial assistance.

- Cooperation
    - Patients/guarantors shall cooperate in supplying all third-party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
    - While the application is being processed, it will be requested that patients who may be Medicaid-eligible apply for Medicaid. To receive assistance, the patient must apply for Medicaid and be denied for any reason other than the following:
        - Did not apply;
        - Did not follow through with the application process;
        - Did not provide requested verifications.

- Accuracy of Application
    - Financial assistance may be denied under this policy if there is reasonable suspicion of the accuracy of an application. If the patient/guarantor supplies the

needed documentation and/or information requested to clarify the application, the financial assistance request may be reconsidered. Reconsideration will be reviewed and handled on a case-by-case basis.

- **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.

Application Process for Valley Health HFA:

- Application forms are made available in Registration areas to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting Customer Service as indicated in the contact list at the end of this policy. A patient has 240 days from post discharge date to apply for financial assistance.
    - If the patient is unable to sign due to their medical condition, the form may be signed by the guarantor, the person providing the financial information (state their relationship to the patient) or the Financial Counselor/Public Benefits Representative documenting the form either in writing or verbally by phone. The form should be documented "the patient is unable to sign due to medical condition".
- Public Benefits may accept verbal clarifications of income, family size or any information that may be unclear on an application.
- Approved applications will be honored for a period of 365 days from the application approval date and will go back 240 days retrospectively to prior dates of service.
- Verification of income may contain the following information:
    - Income tax return – from the most recent filing year
    - Taxable employee wages
        - Copies of 3 month's pay stubs for the most recent month available
        - Written income verification from an employer if paid in cash
    - If no income - signed attestation
    - Self-Employment income – Profit/Loss
    - Social Security benefits (SSA and Disability)
    - Checking and Savings accounts
        - Complete copies for the most recent 3 month's
    - Railroad retirement benefits
    - Veteran's benefits
    - Dividend income
    - Any other predictable income, including:
        - Alimony
        - Structured settlements from lottery winnings, legal settlements, or other windfalls.

        - Monthly income from trust funds for which the patient is a beneficiary
        - Donations of income
        - Workers Compensation benefits
        - Unemployment Compensation
        - Child Support
        - Income by any other means derived unless specifically excluded below or by law.
    - Excluded Income includes:
        - Food Stamps
        - Any other public assistance program providing housing, food assistance, educational assistance, or healthcare assistance to the patient, guarantor, or their dependents.
        - SSI (Supplemental Security Income)
        - HUD Assistance under Section 8 or Section 23
        - Supplemental Food Assistance programs, e.g. school meal programs, WIC
        - Foster Care payments
        - Any grants or loans for undergraduate education
        - Title VII Nutritional Program for the Elderly

Basis for Calculating Amounts Charged to Patients:

- Valley Health shall not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- Valley Health uses the look-back method to calculate the Amount Generally Billed (AGB).
- At least annually, Valley Health will review and adjust sliding scale discounts applicable to patients with self-pay balances after insurance.

Actions Taken in the Event of Nonpayment:

- The actions that Valley Health may take in the event of nonpayment are described in a separate Billing and Collections Policy. Members of the public may obtain a free copy of this separate policy by contacting Customer Service as indicated in the contact list at the end of this policy.
- 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:
    - 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.

- 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-party credit bureaus.
- 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 the Financial Assistance Policy.

Measures to Widely Publicize the Financial Assistance Policy:

Valley Health makes this Financial Assistance Policy, application form, and plain language summary of the policy widely available on its website and implements additional measures to widely publicize the policy in communities served.

- The facilities offer a paper copy of the plain language summary of this Financial Assistance Policy to patients as requested; include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this Financial Assistance Policy; and have set up conspicuous public displays that notify and inform patients about this Financial Assistance Policy in public, including, at a minimum, the registration areas.
- Valley Health also accommodates all significant populations that have limited English proficiency by translating this Financial Assistance Policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

IV. Definitions

Client Name– Participating facility names

EMTALA – Federal Emergency Medical Treatment and Active Labor Act.

FPG – U.S. Department of Health & Human Services Federal Poverty Guidelines.

PFS – Patient Financial Services Department.

SNF – Skilled Nursing Facility.

V. Attachments

Attachment 1 – Contact Information Section

Attachment 2 – Amounts Generally Billed

Attachment 3 – Valley Health Locations – Included or Excluded from HFA

VI. Related Policies

Valley Health maintains a separate Billing and Collections Policy for emergency and medically necessary care provided at Valley Health hospital facilities. For further information, please see the following policies:

- Billing and Collections Policy – Hospitals

End of policy.

All Revision Dates

06/2025, 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

- Attachment 1 - Contact Information.docx
- Attachment 2 - Amounts Generally Billed.docx
- Attachment 3 - Valley Health Locations - Included or Excluded from HFA.docx

Approval Signatures

Step Description	Approver	Date
	Bob Amos: Chief Financial Officer	06/2025
	Walter Sowers: CHIEF LEGAL AND COMPLIANCE OFFICER	05/2025
	Edward Rowan: Director, Tax & Payroll	05/2025

Regulatory Tags

501r, FAP, Financial Assistance, charity