Financial Assistance / Charity Policy

Revision Date: August 26, 2026
Department: Revenue Cycle

1. Purpose

Consistent with our mission to provide high quality health and wellness services for the community, Augusta Health and Augusta Medical Group are committed to providing free or discounted services under this Augusta Health Financial Assistance Policy to insured and uninsured individuals who need emergency or medically necessary treatment and meet the following criteria:

a. Have an estimated gross annual household income at or below 200% of the current published Federal Poverty Level (FPL) Guidelines for free services.
b. Have an estimated gross annual household income from 201% up to 400% of the current published Federal Poverty Level (FPL) Guidelines for discounted services.
c. Reside within the Augusta Health defined service area.
d. Have active enrollment in employer's Group Health Insurance (GHI) or meet defined exception criteria for not being enrolled in employer GHI.
e. Have no more than $25,000 in liquid assets.

In accordance with the federal *Patient Protection and Affordable Care Act* (PPACA) and Section 501(r) of the Internal Revenue Service (IRS) code, uninsured patients will not be charged more than the amount generally billed (AGB) to commercially insured patients for emergency or medically necessary care.

Augusta Health and Augusta Medical Group will provide these discounted services as the payer of last resort.

2. Policy

A. Free or discounted services are provided only when care is deemed medically necessary and after financial assistance applicants have been found to meet all qualifying criteria.

B. Applicants seeking financial assistance may be assisted with applications for other means of payment (e.g., Medicaid, other local funding programs) **BEFORE** approval for financial assistance.

C. Uninsured patients will receive a discount of 50% for Augusta Health services and a 35% discount for Augusta Medical Group services on the gross charges for medically necessary services to ensure they do not pay more for services than amounts generally billed (AGB) to commercially insured individuals.

D. Applicants who do not qualify for Augusta Health's financial assistance program (e.g., due to estimated gross annual household income exceeding policy guidelines) are expected to pay the remaining balance for services and may work with financial advocates to set up an acceptable payment plan based on their financial situation and the current payment plan guidelines for payment.

3. Definitions

The following terms are meant to be interpreted within this policy as follows:

- **Amounts Generally Billed (AGB**): The usual and customary amount billed to insured individuals for emergency or medically necessary care. The AGB percentage is calculated by Augusta Health based on payments allowed by Medicare and private health insurers over a 12-month period divided by the associated gross charges for those claims.

- **Application Period:** The 240-day period beginning on the date the first post-discharge billing statement is dated. A billing statement is considered "post-discharge" if it is provided after the patient received care and has left the hospital facility.

- **Catastrophic Charity**: Financial assistance available to patients whose medical expenses exceed one-fourth (1/4) of their total estimated gross annual household income.

- **Elective Services**: Services that are not medically necessary but "desired" by the patient for other reasons beyond life threatening or debilitating in nature.

- **Extraordinary Collection Actions (ECA):** Actions taken by a hospital facility against an individual related to obtain payment of a bill for services covered under the facility's financial assistance program.

- **Emergency Care**: Immediate care which is necessary to prevent serious jeopardy to a patient's health, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

- **Extended Approval Period**: A 365-day approval period, in place of the standard 180-day approval period described in Section 4.A.16, applicable to applicants whose sole or primary source of household income is Social Security Retirement or Social Security Disability Insurance (SSDI) benefits, in recognition of the fixed and SSA-verified nature of that income source. This population does not include Supplemental Security Income (SSI) or employer-paid short-term or long-term disability benefits, which are reported as separate income sources on the Financial Assistance Application and remain subject to the standard 180-day approval period.

- **Financial Assistance**: Reduction of an applicant's account balance based on established criteria; discounted or free service granted pursuant to this policy.

- **Group Health Insurance:** Healthcare coverage purchased by an employer or business owner for enrollment by eligible employees and their families.

- **Household**: Single individuals over the age of 18, legally married couples or separated couples residing in same location, and any dependents under the age of 18 either biological or legally placed in residence. Unborn children will be counted as part of household if with the last trimester of pregnancy. Deceased spouse or legal dependents under the age of 18 will be counted as part of household if Financial Assistance application is received prior to date of death.

- **Incomplete Application for Financial Assistance**: An application that is missing requested information or documentation needed to process the application.

- **Liquid Assets**: The applicant's household cash or cash equivalent assets, such as savings and checking accounts, investments, and trust accounts that can be withdrawn without penalty for use in paying for medical services.

- **Medically Necessary**: Hospital services or care rendered to a patient, both inpatient and outpatient, to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity.

- **Medically Indicated**: Services that are not medically necessary but rather are indicated as needed for a quality-of-life improvement but not necessarily life threatening or debilitating.

- **Out-of-Network**: Certain insurance carriers or third-party administrators may reduce or eliminate the provision of benefits unless care is provided by designated facilities or providers. In cases where Augusta Health is not one of the designated facilities or providers, or the plan does not have a provider network, any service provided is considered out-of-network.

- **Presumptive Eligibility**: A determination that a patient is presumed eligible for Financial Assistance based on information other than that provided by the patient or responsible party through the regular financial application form. See section 4C regarding procedure for scoring.

- **Service Area:** The geographic location within which the applicant must reside to qualify for Financial Assistance. Service Area is found in Addendum B.

- **Underinsured**: Patients who have limited private or public healthcare coverage, for whom it would be a medical hardship to pay out-of-pocket expenses for medical services provided by Augusta Health.

- **Uninsured**: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.

- **Uninsured Discount**: A reduction in the amount billed to patients who do not have insurance. The uninsured discount will be calculated based on the look-back method of payments allowed by Medicare and private health insurers reviewed annually based on a prior 12-month period divided by the associated gross charges for those claims.

- **Urgent Care**: Services necessary to avoid the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12 hours.

4. Procedure

Augusta Health and Augusta Medical Group will follow the guidelines set forth in this policy when determining applicant's eligibility for financial assistance.

A. Eligibility for Financial Assistance

1. Patients who do not qualify for financial assistance will not be charged more than amounts generally billed (AGB) to insured patients for emergency or medically necessary care.

2. To be deemed eligible for financial assistance, applicants must meet all the applicable criteria set forth in this policy.

3. Services eligible for financial assistance include emergent or urgent care, services deemed medically necessary by Augusta Health and/or Augusta Medical Group, and care that is non-elective and needed to prevent death or adverse effects to the patient's health.

4. Services considered “elective” and/or “medically indicated” do not qualify for financial assistance under this policy, unless otherwise approved by the Augusta Health Chief Medical Officer.

5. Applicants must be residents of the Augusta Health Service Area (See Addendum “B”) to qualify for financial assistance. Under special circumstances, such as unplanned emergency admissions, applicants who reside outside the Augusta Health service area may qualify for financial assistance if all other Policy requirements are met. Employees of Augusta Health and affiliates and their family members who are enrolled in an Augusta Health GHI plan are exempt from service area criterion.

6. Applicants with Out-of-Network insurance coverage are not eligible for Financial Assistance. Governmental plans and plans that do not meet Minimum Essential Coverage as defined by the Internal Revenue Service are not considered to be Out-of-Network, even if Augusta Health is not one of the designated facilities or providers in the plan or the plan does not have a provider network unless the plan denies the service as not authorized.

7. Applicants with health insurance coverage must agree to use that coverage and, if applicable, service must be authorized by insurer before financial assistance may be considered.

8. Applicants who may be eligible for coverage through other means, such as Medicaid, Medicare, or Workers Compensation, must cooperate with Augusta Health in applying for such programs or comply with established eligibility processes before financial assistance will be applied to that episode of care.

9. Applicants and their spouses who decline Group Health Insurance (GHI) coverage available to them through either of their employers are not eligible for financial assistance under this policy unless proper documentation is provided showing any available insurance plans offered by either’s employer or currently enrolled plan of either applicant or spouse have premium costs more than the current Affordability Exemption rate as published by www.HealthCare.gov for the estimated gross annual household income.

10. All liquid assets (cash, checking, savings and money market accounts including online banking institutions and online financial service platforms and digital wallets or cash sharing apps, investment accounts including digital currency, matured certificates of deposit, mutual funds, and bonds that may be cashed without penalty and/or other easily convertible investments) over $25,000 held by the applicant and/or spouse as a primary account holder must be applied to the indebtedness owed to Augusta Health/Augusta Medical Group before financial assistance will be considered. Retirement funds (i.e., IRA, 401k, or other IRS defined retirement funds) will not be considered as liquid assets.

11. Uninsured applicants who have an estimated gross annual household income at or below 200% of the current Federal Poverty Level as published on www.HealthCare.gov at the time of application approval, have available liquid assets of no more than $25,000, and meeting all other defined policy criteria may receive a full 100% adjustment of any remaining account balance after the Uninsured Discount has been applied.

Uninsured applicants who have an estimated gross annual household income from 201% up to 400% of the current Federal Poverty Level as published on www.HealthCare.gov at the time of application approval, have available liquid assets of no more than $25,000, and meeting all other defined policy criteria may qualify for a reduction of 60% of any remaining account balance after the Uninsured Discount has been applied.

Uninsured applicants with an estimated gross annual household income above 400% of the current Federal Poverty Level as published on www.HealthCare.gov at the time of application processing do not qualify for Financial Assistance. These patients may qualify for the Catastrophic Discount as defined in this Policy (refer to section 4E).

12. Insured applicants who have an estimated gross annual household income at or below 200% of the current Federal Poverty Level as published on www.HealthCare.gov at the time of application approval, have available liquid assets of no more than $25,000, and meeting all other defined policy criteria may qualify for a full, 100% adjustment of any remaining account balance after all insurance adjustments on covered services have been applied.

    Insured applicants who have an estimated gross annual household income from 201% up to 400% of the current Federal Poverty Level as published on www.HealthCare.gov at the time of application approval, have available liquid assets of no more than $25,000, and meeting all other defined policy criteria may qualify for a reduction of 60% of any remaining account balance after all insurance adjustments on covered services have been applied.

    Insured applicants with an estimated gross annual household income above 400% of the current Federal Poverty Level as published on www.HealthCare.gov at the time of application processing do not qualify for Financial Assistance. These patients may qualify for the Catastrophic Discount as defined in this Policy (refer to section 4E).

13. The financial assistance discount will be applied as follows:

a. <u>Augusta Health Services (Hospital Based)</u>:

Uninsured patients who do not qualify for financial assistance will receive an **Uninsured Discount of 50%** on gross charges for medically necessary and emergency services that they receive.

i. *Example #1*: An **uninsured** patient who **does not qualify** for financial assistance

Total Charges:	$100.00
50% Uninsured Discount Adjustment:	- 50.00
Patient Total Balance Due:	$ 50.00

ii. *Example #2*: An **uninsured** patient who **qualifies for 100%** financial assistance

Total Charges:	$100.00
50% Uninsured Discount Adjustment:	- 50.00
Remaining Balance	50.00
100% Financial Assistance Discount Adjustment on remaining balance:	- 50.00
Patient Total Balance Due:	$ 0.00

iii. *Example #3:* An **uninsured** patient who **qualifies for 60%** financial assistance:

Total Charges:	$100.00
50% Uninsured Discount Adjustment:	- 50.00
Remaining Balance:	$ 50.00
60% Financial Assistance Discount Adjustment on remaining balance:	- 30.00
Patient Total Balance Due:	$ 20.00

iv. *Example #4:* An **insured** patient who **qualifies for 100%** financial assistance:

Total Charges:	$100.00
Insurance Adjustment:	- 20.00
Remaining Balance:	$ 80.00
100% Financial Assistance Discount Adjustment on remaining balance:	- 80.00
Patient Total Balance Due:	$ 0.00

v. *Example #5:* An **insured** patient who **qualifies for 60%** financial assistance:

Total Charges:	$100.00
Insurance Adjustment:	- 20.00
Remaining Balance	$ 80.00
60% Financial Assistance Discount Adjustment on remaining balance:	- 48.00
Patient Total Balance Due:	$ 32.00

b. Augusta Medical Group Services (Physician Based Locations):

Uninsured patients who do not meet the criteria of this policy will receive an **Uninsured Discount of 35%** on gross charges for medically necessary and emergency services that they receive.

i. *Example #1*: An **uninsured** patient who **does not qualify** for financial assistance

Total Charges:	$100.00
35% Uninsured Discount Adjustment:	- 35.00
Patient Total Balance Due:	$ 65.00

ii. *Example #2*: An **uninsured** patient who **qualifies for 100%** financial assistance

Total Charges:	$100.00
35% Uninsured Discount Adjustment:	- 35.00
Remaining balance:	$ 65.00
100% Financial Assistance Discount Adjustment on remaining balance:	- 65.00
Patient Total Balance Due:	$ 0.00

iii. *Example #3:* An **uninsured** patient who **qualifies for 60%** financial assistance:

Total Charges:	$100.00
35% Uninsured Discount Adjustment:	- 35.00
Remaining balance:	$ 65.00
60% Financial Assistance Discount Adjustment on remaining balance:	- 39.00
Patient Total Balance Due:	$ 26.00

iv. *Example #4*: An **insured** patient who **qualifies for 100%** financial assistance

Total Charges:	$100.00
Insurance Adjustment	- 20.00
Remaining balance:	$ 80.00
100% Financial Assistance Discount Adjustment on remaining balance:	- 80.00
Patient Total Balance Due:	$ 0.00

v. *Example #5:* An **insured** patient who **qualifies for 60%** financial assistance:

Total Charges:	$100.00
Insurance Adjustment:	- 20.00
Remaining balance:	$ 80.00
60% Financial Assistance Discount Adjustment on remaining balance:	- 48.00
Patient Total Balance Due:	$ 32.00

14. Applicant eligibility for Financial Assistance is not based on race, gender, age, sexual orientation, religious affiliation, or immigration status.

15. In accordance with Internal Revenue Service (IRS) code 501(r)(6), accounts eligible for financial assistance discount are those where the first post-discharge billing statement date is within 240 days of the Financial Assistance application receipt date.

16. Augusta Health extends the financial assistance approval period to include eligible service accounts with an initial date of service up to 180 days following the approval date of the Financial Assistance application, except that for applicants whose sole or primary source of household income is Social Security Retirement or Social Security Disability Insurance (SSDI) benefits, the approval period shall extend to 365 days following the approval date of the Financial Assistance application.

17. Augusta Health may refer to or rely on external sources and/or other program enrollment resources if uninsured applicants lack documentation that supports eligibility. For example, discounted services may be provided when we are able to determine that:

    a. Applicant is homeless.

    b. Applicant is eligible for other state or local assistance programs that are unfunded.

    c. Applicant is eligible for Supplemental Nutrition Assistance Program-SNAP (formerly known as Food Stamps) or subsidized school lunch program.

    d. Applicant is eligible for a state-funded prescription medication program.

    e. Applicant's valid address is considered low-income or subsidized housing.

    f. Applicant receives free care from a community clinic and is referred to hospital for further treatment.

B. Applying for Financial Assistance (see Addendum A for Application Form)

1. Determinations for discounted care through Augusta Health's financial assistance program will require applicants to submit a complete Financial Assistance Application form (including all documentation required by the application) and may require appointments or discussion with hospital Financial Advocates.

2. To apply for financial assistance, applicants must submit a complete application (including supporting documents) by mail to Augusta Health Business Office (FAF), P.O. Box 1000, Fishersville, VA 22939, in person at 189 Medical Center Circle, Fishersville, VA 22939, or online at https://www.augustahealth.com/service/business-office/financial-assistance/ and using the "Apply Online Now" link within 240 days of the first post-discharge billing statement date for the rendered service(s).

3. An approved application will cover eligible services for which the first post-discharge billing statement date is within 240 days prior to the receipt of application and the initial date of service is within 180 days (or, for applicants whose sole or primary source of household income is Social Security Retirement or Social Security Disability Insurance (SSDI) benefits, 365 days) following the date on which the application is approved.

4. To reestablish financial assistance eligibility after a previously approved application period has expired, a new application with applicable current supporting documentation is required.

5. Applications can be accessed:

   a. At all registration and access points on the main hospital campus, at all Augusta Medical Group physician offices, and at the Augusta Health Business Office.

   b. Over the telephone by calling 540-332-4600.

   c. By mail, by sending a request to Augusta Health Business Office, P.O. Box 1000, Fishersville, VA 22939.

   d. Online at https://www.augustahealth.com/business-office/financial-assistance

6. To be considered eligible for financial assistance, applicants must fully cooperate with Augusta Health and its affiliates to explore alternative means of assistance, if necessary, including eligibility for Medicare or Medicaid. Applicants will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

7. Applications requiring additional information will be held for 30 days from the date the request letter was mailed to the applicant. If the information is not received within 30 days, the application may be considered withdrawn and a new application with current supporting documentation will be required. Exceptions will be considered on a case-by-case basis.

8. In addition to completing an application form, applicants should be prepared to supply any of the following documentation applicable to the specific household situation or upon request by Augusta Health:

   a. Most recent three (3) months of bank statements for all accounts in the applicant's or spouse's name (including online banking institutions and online financial service platforms and digital wallets or cash sharing apps, investment accounts including digital currency, matured certificates of deposit, mutual funds, and bonds). Account history is not considered appropriate banking information.

   b. Proof of gross income for applicant (and spouse, if applicable), such as, but not limited to, most recent three (3) months of pay stubs, unemployment compensation benefit award information, court ordered alimony documentation, child support documentation, employer short or long term disability gross compensation information, pension statement or 1099 document, rental income receipts, Social Security Income (SSA) or Social Security Disability (SSD) gross benefit verification documentation, or sufficient information detailing how applicants are currently supporting themselves and their household.

   c. For self-employed applicant (or spouse), a copy of most recent year federal income tax return or an income and expenses report for the most recent 3 months.

   d. Upon request additional information on liquid assets or other financial resources may be required.

9. External, public sources such as credit/healthcare scores may also be used to verify eligibility.

10. The applicant, or applicant's representative will be notified of the financial assistance application decision in writing to the address provided on the application.

11. Financial Advocates are available to assist in the application process in person at the Augusta Health Business Office located at 189 Medical Center Circle, Fishersville, VA 22939, from 8:00 a.m. to 4:30 p.m., Monday through Friday, or by phone at 540-332-4600.

    ***Note:** Augusta Health and Augusta Medical Group have access to qualified foreign language interpreters who can assist applicants who are unable to speak English, as well as qualified sign language interpreters to assist applicants who are deaf or hard of hearing.*

C. Healthcare Scoring for Presumptive Eligibility:

Applicants may be screened for presumptive financial assistance eligibility outside of the application process. (Refer to section 4J(4) regarding the electronic enrollment used for screening purposes.) This screening may occur prior to or after the service is provided while still in the Application Period. Outside resources may be used to determine the applicant's qualification for presumptive financial assistance. Eligibility may be determined based on individual life circumstances that may include qualification through:

1. Free clinic or indigent health access programs, including regional free clinics and Federally Qualified Health Centers (FQHCs).
2. Eligibility for other state or local assistance programs that are unfunded.
3. Identification that the applicant is homeless.
4. Third party evaluation to determine ability to pay prior to transfer to bad debts, based on an applicant's healthcare scoring financial information, which may include but is not limited to income, assets, or credit score.

The applicant may still be responsible for partial payment given the absence of an Application for Financial Assistance. If a qualifying financial assistance application is received during the Application Period and is approved, the financial assistance approval determination will take precedence over the Presumptive Eligibility determination.

D. Determining the Financial Assistance Adjustment

Applicants eligible for financial assistance under this Policy shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance. This value shall be calculated using the "look-back" method based on actual paid claims. The current AGB is 50% for Augusta Health and 35% for Augusta Medical Group. The AGB is updated annually.

E. Catastrophic Charity Eligibility

Augusta Health realizes that some applicants may not qualify for financial assistance as defined in this policy but may find themselves in an unfortunate position of owing a large balance due to a catastrophic illness or accident. Applicants whose estimated gross annual household income exceeds 400% of the federal poverty guidelines, and/or have a catastrophic illness resulting in expenses that are greater than one-fourth (1/4) of their estimated gross annual household income, may be eligible for a Catastrophic Discount.

The qualifications for a Catastrophic Discount are as follows:

1. A catastrophic event, one-time illness, or diagnosis requiring recurring treatment has occurred.

2. The balance owed by being uninsured or underinsured and after any applicable uninsured or financial assistance discounts is greater than 25% of estimated gross annual household income.

3. Applicant has complied with and applied for Augusta Health's financial assistance program as well as any applicable government funding.

The Catastrophic Discount will be applied such that the applicant's owed balance will be reduced to 25% of the estimated gross annual household income.

F. Actions in the Event of Non-Payment

The collection actions Augusta Health and Augusta Medical Group may take if an Application for Financial Assistance and/or payment is not received are described in a separate Billing and Collections Practices Policy.

In brief, Augusta Health and Augusta Medical Group will make efforts to provide patients with information about our Financial Assistance/Charity Policy, such as including a Plain Language Summary of the financial assistance program with billing statements before transferring the outstanding debt to an external collection agency.

For more information on the steps Augusta Health and Augusta Medical Group will take to inform patients of our Financial Assistance/Charity Policy and the collection activities we may pursue, please see Augusta Health's Billing and Collection Practices Policy.

G. Communication of Financial Assistance

1. The Financial Assistance/Charity Policy, Application for Financial Assistance, Service Area, and Plain Language Summary of the Financial Assistance/Charity Policy are available free of charge at our facility, by mail, and online.

   a. To access any of these documents at the facility, please visit the Augusta Health Business Office at 189 Medical Center Circle, Fishersville, VA 22939.

   b. To have a hard copy of any of these documents mailed to you, please call 540-332-4600 or mail a request to the Augusta Health Business Office (FAF), P. O. Box 1000, Fishersville, VA 22939.

   c. To access the Financial Assistance/Charity Policy, Service Area, the Plain Language Summary of the Financial Assistance/Charity Policy, or the Application for Financial Assistance, please use the following website address: https://www.augustahealth.com/business-office/financial-assistance

2. Augusta Health/Augusta Medical Group communicate the availability of financial assistance through means which include:

   a. Posting signs within waiting rooms and check-in desks, as well as emergency rooms, urgent care centers, and physician offices.

b. Creating a document that summarizes the Financial Assistance/Charity Policy, which is given to patients by hospital team members at discharge and sent with patient billing statements.

c. Ensuring free copies of financial assistance documents (Policy, Application, Service Area, and Plain Language Summary) can be obtained within the facility and by mail.

d. Posting information about financial assistance (Including Policy, Application, Service Area, and Plain Language Summary) on the Augusta Health website: www.augustahealth.com

e. Providing information about the policy and how to apply during verbal communication about the patient's billing statement (i.e., phone calls, face-to-face).

f. Ensuring designated staff members are knowledgeable of the Financial Assistance/Charity Policy and can answer patient's/applicant's questions or refer patients/applicants to the program.

g. Notifying local physician practices and representatives of the community and social service agencies, including Augusta Medical Group, and other non-affiliated community physician offices about the availability of financial assistance at Augusta Health and how interested individuals can apply.

h. Providing brochures and copies of the Plain Language Summary of our Financial Assistance/Charity Policy to local physician offices and community agencies, including all Augusta Medical Group offices.

i. Inclusion of financial assistance information with billing statements.

H. Misrepresentation by Applicant

Augusta Health and Augusta Medical Group may deny an Application for Financial Assistance and/or may reverse applied discounts if it is learned that previously provided information to support a determination was false or inaccurate. In addition, pursual of legal actions may occur against persons who are believed to have knowingly misrepresented their financial condition, including those who accept financial assistance after an improvement in their financial circumstances which was not made known to Augusta Health.

I. Ensuring Compliance

1. On an annual basis, the Administrative Director of Revenue Cycle, or designee and/or the Director of Reimbursement or designee, will perform an audit to include:

   a. A random sampling of billing statements to ensure they include all information required.

   b. A visit to each physician practice and registration point within the hospital to ensure each point of entry has access to the updated Financial Assistance/Charity Policy, as well as an updated Application for Financial Assistance, and that staff are educated on how to inform patients of each.

   c. An audit of the website to ensure the Application and Policy are still easily accessible.

   d. A "look-back" analysis to ensure the reimbursement rates of the payers being used to calculate an average of amounts generally billed (AGB) does not fall below that of what a patient who qualifies for financial assistance is being billed.

2. The Financial Assistance/Charity Policy is subject to periodic review and may be revised at any time as business needs require. The Augusta Health Board of Directors must approve any changes to this policy.

J. Determination of Financial Need for Non-Responsive Patients and Guarantors

1. It is understood that certain patients/applicants may be unable to complete an Application for Financial Assistance, 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/applicant's qualification for financial assistance is established without completing the formal assistance application. Under these circumstances, Augusta Health may utilize other sources of information to make an individual assessment of financial assistance qualification. This information will enable Augusta Health to make an informed decision on the financial assistance qualification of non-responsive patients/applicants by utilizing the best estimates available in the absence of information provided directly by the patient/applicant.

2. A third party may be utilized to conduct an electronic review of applicant information to assess financial assistance qualification. 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 applicant to the same standards and is calibrated against historical approvals for Augusta Health financial assistance under the traditional application process.

3. The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows eligibility screening of all patients for financial assistance prior to pursuing extraordinary collection actions (ECA). The data returned from this electronic eligibility review will constitute adequate documentation of financial assistance qualification under this policy.

4. When electronic enrollment is used as the basis for presumptive eligibility, the highest discount will be granted for eligible services for retrospective dates of service only. If a patient/applicant does not qualify under the electronic enrollment process, the patient/applicant may still be considered under the Application for Financial Assistance process. For patients/applicants not qualifying through this process, a written notice of information that financial assistance is available will be provided. It will include a Plain Language Summary of the Financial Assistance/Charity Policy and actions to be taken if an application is not submitted or the outstanding balance is not paid.

5. Patient accounts granted presumptive eligibility will be reclassified as Financial Assistance/Charity. 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.

K. Plain Language Summary

1. In accordance with 501(r) charity requirements, below is considered the "Plain Language Summary" of the Augusta Health and Augusta Medical Group Financial Assistance/Charity Policy which will accompany all billing statements and be available to patients/applicants during all financial discussions:

    a. Consistent with its mission to provide high quality health and wellness services for the community, Augusta Health and Augusta Medical Group are committed to providing free or discounted care to individuals who need emergency or medically necessary treatment and

have an estimated gross annual household income at or below 400% of the Federal Poverty Level (FPL) Guidelines and have no more than $25,000 in liquid assets. Individuals who qualify for financial assistance will not be charged more than the average amounts generally billed (AGB) to commercially insured patients for emergency or medically necessary care.

b. Financial Advocates are available at (540) 332-4600, Monday through Friday, from 8:00 a.m. until 4:30 p.m. to discuss the application process.

c. Augusta Health will not pursue extraordinary collection actions (ECA) against an individual without first using reasonable efforts to determine if such individual is eligible for financial assistance.

d. For a free copy of the entire Financial Assistance/Charity Policy and/or Application for Financial Assistance, patients/applicants can:

i. Visit the website: https://www.augustahealth.com/business-office/financial-assistance

ii. Visit the Augusta Health Business Office located at 189 Medical Center Circle, Fishersville, VA 22939.

iii. Send a request by mail to the Augusta Health Business Office (FAF), P. O. Box 1000, Fishersville, VA 22939.

iv. Call the Augusta Health Business Office at 540-332-4600.

5. Related Policies and Documents

- Application for Financial Assistance
- Plain Language Summary of the Financial Assistance/Charity Policy
- Billing and Collections Practice Policy

6. References

- None

7. Revision Notes

Notes
May 27, 2021 – Placed on new Policy Template. June 22, 2021 – Minor typographical changes made. January 23, 2022 – a) Reordering of Healthcare Score Section to eliminate confusion b) Removing reference of “uninsured” in 4.A.5 c) Minor spelling corrections. d) Correction of the reference to the Billing and Collection Practices Policy August 2,2023 – a) Grammatical corrections b) Replace “patient” with “applicant” where applicable c) Add “gross annual” & liquid asset limit to Purpose & Plain Language Summary
d) Add “estimated gross annual” to “household income” throughout
e) Use of term “billing statement” throughout
f) Change “care” to “discounted services to insured and uninsured” in 1. Purpose
g) Remove FA qualifier for uninsured patients in 2. Policy
h) Clarify payment plan guidelines in 2. Policy

i) Remove statement encouraging purchase of health care insurance in 2. Policy
j) Add definitions for AGB, Application Period, ECA, & Uninsured Discount in 3
k) Change “with or without penalty” to “without penalty” in Liquid Asset definition
l) Clarify wording for who will not be charged more than AGB in 4.A.1
m) Add FA qualifier to end of 4.A.5
n) Clarify insurance authorization prior to financial assistance approval in 4.A.7
o) Clarify wording for application of financial assistance in 4.A.8
p) Add provision for exempting GHI coverage in 4.A.9
q) Expand definition of retirement funds in 4.A.10
r) Move 4.A.11 Healthcare Scoring Eligibility to new section 4.C
s) Add reference to application of Uninsured Discount in 4.A.11
t) Update Federal Poverty Level Guidelines in 4.A.12
u) Add “Remaining Balance” to examples in 4.A.13 for clarity
v) Split 4.A.14 – separate personal status disclaimer from FA eligibility period
w) Clarify eligibility dates in 4.B.2 & 4.B.3
x) Add case-by-case qualifier to 4.B.7
y) Expand documentation requirements in 4.B.8
z) Add clarification for written notification mailing of FA determination in 4.B.10
aa) Remove reference to Medicaid Spenddown and other Medicaid services in 4.C.b
bb) Expand 4.E to include full Policy for Catastrophic Discount
cc) Update billing and collections policy to official name of policy in 4.F
dd) Remove “for uninsured and underinsured patients” at end of 4.G.i
ee) Remove “including criminal charges” from 4.H
ff) Changed “informed” to “educated” in 4.I.b
gg) Changed “financial need” to “financial assistance qualification” through 4.J
hh) Clarify eligibility screening and add “(ECA)” in 4.J.3
ii) Clarify discount and financial assistance notification in 4.J.4
jj) Change “presented to” to “available to” in 4.K.1
kk) Add “(ECA)” to 4.K.1.c
ll) Change “Augusta Health Service” to “Billing and Collections Practice Policy in 5
November 21, 2023 – a) Enumerate FA criteria in section 1
b) Add the word “services” after August Medical Group in section 2, para 3
c) Add definition for Group Health Insurance (GHI) in section 3
d) Add exemption language for AH employees in 4.A.5
e) Add reference to healthcare.gov for GHI affordability exemption in 4.A.9
f) Expand definition of liquid asset examples 4.A.10
g) Add reference to healthcare.gov FPL info and remove FPL chart from 4.A.11 & 4.A.12
h) Add paragraph 3 to 4.A.12 i) Added paragraph to section 4.A.15 including examples
j) Struck “Augusta Medical Group” and added “affiliates” to section 4.A.5.
k) Section 4.B.8.d, changed “available” to “liquid” assets
l) Added additional financial institutions to 4.B.8.a.
m) Corrected titles in I.1.
October 30, 2024 – a) Move sentence regarding payer of last resort to end of section 1.
b) Add clarifying language about enrolled GHI plans in 4.A.9
c) add “or cash sharing apps” to 4.A.10

d) add “primary account holder” clause to 4.A.10
e) clean up grammatical list commas in 4.A.11 & 4.A.12
f) Turn paragraph 2 of 4.A.15 into 4.A.16 and renumber following accordingly
g) Clarify language in new 4.A.16
h) Add language about cash sharing apps in 4.B.8.a
i) Change enumerated list from alpha to numeric in 4.C
j) Added last sentence to last paragraph in 4.C
November 18, 2025– a) Updated asset limit from $15,000 to $25,000 in 1e; 4.A.10, 11, 12; 13.K.1.a
b) Replaced “referring” to “transferring’ in F
c) Added “service area” to G.1, G.1.c, G.2.c, G.2.d
August 26, 2026:
a) Extended the financial assistance approval period from 180 days to 365 days in Section 4.A.16 for applicants whose sole or primary source of household income is Social Security Retirement or Social Security Disability Insurance (SSDI) benefits.
b) Clarified corresponding eligibility dates in Section 4.B.3 for the same population.
c) Added new defined term "Extended Approval Period" in Section 3, Definitions, excluding Supplemental Security Income (SSI) and employer-paid short-term or long-term disability benefits from the extended period.
d) Approved by the Augusta Health Board of Directors on August 26, 2026.