**Policy: Patient Financial Assistance**

1) **Purpose:** VCU Health System is committed to decreasing financial barriers to access to healthcare for patients in our community. Strategies for increasing access include leveraging enrollment for sponsored insurance, Indigent Care discounts, Self-Pay discounts, payment plans and programs of special consideration for patients who do not qualify for other programs.

2) **Scope:** This policy applies to hospital and physician services performed at VCU Medical Center, VCU Medical Center’s Outpatient Clinics, and MCVP Clinics (collectively, “VCUHS”). This policy describes the financial assistance and eligibility criteria available pursuant to (i) VCUHS-funded discounts for self-pay patients, (ii) State University Teaching Hospitals Indigent Care Guidelines, and (iii) additional VCUHS-funded Indigent Care discounts.

3) **Definitions:** For purposes of this policy, the following terms and definitions apply:

   a) **Federal Poverty Level (FPL) Guidelines:** The poverty guidelines updated periodically by the United States Department of Health and Human Services, which VCUHS uses to establish income and family size eligibility criteria for Indigent Care.

   b) **Household:** Includes the patient’s spouse, mother and father (regardless of marital status), and any children who live in the same home as the patient and are qualifying dependents for tax purposes.

   c) **Household Income:** For purposes of the VCUHS Financial Assistance Application, sources of income include but are not limited to: gross salary and wages, self-employment income, interest and dividends, real estate rentals and leases, Social Security benefits, alimony and child support payments, pensions, settlement income, bonuses, tax annuities, unemployment and disability payments, and public assistance such as general relief or Temporary Assistance for Needy Families (“TANF”).

   d) **Indigent Care:** Medically necessary services provided at no or discounted charges to patients who meet current State University Teaching Hospitals Indigent Care Guidelines, and if applicable, additional VCUHS-funded Indigent Care criteria described in this policy.

   e) **Self-Pay Discounted Care:** Medically necessary services provided at a discount to patients who elect to self-pay or are uninsured and do not qualify for Indigent Care.

   f) **State University Teaching Hospitals Indigent Care:** State-sponsored healthcare services provided at no or discounted charges to patients who lack financial resources or have exhausted their health insurance benefits, and based upon state-approved criteria are applied to all qualifying individuals who need assistance. State-sponsored healthcare services require VCUHS to perform asset testing for eligibility determination.
g) VCUHS-funded Indigent Care: VCUHS-funded discount that is supplemental to State University Teaching Hospitals Indigent Care. The VCUHS-funded Indigent Care discount is applied to patient accounts in addition to the state sponsored discount for individuals at or below 200% of the FPL. VCUHS verifies eligibility based on Household Income levels, not total assets.

4) Policy Guidelines:

a) This Policy and the Indigent Care criteria are updated regularly in accordance with the Federal Poverty Income Guidelines and State University Teaching Hospitals Indigent Care Guidelines.

b) VCUHS financial counselors are available to assist patients with completing the VCUHS Financial Assistance Application during operating hours.

c) Patients may obtain a copy of the VCUHS Financial Assistance application by contacting the VCUHS Financial Counseling Phone Unit at (804) 828-0966 between 8:00 am – 4:30 pm, by visiting www.VCUHealth.org, or in person by visiting the following VCUHS registration areas:

- Gateway Building 1st Floor (804) 828-7779 7:30 am – 4:30 pm
- Nelson Clinic 5th Floor (804) 628-1736 8:00 am – 4:30 pm
- Children’s Pavilion Level 1 (804) 628-0778 7:30 am – 4:00 pm

d) Appendix A table outlines the Indigent Care and Self-Pay Discounted Care available to qualifying patients. Updates will be posted online at: https://www.vcuhealth.org/vcu-medical-center/billing-and-insurance/financial-assistance/financial-assistance-vcu-med-ctr

5) Self-Pay Discounted Care:

a) All patients are eligible to receive Self-Pay Discounted Care by paying out-of-pocket.

b) Additional “prompt-pay” discounts are extended to self-pay patients who pay their balance in full within four (4) or twelve (12) months.

c) Self-Pay Discounted Care discounts and prompt-pay discounts are referenced above in the At-A-Glance Table.

6) Indigent Care (including State University Teaching Hospitals Indigent Care and additional VCUHS-funded Indigent Care):

a) Patients with Household Income at or below 200% of the Federal Poverty Level and who are not disqualified by the Asset Test (defined below) are eligible for State University Teaching Hospitals Indigent Care.

b) Patients with Household Income at or below 200% of the Federal Poverty Level may be eligible for VCUHS-funded Indigent Care.
c) Eligible patients must follow VCUHS’ Financial Assistance Application instructions and make every reasonable effort to provide the requested documentation and health coverage information.

d) To be eligible for Indigent Care, patients must work with VCUHS financial counselors and complete applications for all relevant sources of reimbursement including participating with their payer’s requirements for commercial and third party liability insurance, Medicare, Medicaid, and any other third party payers. Indigent Care is offered after patient third-party health insurance coverage has been exhausted.

e) If a patient refuses to participate or provide supporting documentation requested by a VCUHS financial counselor, the patient may be disqualified from receiving an Indigent Care discount.

f) Patients approved for Indigent Care will remain eligible for twelve (12) months from the date the application was filed. Upon approval, the discount is applied retroactively back to self-pay accounts that have not been referred to an outside collection agency.

g) Patients must immediately report changes in Household Income to VCUHS.

h) If a patient’s financial status changes, a new VCUHS Financial Assistance Application must be completed and a new determination will be made.

i) State Indigent Care Asset Test:
   - Patients who have financial assets above the following amounts are disqualified from receiving State University Teaching Hospitals Indigent Care, regardless of Household Income:
     (a) $2,000 for Households with one (1) person.
     (b) $3,000 for Households with two (2) people.
     (c) $3,100 for Households with three (3) people, with an additional $100 for each additional person in the Household.
   - For purposes of the Asset Test, financial assets are broadly defined to include, without limitation: (i) cash on hand, in the bank, or in a safe deposit box; (ii) cash value of stocks, bonds, securities, trust funds, personal injury claims, and life insurance policies; (iii) unpaid balances on deeds or mortgages held by the patient; (iv) cash value of motor vehicles in excess of one motor vehicle for the Household (unless required for self-employment); and (v) assessed value of real estate in excess of your primary residence and up to 3.99 contiguous acres of land.
   - Your VCUHS financial counselor will assist you with applying the Asset Test and determining if you qualify for eligibility for the State Indigent Care program.
7) **Catastrophic Situations:**

   a) Financial assistance under this policy is available for certain patients who experience catastrophic medical events where the patient does not qualify for Indigent Care and the related VCUHS medical bills exceed at least 20% of the patient’s Household Income and the patient is unable to pay the bill. Financial assistance for catastrophic situations is reviewed and approved by VCUHS administration on a case-by-case basis and is subject to budgetary restrictions.

8) **Non-emergent Care; Referrals from VCUHS’ Collaborating Patient Assistance Programs and/or MCVP Physicians:**

   a) Financial assistance under this policy is available for certain patients who require non-emergent, medically necessary healthcare services that are prohibitively expensive for the patient based on Household Income and do not have an income source.

   b) To request financial assistance for non-emergent care, the patient must work through one of VCUHS’ collaborating patient assistance programs to be screened and referred for financial assistance and/or be referred by an MCVP Physician.

   • Patients referred by one of VCUHS’ collaborating patient assistance programs must also have an MCVP Physician advocate who has evaluated the case and can speak to the plan for treatment and follow-up care.

   • Patients may also be referred independent of a collaborating patient assistance program by an MCVP Physician who has evaluated the patient and can advocate for the requested non-emergent care. Patients referred by an MCVP Physician may be asked to complete the VCUHS Financial Assistance Application, must not qualify for Indigent Care, and must complete and submit to their VCUHS financial counselor the VCUHS Financial Assistance Request for Non-Emergent Care – Patient Questionnaire form.

   c) Financial assistance requests for non-emergent care will be reviewed and approved on a case-by-case basis by VCUHS administration and are subject to budgetary restrictions.
## Appendix A

### VCU Health System

**Guidelines for Financial Assistance**

<table>
<thead>
<tr>
<th>Persons in Family/Household</th>
<th>Tier 1 (0% to 100%)</th>
<th>Tier 2 (101% to 110%)</th>
<th>Tier 3 (111% to 133%)</th>
<th>Tier 4 (134% to 166%)</th>
<th>Tier 5 (167% to 200%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490</td>
<td>$13,739</td>
<td>$16,653</td>
<td>$20,816</td>
<td>$24,980</td>
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<tr>
<td>2</td>
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<td>$18,601</td>
<td>$22,546</td>
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<tr>
<td>3</td>
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<td>$23,463</td>
<td>$28,439</td>
<td>$35,549</td>
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<tr>
<td>4</td>
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<td>$28,325</td>
<td>$34,332</td>
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<tr>
<td>5</td>
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<tr>
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<td>$47,773</td>
<td>$57,905</td>
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For each additional family member add: $4,420 $4,862 $5,893 $7,366 $8,840

### Step #1:

<table>
<thead>
<tr>
<th>State Indigent Discount:</th>
<th>100%</th>
<th>95%</th>
<th>80%</th>
<th>55%</th>
<th>30%</th>
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### Step #2:

<table>
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<tr>
<th>VCUHS Indigent Discount:</th>
<th>0%</th>
<th>5%</th>
<th>20%</th>
<th>45%</th>
<th>70%</th>
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</thead>
</table>

### Outcome:

<table>
<thead>
<tr>
<th>Total Indigent Discount</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
</tr>
</thead>
</table>

*This program is applicable for services performed by VCU Medical Center and MCV Physicians

**Please visit [https://www.vcuhealth.org/community-memorial-hospital](https://www.vcuhealth.org/community-memorial-hospital) for information regarding the CMH Financial Assistance Program

***Please visit [https://www.chrichmond.org/patient-and-family-resources/insurance-and-billing](https://www.chrichmond.org/patient-and-family-resources/insurance-and-billing) for information regarding the CHOR Brook Road Financial Assistance Program*