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# **FINANCIAL ASSISTANCE AND BILLING AND COLLECTION POLICY**

## **A. FINANCIAL ASSISTANCE POLICY**

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

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

This policy applies to emergency or other medically necessary services provided by Virginia Hospital Center, part of Virginia Hospital Center Arlington Health System, and by physicians directly employed by Virginia Hospital Center Physician Group, LLC for their services provided in the Hospital, as further described herein.

Virginia Hospital Center Arlington Health System's Financial Assistance Policy, Plain Language Summary and the Financial Assistance Application form can be viewed at [www.vhhealth.org/patients-visitors/billing-financial-assistance/](http://www.vhhealth.org/patients-visitors/billing-financial-assistance/).

## **B. PATIENT NOTICE OF FINANCIAL ASSISTANCE**

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

In an effort to make our patients, families and the broader community aware of our Financial Assistance program, Virginia Hospital Center Arlington Health System has taken a number of steps to widely publicize this policy, including, but not limited to: posting of conspicuous signage; development of a Plain Language Summary of the Financial Assistance Policy (PLS) and offering informational pamphlets regarding the Financial Assistance Policy at our Hospital's registration desks. This Financial Assistance Policy, Plain Language Summary, and Financial Assistance Application form are also available in English and multiple other languages on the Virginia Hospital Center Arlington Health System website [www.vhhealth.org](http://www.vhhealth.org) under the Patients & Visitors tab (under Financial Information).

## C. DEFINITIONS

### 1. AGB

AGB means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

### 2. APPLICATION PERIOD

Application Period means the period during which Virginia Hospital Center must accept and process an application for financial assistance under its FAP submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for financial assistance under the policy. The Application Period begins on the date the care is provided and ends on the latter of the 240<sup>th</sup> day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after Virginia Hospital Center provides the individual with a written notice that sets a deadline after which ECAs may be initiated.

### 3. BAD DEBT

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

### 4. CATASTROPHIC FINANCIAL ASSISTANCE

Catastrophic Financial Assistance is available for those patients that do not qualify for charity care as determined below and due to magnitude of the care provided, have significant financial obligations for that care relative to the household income of the patient. Individuals whose household income exceeds 200% of the federal poverty guidelines, and have a catastrophic illness or injury resulting in expenses that are greater than 25% of their annual income, may be eligible for a catastrophic charity adjustment. In these cases, the total obligation of the patient will be limited to AGB. A payment plan will be offered to patients qualifying for Catastrophic Financial Assistance per the Hospital's Self Pay Policy ([link](#)).

### 5. COVERED PROVIDERS

This policy applies to services provided by physicians directly employed by Virginia Hospital Center or its subsidiaries such as the Virginia Hospital Center Physician Group, LLC; and DOES NOT include services provided by independent physicians or physicians that act as independent contractors to Virginia Hospital Center, including emergency medicine physicians, anesthesiologists, radiologists, and pathologists. If you receive a physician bill from an independent physician or physician that acts as an independent contractor to Virginia Hospital Center, you must contact such physician's office to discuss the terms of payment for services received.

The list of providers who are covered by this policy, and a list of those who are not covered, is maintained in Virginia Hospital Center's provider list available at <https://www.virginiahospitalcenter.com/patients-visitors/billing-financial-assistance/>. If you have any questions regarding whether a physician is covered by this policy, or to obtain a copy of the provider list free of charge, please call the Financial Assistance Department at 703.558.2492. The provider list will be updated at least quarterly.

#### 6. ECAs

ECAs mean extraordinary collection actions – a list of collection activities as defined by the Internal Revenue Service and the U.S. Treasury that healthcare organizations may only take against an individual to obtain payment for care *after* reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions include, but are not limited to, reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.

#### 7. ELIGIBLE SERVICES

Services provided by the Virginia Hospital Center which are eligible for Financial Assistance include: (1) emergency medical services provided in an emergency room setting; (2) nonelective service provided in response to life-threatening circumstances in a nonemergency room setting; and (3) other Medically Necessary Care (defined in Section C.13 below) as based upon the clinical judgment of the healthcare provider without regard to the financial status of the patient.

#### 8. EMTALA

EMTALA means the federal Emergency Medical Treatment & Labor Act.

#### 9. FAP

FAP means the Virginia Hospital Center Arlington Health System Financial Assistance Policy.

#### 10. FINANCIAL ASSISTANCE

Aid is made available for Eligible Services (defined in Section C.7 above) provided to uninsured or underinsured patients whose household income is equal to or less than 200% of the published Federal Poverty Guidelines. Such eligible services are provided by Virginia Hospital Center without expectation of payment. Financial assistance does not include Bad Debt or contractual shortfalls from government programs, but may include insurance copayments or deductibles, or both. Please note that the Financial Assistance program offered at Virginia Hospital Center is **NOT** an insurance policy.

#### 11. HOSPITAL

Hospital means Virginia Hospital Center, part of the Virginia Hospital Center Arlington Health System.

#### 12. HOUSEHOLD

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

#### 13. MEDICALLY NECESSARY CARE

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

#### 14. UNDERINSURED

The patient has some level of insurance, third-party assistance, or third-party liability, but still has out-of-pocket expenses that exceed his/her financial abilities.

#### 15. UNINSURED

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

### **D. PRINCIPLES**

#### 1. FINANCIAL ASSISTANCE PROVISION

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

#### 2. NON-DISCRIMINATION

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

#### 3. ASSISTANCE IN COMPLETING APPLICATION

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

#### 4. PATIENT RESPONSIBILITY

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

### **E. COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE**

Virginia Hospital Center provides, without discrimination, care for emergency medical Conditions to individuals regardless of whether they are eligible for assistance under this policy. Virginia Hospital Center will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Virginia Hospital Center patients in a non-discriminatory manner, pursuant to Virginia Hospital Center's EMTALA policy.

### **F. APPLYING FOR FINANCIAL ASSISTANCE**

Patients may apply for financial assistance during the Application Period. One can apply for financial assistance by completing an application form and supplying the following documents:

- Two copies of your most recent pay stub(s) or a copy of your most recent income tax form (not more than 18 months old)
- Copy of lease (if applicable)
- Copy of your recent bank statements
- Amount of your family annual gross income
- Number of dependents in your family including yourself

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

Alternatively, printed copies of the Hospital's Financial Assistance Policy, its Plain Language Summary and the Financial Assistance Application form may also be obtained free of cost by visiting the Hospital registration desks, including the concierge desk located in the Hospital's main lobby. You can request a free copy to be mailed to you by calling the Financial Assistance department at 703.558.2492.

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



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Virginia Hospital Center Business Office  
Financial Assistance Department  
3601 Eisenhower Avenue  
Suite 270  
Alexandria, VA 22304

## **G. DETERMINATION OF ELIGIBILITY**

The Virginia Hospital Center Arlington Health System financial assistance program should be a program of last resort. Therefore, financial assistance applicants are expected to comply with any local, state or federal programs that may cover the cost of eligible care received.

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

Virginia Hospital Center does not provide financial assistance based on a sliding scale, but rather provides free care to all patients whose Household income is equal to or less than 200% of the Federal Poverty Guidelines. The income level needed to qualify for financial assistance is recalculated annually to reflect the then-current Federal Poverty Guidelines as published by the Federal Register. The table in **Attachment A** indicates the Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia that are in effect for the current calendar year.

## **H. BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS**

Following a determination of eligibility under this policy, a patient eligible for financial assistance will not be charged more for emergency or other medically necessary care than AGB. Virginia Hospital Center uses the Prospective Medicare Method to determine AGB. Under this method, AGB is calculated by using the billing and coding process Virginia Hospital Center would use if the FAP-eligible individual were a Medicare fee-for-service beneficiary and setting AGB for the care at the amount Virginia Hospital Center determines would be the total amount Medicare would allow for the care (including both the amount that would be reimbursed by Medicare and the amount the beneficiary would be personally responsible for paying in the form of copayments, coinsurance, and deductibles).

## **I. LIMITATION ON CHARGES**

Virginia Hospital Center will limit the amounts charged for emergency or other medically necessary care provided to individuals eligible for financial assistance under this policy to not more than AGB and will not charge the gross charges rate to such individuals.



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## **J. PROCEDURES**

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

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

## **K. PRESUMPTIVE CHARITY CARE**

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

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

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

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



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Presumptive charity is determined on an account-by-account basis. Patient accounts granted presumptive eligibility shall be reclassified under the Financial Assistance Policy. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the Hospital's Bad Debt expense.

## **L. EXCEPTIONS TO THIS POLICY**

The VP, Revenue Cycle Services, the AVP, Physician Revenue Cycle and the CFO of Virginia Hospital Center Arlington Health System have the authority, on a case-by-case basis, to approve financial assistance to those patients who may not otherwise qualify for financial assistance per this policy.

## **M. BILLING AND COLLECTION POLICY**

This policy takes into account the extent to which the patient qualifies for financial assistance and a patient's good faith effort to comply with his or her negotiated payment plans prior to initiating any collection efforts.

### **1. EXTRAORDINARY COLLECTION ACTIONS (ECAs)**

Virginia Hospital Center will not engage in ECAs before making reasonable efforts to determine whether a patient is eligible for financial assistance under the Virginia Hospital Center Arlington Health System's Financial Assistance Policy.

The following actions constitute ECAs in which Virginia Hospital Center may engage for purposes of its Financial Assistance Policy:

- Selling an individual's debt to another party
- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus
- Actions that require a legal or judicial process, including but not limited to:
  - Placing a lien on an individual's property
  - Foreclosing on an individual's real property
  - Attaching or seizing an individual's bank account or any other personal property
  - Commencing a civil action against an individual
  - Garnishing an individual's wages

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

## 2. DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY PRIOR TO ECA

If the patient is not eligible for financial assistance, payment for services provided by Virginia Hospital Center and any Covered Providers will generally be due 30 days after the provision of such services.

If the patient has not qualified for financial assistance and fails to contact Virginia Hospital Center to set up acceptable payment terms, the patient's account will be transferred to a professional collection agency.

Virginia Hospital Center will make reasonable efforts to determine whether individuals are eligible for financial assistance. To that end, Virginia Hospital Center will notify individuals about the FAP before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the date Virginia Hospital Center provides the first post-discharge billing statement for the care.

Virginia Hospital Center will take the following actions at least 30 days before first initiating one or more of the above ECA(s) to obtain payment for care:

- a) Provide the individual with a written notice that indicates financial assistance is available for eligible individuals, identify the ECA(s) that Virginia Hospital Center (or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided.
- b) Provide the individual with a plain language summary of the FAP with the written notice described above.
- c) Make a reasonable effort to orally notify the individual about the FAP and about how the individual may obtain assistance with the FAP application process.

If Virginia Hospital Center aggregates an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECA(s) until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

## 3. PROCESSING OF COMPLETE FAP APPLICATIONS

If an individual submits a complete FAP application during the Application Period, Virginia Hospital Center will—

- a) Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates);



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- b) Make a determination as to whether the individual is FAP-eligible and notify the individual in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for this determination;
- c) If Virginia Hospital Center determines the individual is FAP-eligible, Virginia Hospital Center will—
  - i. Provide the individual with a statement that indicates the amount the individual owes for the care as a FAP-eligible individual (if the individual is eligible for assistance other than free care) and how that amount was determined and states, or describes how the individual can get information regarding, the AGB for the care.
  - ii. Refund to the individual any amount he or she has paid for the care (whether to the hospital facility or any other party to whom the hospital facility has referred or sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as a FAP-eligible individual, unless such excess amount is less than \$5 (or such other amount published in the Internal Revenue Bulletin).
  - iii. Take all reasonably available measures to reverse any ECA (with the exception of a sale of debt) taken against the individual to obtain payment for the care.

If, upon receiving a complete FAP application from an individual who Virginia Hospital Center believes may qualify for Medicaid, Virginia Hospital Center may postpone determining whether the individual is FAP-eligible for the care until after the individual's Medicaid application has been completed and submitted and a determination as to the individual's Medicaid eligibility has been made.

#### 4. PROCESSING OF INCOMPLETE FAP APPLICATIONS

If an individual submits an incomplete FAP application during the Application Period, Virginia Hospital Center will—

- a) Suspend any ECAs against the individual (with respect to charges to which the FAP application under review relates);
- b) Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP or FAP application form that the individual must submit to Virginia Hospital Center to complete his/her FAP application.



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If an individual who has submitted an incomplete FAP application during the Application Period subsequently completes the FAP application during the Application Period (or, if later, within a reasonable timeframe given to respond to requests for additional information and/or documentation), the individual will be considered to have submitted a complete FAP application during the Application Period.

## 5. MISCELLANEOUS PROVISIONS

- a) **Anti-Abuse Rule** – Virginia Hospital Center will not base its determination that an individual is not FAP-eligible on information that Virginia Hospital Center has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.
- b) **No Waiver of FAP Application** – Virginia Hospital Center will not seek to obtain a signed waiver from any individual stating that the individual does not wish to apply for assistance under the FAP, or receive the information described above, in order to determine that the individual is not FAP-eligible.
- c) **Final Authority for Determining FAP Eligibility** – Final authority for determining that Virginia Hospital Center has made reasonable efforts to determine whether an individual is FAP-eligible and may therefore engage in ECAs against the individual rests with the AVP, Revenue Cycle.
- d) **Agreements with Other Parties** – If Virginia Hospital Center sells or refers an individual's debt related to care to another party, Virginia Hospital Center will enter into a legally binding written agreement with the party that is reasonably designed to ensure that no ECAs are taken to obtain payment for the care until reasonable efforts have been made to determine whether the individual is FAP-eligible for the care.
- e) **Providing Documents Electronically** – Virginia Hospital Center may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.

## N. REFUND POLICY

If determination of a patient's eligibility for financial assistance occurs following any payments received for the care at issue, refunds will be made for the episodes of care to which the individual's Financial Assistance Application form relates pursuant to Section M.3.c.ii above.

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



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**Virginia Hospital Center Business Office**  
**3601 Eisenhower Avenue**  
**Suite 270**  
**Alexandria, VA 22304**

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

**O. REFERENCES**

26 U.S.C. § 501(r) (and Treasury Regulations issued thereunder)

42 U.S.C. § 9902(2)

84 Fed. Reg. 1167 (February 1, 2019).

[Office of the Assistant Secretary for Planning and Evaluation Poverty Guidelines](#)

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

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



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## ATTACHMENT A 2026 FEDERAL POVERTY GUIDELINES

Family Size	100% FPL	200% FPL
1	\$15,960	\$31,920
2	\$21,640	\$43,280
3	\$27,320	\$54,640
4	\$33,000	\$66,000
5	\$38,680	\$77,360
6	\$44,360	\$88,720
7	\$50,040	\$100,080

***NOTE: For Households with more than 8 persons, add \$5,680 to the Poverty Guideline or \$11,360 to the 200% amount for each additional person.***