Policy Name:	Billing & Collections Policy
Policy Number:	HSP Fauquier Health Policy and Procedure
Department:	Finance
Functional Area:	Finance
Approved by:	HealthSpan Partners Board of Directors
Effective Date:	11/1/2026
Version:	1.0
Policy Status:	Approved

I. Policy (High Concept)

As established by IRS Code Section 501(r), HSP Fauquier Health is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. HSP Fauquier Health will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under the HFA Policy.

II. Purpose (Three Key Messages)

In the light of its mission to improve the health of its communities, with special emphasis on the poor and underserved, HSP Fauquier Health is committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. Payment on accounts will be pursued consistently, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factor. To that end, HSP Fauquier Health will not engage in any extraordinary collection actions (as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under the HFA Policy.

Every guarantor will be given reasonable time and communication to be aware of and understand their financial responsibility. The guarantor will be held financially responsible for services actually provided and adequately documented. HSP Fauquier Health representatives and/or its designee will widely publicize the HFA Policy by, among other things, offering a copy of the plain language summary of the policy prior to the patient being discharged. Understanding each guarantor's insurance coverage is the responsibility of the guarantor. Any self-pay liability secondary to insurance coverage is defined by the guarantor's insurance coverage and benefit design. HSP Fauquier Health relies on the explanation of benefits and other information from the guarantor and the insurance carrier for eligibility, adjudication of the claim, and patient responsibility determinations.

III. Scope (Populations to which the policy applies)

This Billing and Collections policy applies to HSP Fauquier Health located at 500 Hospital Dr, Warrenton, VA 20186.

HSP Fauquier Health maintains a separate HSP Fauquier Health Medical Group Healthcare Financial Assistance Policy and Billing and Collections Policy for services provided by HSP Fauquier Health Medical Group practice locations.

IV. Policy Details (Supporting Points)

Policy:

A statement of hospital services is sent to the patient/guarantor in incremental billing cycles. In cases when the patient has no insurance coverage, that is a self-pay patient, the statement is sent after services are rendered. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been rendered, claim is submitted, and claim has been adjudicated by the insurance carrier. There are some cases, for example, when there is a stop in the adjudication of a claim due to the patient needing to provide additional information, where a statement will be sent to the patient and/or guarantor prior to claim processing.

HSP Fauquier Health representatives and/or their designees may attempt to contact the patient/guarantor (via telephone, mail, or email) during the statement billing cycle in order to pursue collections. Collection efforts are documented on the patient's account.

Statement Cycle:

The statement cycle will be measured from the first statement sent to the patient (date sent) and include the following:

- Subsequent statements sent to the patient/guarantor in 30 day increments to derive at the statement process:
  - 1st – Date of first billing
  - 2nd – 30 Days post
  - 3rd – 60 Days post
  - 4th – 90 Days post and notice of submission to Collection Agency if amounts left unpaid or the HFA application not received. The hospital will refrain from submission of unpaid balance to Collection Agency for at least the 120-day notification period.
  - A secondary or tertiary Collection Agency may be used, subject to the provisions of this policy.

Extraordinary Collection Actions (ECAs):

For purposes of this policy and as defined in the definitions section of this document, ECAs include legal/judicial actions and credit reporting activities.

- Legal & Judicial ECAs - HSP Fauquier Health prohibits legal and judicial ECAs including, but not limited to:
  - Placing a lien on an individual
  - Foreclosing on an individual's real property
  - Attachment or seizure of an individual's bank accounts or personal property
  - Engaging in a civil action against an individual
  - Causing an arrest, writ of body attachment, or similar judicial process
  - Garnishing an individual's wages or other income

- Credit Reporting Activities - HSP Fauquier Health prohibits reporting accounts to credit bureaus.

HSP Fauquier Health does not perform the above legal or judicial ECAs or credit reporting, and does not permit any vendors acting on its behalf to perform such actions.

- Medically Necessary Care - Consistent with applicable law and HSP Fauquier Health policy:
    - HSP Fauquier Health will not defer, deny, or require payment before providing medically necessary care due to an individual's nonpayment of one or more bills for previously provided care covered under the HFA Policy.

Efforts to Determine HFA Eligibility:

- HSP Fauquier Health will allow patients to submit complete HFA applications for at least the 240 day Application Period (as defined herein).
- HSP Fauquier Health does not engage in ECAs. HSP Fauquier Health will make the following reasonable efforts to determine the patient's eligibility under the HFA Policy:
    - HSP Fauquier Health will notify individuals about the HFA Policy as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement for the care.
    - If HSP Fauquier Health intends to pursue ECAs, the following will occur at least 30 days before first initiating one or more ECAs:
        - HSP Fauquier Health will notify the patient in writing that financial assistance is available for eligible individuals, identifies the ECAs the facility (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided;
            - The above notice will include a plain language summary of the HFA Policy;
        - HSP Fauquier Health will make a reasonable effort to orally notify the patient about the HFA Policy and how the individual may obtain assistance with the application process.
    - If HSP Fauquier Health 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 ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

Processing HFA Applications:

- If an individual submits an incomplete HFA application during the Application Period, HSP Fauquier Health will:
    - Suspend any ECAs to obtain payment for the care; and
    - Provide the individual with a written notice that describes the additional information and/or documentation required under the HFA Policy or HFA application form that must be submitted to complete the application and that includes the HSP Fauquier Health contact information set forth at the end of this policy.

- If an individual submits a complete HFA application during the Application Period, HSP Fauquier Health will:
    - Suspend any ECAs to obtain payment for the care;
    - Make an eligibility determination as to whether the individual is HFA-eligible for the care 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.
    - If the individual is determined to be HFA-eligible for the care, HSP Fauquier Health will:
        - If the individual is determined to be eligible for assistance other than free care, provide the individual with the following:
            - A billing statement that indicates the amount the individual owes for the care as an HFA-eligible individual
            - How that amount was determined and
            - State, or describe how the individual can get information regarding, the AGB for the care; or
            - State or describe how the individual can apply for more generous assistance under the HFA.
        - Refund to the individual any amount he or she paid for the care (whether to HSP Fauquier Health or any other party to whom HSP Fauquier Health has referred to sold the individual's debt for the care) that exceeds the amount he or she is determined to be personally responsible for paying as an HFA-eligible individual, unless such excess amount is less than $5 (or such other amount published in the Internal Revenue Bulletin).
        - 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.

- When no HFA application is submitted, unless and until HSP Fauquier Health receives a HFA application during the Application Period, HSP Fauquier Health, as applicable, may initiate ECAs to obtain payment for the care once it has notified the individual about the HFA as described herein.

Miscellaneous Provisions:

- **Anti-Abuse Rule –** HSP Fauquier Health will not base its determination that an individual is not HFA- eligible on information that HSP Fauquier Health has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.

- **Determining Medicaid Eligibility –** HSP Fauquier Health will not fail to have made reasonable efforts to determine whether an individual is HFA-eligible for care if, upon receiving a complete HFA application from an individual who HSP Fauquier Health believes may qualify for Medicaid, HSP Fauquier Health postpones determining whether the individual is HFA-eligible for the care until after the individual's Medicaid application has been completed and submitted and a determined as to the individual's Medicaid

eligibility has been made.

- **No Waiver of HFA Application –** Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the HFA Policy or receive the notifications described herein, will not itself constitute a determination that the individual is not HFA-eligible.

- **Final Authority for Determining HFA Eligibility –** Final authority for determining that HSP Fauquier Health has made reasonable efforts to determine whether an individual is HFA-eligible and may therefore engage in ECAs against the individual rests with the HSP Fauquier Health Patient Financial Services Department.

- **Agreements with Other Parties –** If HSP Fauquier Health sells or refers an individual's debt related to care to another party, HSP Fauquier Health 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 HFA-eligible for the care.

- **Providing Documents Electronically –** HSP Fauquier Health 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.

V. Definitions

- **AGB –** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

- **Application Period –** The period during which HSP Fauquier Health must accept and process an application for financial assistance under the HFA 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 240th day after the date that the first post-discharge billing statement for the care is provided or at least 30 days after HSP Fauquier Health provides the individual with a written notice that sets a deadline after which ECAs may be initiated.

- **ECAs –** ECAs are actions taken by a hospital facility against an individual related to obtaining payment of a bill for care covered under the hospital facility's Financial Assistance Policy that involve reporting adverse information about an individual to consumer credit reporting agencies or credit bureaus, requiring payment before providing medical necessary care or denying care due to non-payment, or actions that require a legal or judicial process. Legal or Judicial actions include, but are not limited to placing a lien on an individual, foreclosing on an individual's real property, attachment or seizure of an individual's bank accounts or personal property, engaging in a civil action against an individual, causing an arrest or a writ of body attachment, and garnishing an individual's wages or other income.

- **HFA -** Healthcare Financial Assistance
- **HFA Policy–** HSP Fauquier Health Healthcare Financial Assistance Policy.
- **HFA-Eligible Individual –** An individual eligible for financial assistance under the HFA Policy (without regard to whether the individual has applied for assistance under the HFA Policy).
- **HSP** – HealthSpan Partners

VI. Attachments

Attachment 1 - HSP Fauquier Health Contact Information Section

VII. Related Policies

HSP Fauquier Health offer other options for uninsured or underinsured patients who do not qualify for financial assistance under the HFA Policy. For further information, please see the following HSP Fauquier Health policies:

- HSP Fauquier Health Healthcare Financial Assistance Policy
- HSP Fauquier Health Uninsured / Self-Pay Discount Policy

HSP Fauquier Health maintains separate Healthcare Financial Assistance and Billing and Collections Policies for the HSP Fauquier Health Medical Group practice locations. Please contact us below for additional information.

VIII. Version Control

Version	Date	Description	Prepared By
1.0	8/31/2026	Billing & Collections Policy	Finance/Travis Crum

Attachment 1

Contact Information:
For more information, please contact HSP Fauquier Health as follows:

Website	www.bsmhealth.org/financial-assistance www.fauquierhealth.org/patients-financial-assistance-policy	
Telephone	540-316-2970	
By Mail	Fauquier Hospital – Financial Counselor 500 Hospital Drive Warrenton, VA 20186	
In Person	**Fauquier Hospital – Financial Counselor** 500 Hospital Dr. Warrenton, VA 20186	