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|---|---|
| Policy Name: | Healthcare Financial Assistance (HFA) |
| 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*

As established by IRS Code Section 501(r), this HFA Policy applies to all emergency and other medically necessary care provided by HSP Fauquier Health, LLC.

## *II. Purpose*

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 financial assistance responsive to the needs of the community, 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.

HFA is a program that is fully funded by Bon Secours Mercy Health (BSMH) and HealthSpan Partners (HSP). It covers patients without health insurance and those with only partial insurance coverage (i.e. the uninsured and underinsured) who meet the income and other eligibility criteria described herein.

## *III. Scope*

This HFA 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)*

Commitment to Provide Emergency Medical Care:

HSP Fauquier Health provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this HFA Policy. HSP Fauquier Health 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 HSP Fauquier Health patients in a non-discriminatory manner, pursuant to the hospital's EMTALA policy.

Services Eligible for HFA:

This HFA Policy applies to all emergency and other medically necessary care provided by HSP Fauquier Health. The list of providers is maintained in a separate document. Members of the public may readily obtain it free of charge via the contact list provided in this policy and online at www.bsmhealth.org/financial-assistance, www.fauquierhealth.org/patients-financial-assistance-policy.

**The following services are not covered under this HFA Policy:**

- Items deemed "not medically necessary"

HFA Eligibility Criteria:

- Income
    - To apply for HFA, 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 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, HSP Fauquier Health 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
    - HFA eligibility is based upon expanded income levels of up to 400% of FPG and is prorated on a sliding scale applicable to the respective market area. Approval is based upon the number of family members, inclusive of natural or adoptive children under 18, and family income.
    - If a dependent is disabled and over the age of eighteen, he/she may be included in family size for HFA 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 receive free care. Individuals with an income level from 201% to 300% FPG, and 301% to 400% FPG, respectively, receive discounted care based on the chart on Attachment 2. The specific percentage discounts for the 201%-300% FPG and 301% to 400% FPG income levels will be updated annually. Notwithstanding the percentages calculated, as stated above, 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.

- Self-Pay Discount
  - For those uninsured patients who do not qualify for any of the financial assistance discounts described in this policy, HSP Fauquier Health extends an automatic (self-pay) discount to their hospital bills as outlined on Attachment 2. This self-pay discount is not means-tested, and therefore is not subject to the section 501(r) AGB requirement, and is not reported by HSP as financial assistance on Form 990, Schedule H.
- Geographic Area
  - Patients who live in the community served by HSP Fauquier Health will be offered HFA.
- Deductibles
  - For patients who have any and all self-pay balances after insurance, balances attributed to the patients' deductible (including co-pay and co-insurance amounts) will require payment based on a sliding scale given their current household income outlined under sliding scale chart under the Federal Poverty Guidelines section of this policy.
  - 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.
- 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, HSP Fauquier Health will request that patients who may be Medicaid-eligible apply for Medicaid. To receive HFA, 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 HFA 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.

Application Process for HFA:

- Application forms are made available in Admission / Registration, and alternative registration sites to facilitate early identification and initiation of the application process. Application forms may also be obtained by contacting HSP Fauquier Health as indicated in the contact list at the end of this policy.
- HSP Fauquier Health will accept digital signatures on application forms where available.
- For patients in Maryland, state law requires a different application for financial assistance to be filed. The application may be found at www.bsmhealth.org/financial-assistance, www.fauquierhealth.org/patients-financial-assistance-policy or by contacting HSP Fauquier Health as indicated in the contact list at the end of this policy.
- HSP Fauquier Health 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 240 days from the initial date of service and are not applied retrospectively to prior dates of service in which the application period has expired.

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. At least annually, HSP Fauquier Health, as applicable, calculates an AGB percentage following the Look-back Method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a 12-month period (as defined by Treasury Regulations under section 501(r) of the Internal Revenue Code of 1986, as amended). Members of the public may obtain the current AGB percentage for HSP Fauquier Health (and a description of the calculation) in writing and free of charge by contacting HSP Fauquier Health as indicated in the contact list at the end of this policy or online at www.bsmhealth.org/financial-assistance, and www.fauquierhealth.org/patients-financial-assistance-policy.
- HSP Fauquier Health shall not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.

- At least annually, HSP Fauquier Health will review and adjust sliding scale discounts applicable to patients with any and all self-pay balances after insurance (See Deductible section above).
- Because both Maryland law and Federal tax law limit the amounts that may be charged to patients, an FAP eligible individual or an uninsured individual will not be charged more than the lesser of the AGB or the regulated charge set by the Maryland Health Services Cost Review Commission for emergency or other medically necessary care.

Actions Taken in the Event of Nonpayment:

- The actions that HSP Fauquier 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 from the HSP Fauquier Health PFS by contacting HSP Fauquier Health as indicated in the contact list at the end of this policy or online at www.bsmhealth.org/financial-assistance, and www.fauquierhealth.org/patients-financial-assistance-policy.

Measures to Widely Publicize the HFA Policy:

- HSP Fauquier Health make this HFA 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.
- HSP Fauquier Health offer a paper copy of the plain language summary of this HFA Policy to patients as part of the intake process; include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this HFA Policy; and have set up conspicuous public displays that notify and inform patients about this HFA Policy in public locations in the hospital facility, including, at a minimum, the emergency room (if any) and admissions areas.
- HSP Fauquier Health also accommodates all significant populations that have limited English proficiency by translating this HFA Policy, application form, and plain language summary of the policy into the primary language(s) spoken by such populations.

## *V. Definitions*

- **AGB –** Amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.
- **BSMH –** Bon Secours Mercy Health
- **EMTALA –** Federal Emergency Medical Treatment and Active Labor Act.
- **FPG –** U.S. Department of Health & Human Services Federal Poverty Guidelines.

- **HCAP –** Ohio Hospital Care Assurance Program.
- **HFA -** Healthcare Financial Assistance.
- **HFA Policy –** HSP Fauquier Health Healthcare Financial Assistance Policy.
- **HSP –** HealthSpan Partners
- **PFS –** Patient Financial Services Department.
- **SNF –** Skilled Nursing Facility.

### *VI. Attachments*

Attachment 1 - HSP Fauquier Health Contact Information Section

Attachment 2 – HSP Fauquier Health Sliding Scale Discount Chart

### *VII. Related Policies*

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

- HSP Fauquier Health Billing and Collections 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 | Healthcare Financial Assistance (HFA) | Finance/Travis Crum |
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**Attachment 1**

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

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

**Attachment 2**

| Effective November 1, 2026 | | | | |
|---|---|---|---|---|
| **Hospital** | **0-200% FPG** | **201% - 300% FPG** | **301% - 400% FPG** | **Uninsured/Self-Pay Discount** |
| HSP Fauquier Health | 100% | 79% | 79% | 40% |

***The adjustment for uninsured patients is applied to gross charges, and the adjustment for insured patients is applied to the remaining balance.***