

GOOD SAMARITAN HOSPITAL

Administrative – Patient Access Department / Patient Financial Services Policy & Procedure

Manual Code: 2209

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SUBJECT: FINANCIAL ASSISTANCE

EFFECTIVE: 12/2005

REVIEWED OR **REVISED date:** 2/2025

Patient population:

Neonate Pediatric Adult Behavioral Health Not applicable

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PURPOSE: Westchester Medical Center Health Network is devoted to continued excellence in patient care and serving the community. As a partner in the community, Westchester Medical Center Health Network recognizes that it is often necessary to provide care to patients without charge or at amounts less than its established rates while assuring that the long-term viability of the hospital is not threatened.

SCOPE: The policy applies to Good Samaritan Hospital employees, contractors (including collection agencies), medical staff, and residents.

RESPONSIBILITY: All Good Samaritan Hospital employees in patient accounting, billing, registration and emergency areas. In addition to the providers affiliated with its related entity, Bon Secours Medical Group.

POLICY STATEMENT: It is the policy of Good Samaritan Hospital to provide Financial Assistance in compliance with New York State laws and regulations. This Financial Assistance Policy sets forth the process used to determine whether GSH patients, whether Uninsured or Underinsured, are eligible for Financial Assistance and applies to all hospital facilities referenced above.

This Policy is intended to comply with the Financial Assistance policy requirements of Internal Revenue Code Section 501 and is in effect for all WMC tax-exempt hospital facilities exempt under 501(c)(3) of the Internal Revenue Code.

AUTHORING DEPARTMENT: Patient Financial Services | Patient Accounting | Patient Access

PROCEDURE:

A. Non-discrimination:

GSH will render medically necessary services to all members of the community, as defined above, who are in need of medical care regardless of the ability of the patient to pay for such services. The determination of full or partial Financial Assistance will be based on the patient's

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ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation, immigration status or national origin.

B. Confidentiality:

The need for Financial Assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure will be guided by these values. No information obtained in the patient's Financial Assistance application will be released unless the patient gives express permission, in writing, for such release.

C. Eligibility for Financial Assistance:

- a. All patients who are residents of New York State are eligible for Financial Assistance for an Emergency Medical Condition. Financial Assistance is also available for Medically Necessary Services to any qualified resident of the Hospital's Service Area: NYS, Pike County in Pennsylvania, Northern Bergen County in New Jersey, Sussex and Passaic Counties in New Jersey. Eligibility for Financial Assistance for non-residents of New York State for Emergency Medical Care or other Medically Necessary services will be determined on a case-by-case basis and requires Senior Leadership approval. This policy is not applicable for patients receiving non-medically necessary services, such as cosmetic or transplant procedures.
- b. The determination of eligibility for Financial Assistance will be made upon receipt of a completed application from the patient or authorized representative and/or upon presumptive screening processes including the use of third-party software. Generally, a patient is presumptively eligible for some form of financial assistance if his or her income level is below 400% of the federal poverty level and he/she follows the procedures outlined in this policy to request assistance. Federal poverty levels are attached as Exhibit A and subject to change annually.
- c. GSH will determine eligibility for Financial Assistance based upon information provided during the application or the presumptive screening process.
 - i. The hospital will consider Family (Household) Income when determining eligibility for Financial Assistance for Uninsured patients. Primary residence, assets held in a tax deferred or other comparable retirement account savings, college account savings, or vehicles used regularly by patients or immediate family will not be taken into consideration.

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- ii. The hospital will consider Family (Household) Income when determining eligibility for Financial Assistance for Underinsured patients who can provide paid household out-of-pocket medical expenses (excluding premiums) accumulated in the past 12 months that amount to 10% or more of the household's gross income. Primary residence, assets held in a tax deferred or other comparable retirement account savings, college account savings, or vehicles used regularly by patients or immediate family will not be taken into consideration.
 1. Underinsured patients seeking Financial Assistance must supply all documentation of paid out-of-pocket medical expenses (excluding premiums) accumulated for Medically Necessary Services for the last 12 months from the date of the application.
 2. For any expenses incurred at a GSH facility, if the Underinsured Individual cannot provide documentation of such expense, the applicant must provide GSH with the name of the hospital or facility where services were rendered, the approximate date(s) of such service(s), and any other information available to assist with identifying out-of-pocket medical expenses.
- d. Qualification for the Financial Assistance program is based on the current federal poverty guidelines and may be re-evaluated at any time when the patient's eligibility information changes during the calendar year.
- e. Financial Assistance discounts will be applied based on the guidelines listed below in section D. The poverty guidelines in this table only apply to Medically Necessary Services.
- f. The maximum amount an uninsured patient will be responsible for under this policy will not exceed the rate established under the Medicaid FFS for the facility, in accordance with NYS Public Health Law 2807
- g. The maximum installment plan payment of outstanding balances will be limited to 5% if the patient's gross monthly income as long as the patient has provided all supporting documents.
- h. This Financial Assistance Policy applies to the Hospital and the providers affiliated with its related entity, Bon Secours Medical Group, only. Any other Physicians, Providers or Provider Groups, including the Emergency Room Physicians or Boston Children's Health Physicians are not covered under this policy. Patients may call their provider directly if they have any questions about their policies.

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D. Table of Financial Assistance Tiers Based on Income Levels: Uninsured (No Insurance)

Financial Assistance Tier	Family Income % of FPL	Uninsured Patient Responsibility (% Medicaid Reimbursement) *	Uninsured Patient Responsibility (% Cost Sharing)
1	400% or less	0%	0%

**Not to exceed the Medicaid FFS rate*

Table of Financial Assistance Tiers Based on Income Levels: Underinsured (Insurance)

Financial Assistance Tier	Family Income % of FPL	Underinsured Patient Responsibility (with 12 months paid medical expenses totaling at least 10% of gross family income) % Cost Sharing	Underinsured Patient Responsibility (without 12 months paid medical expenses totaling at least 10% of gross family income) % Cost Sharing
1	200% or less	0%	100%
2	201% - 300%	10%	100%
3	301% - 400%	20%	100%
4	401% or greater	100%	100%

E. Application Process:

- a. Patients who are insured or underinsured may apply for Financial Assistance by completing an application or by speaking with a financial counselor at any time. Financial Assistance will be considered for all the patient's outstanding balances for Medically Necessary Services received at any GSH facility.
- b. Requests for Financial Assistance may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social

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service organizations, or hospital personnel. The patient will be informed of such a request. This type of request will be processed like any other and be subject to the Financial Assistance qualification guidelines.

- c. As a condition for receipt of Financial Assistance, GSH requires the patient to fully cooperate with the GSH application process and the granting of Financial Assistance may be contingent upon a patient's willingness to apply for Medicaid or other public insurance programs if, in the judgement of the hospital, the patient may be eligible for such programs. GSH reserves the right to request previously supplied Financial Assistance documentation to any GSH hospital or facility and may utilize information from available external or third-party resources to verify Individual Income, family size and/or Family Income.
- d. The hospital will send anyone who requests information on GSH's Financial Assistance program an application and an informational sheet about the program. Patients will also be notified in writing regarding the availability of Financial Assistance during the registration, discharge, and financial counseling process in English or Spanish. Reading, writing, and translation services, when needed, will be offered to all patients. The plain language summary will be provided to all patients.
- e. GSH will make all attempts to have the patient complete a Financial Assistance application before services are rendered. The patient may apply for financial assistance at any time for current and prior balances, provided a current application is submitted and the patient cooperates with the application requirements, including the disclosure of personal, financial, or other information necessary to determine the patient's qualification for Financial Assistance.
- f. If verification of financial information is needed, the hospital will request such information from the patient. Patients may use a variety of information to substantiate financial circumstances, such as paycheck stubs, W-2 forms, and unemployment or disability statements. If those items are unavailable, a notarized letter of support from individuals providing for the patient's basic living needs will be accepted. GSH may utilize third-party financial reporting services (e.g., Search America, Experian) to verify the information provided. The Hospital reserves the right to request any other documentation as may be allowed under law and state regulations.

F. Approval Process:

- a. The patient will be notified in writing within thirty (30) business days after receipt of the Financial Assistance application and any supporting materials as to whether the patient qualifies for the Financial Assistance program. The patient will receive notification stating that Financial Assistance eligibility will be effective for the remainder of the calendar year.

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For example, if a patient is approved for Financial Assistance on September 1, 2024, then the patient will be approved for the period of 9/1/2024 - 12/31/2024, barring any change in the financial condition of the patient and family.

- b. If an incomplete Financial Assistance Application is received, the patient will be notified in writing with a description of the additional information or documentation required to make an eligibility determination.
- c. If the patient wishes to renew Financial Assistance beyond the prior approved calendar year, the patient must complete a new Financial Assistance application along with the supporting documents and any additional documentation requested by the hospital. New financial assistance applications should reflect the patient's current financial circumstances.

G. Billing & Collection Policies

- a. GSH realizes that certain individuals may not overtly request Financial Assistance, even if he or she would clearly qualify under the Financial Assistance policy. The accounts for these patients will follow the normal collection process, which is described in a separate Collection policy. In accordance with regulatory requirements, GSH will not commence legal action to recover medical debt for patients with incomes below 400% of the Federal Poverty Level (FPL). In the event of a lawsuit, the hospital CFO will file an affidavit certifying reasonable effort was made to uncover the patient's income and that it was found to be above 400% FPL. Hospital and/or Collection Agencies will also be prohibited from commencing legal action or delegating collection activity to a debt collector for non-payment for at least 180 days after the first post-service bill is issued to the patient, and until the hospital has made reasonable attempts to determine if the patient qualifies for Financial Assistance.
 - i. Accounts that have been returned from a collection agency as uncollectible bad debt may be reviewed further using external financial and demographic data validation services provided through nationally recognized third-party services (i.e., Experian, Search America). Such services will provide, at minimum, the individual's estimated percentage of the federal poverty level and family size (obtained through public financial records and demographic data sources).
 - ii. When patients elect installment payment plans in connection with an approved Financial Assistance Application, GSH will not charge interest, and the monthly payment(s) will not exceed 5% of the patient's gross monthly income.

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- iii. All patients will be notified of the risks of payment for medical services with credit cards, as this form of payment will forego State and Federal protections related to medical debt.

H. Presumptive Financial Assistance:

- a. GSH may also use presumptive Financial Assistance data to consider eligibility for Financial Assistance at any point before or after service(s) are rendered and/or at any time during the billing and collection cycle. GSH reserves the right to validate a patient's qualification for Financial Assistance if, in the hospital's screening process, it can be determined that the patient qualifies for Financial Assistance based on the FPL limits outlined above in sections D, or on the basis of individual life circumstances (i.e., homelessness, patients who qualify for other financial assistance programs, Emergency Medicaid recipients, etc.). GSH may therefore provide Financial Assistance prior to or without any application being furnished. If a patient is determined to be presumptively eligible for Financial Assistance, GSH will notify the patient in writing and provide the patient with instructions on how to submit an application to be assessed for further Financial Assistance.
 - i. GSH will use this presumptive Financial Assistance data to determine which accounts may be reclassified from bad debt to Financial Assistance, in accordance with the terms of this policy and the FPL limits outlined above in section D.
 - ii. The presumed eligibility process shall not negatively affect an individual's credit score.
 - iii. The documentation sent to third-party service(s) to initiate the background and financial inquiry, as well as all results returned from the third-party service, will be maintained by the Patient Accounting Department.

I. Denial and Appeal Process:

- a. If it is determined that the patient does not qualify for the Financial Assistance program, the patient will be informed in writing within thirty (30) working days of the denial. All reasons for denial will be provided in the correspondence, including information on how to appeal the denial.

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- b. Each patient denied Financial Assistance may petition the hospital, in writing, within thirty (30) days for reconsideration based on extenuating circumstances. Financial assistance appeals will be presented to Senior Leadership. All appeals will be evaluated on a case-by-case basis taking into consideration the many unique factors impacting a patient's ability to pay. GSH may, at its discretion, extend financial assistance beyond that required in this policy.
- c. Patients will be notified of the determination or status of the appeal within thirty (30) days from receipt of the appeal from the patient.

J. Communication:

- a. In an effort to notify patients of the Financial Assistance program, a plain language summary outlining the Financial Assistance Program, the application process, and contact telephone numbers for additional information will be given to all patients and available at all patient registration desks. Additionally, signage indicating the availability of the Financial Assistance program will be placed in the Emergency Department and at all patient registration areas and waiting rooms. Additionally, all patients who are treated in the Emergency Department will receive information on GSH's Financial Assistance Program at the time of discharge.
- b. Patients will be provided with notice of the hospital's Financial Assistance program in English and/or Spanish during the pre-admission, admission, and discharge process. The Plain Language Summary will be provided to all patients as part of the registration process.
- c. All hospital employees in patient accounting, billing, registration, and emergency areas will be fully trained in the hospital's Financial Assistance policy, have access to the application forms, and able to direct questions to the appropriate hospital representatives.
- d. All staff with public and patient contact will be trained regarding the availability of a Financial Assistance program at GSH and on how to direct patients to the appropriate representatives for assistance and further information.
- e. GSH will designate individuals in the Financial Aid Office as specialists in the Financial Assistance process. These individuals will provide and coordinate the assistance measures outlined in this policy and will oversee all aspects of the Financial Assistance application process.
- f. A statement regarding the availability of financial assistance programs, including the Financial Assistance Application, will be included on all bills or statements sent to patients by GSH. Included will be information on how to contact GSH for more information or to

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apply for the program. The hospital's website will include information regarding Financial Assistance, including links to access the Financial Assistance Application and Financial Assistance Policy.

K. Record Keeping:

- a. All Financial Assistance applications will be kept on file for five (5) years. A copy of the patient's Financial Assistance application and all correspondence with the patient regarding the approval, denial and appeal will be maintained in the patient's electronic record.
- b. Financial Assistance will be recorded using the direct write-off method and will comply with all accounting regulations by the American Institute for Certified Public Accounting. Transaction codes and plan codes will be established in GSH's computerized patient billing systems to adequately track and report Financial Assistance activity.

L. Reporting:

- a. GSH will provide a copy of the hospital's Financial Assistance program and report the amount of Financial Assistance provided in cost and charges in its annual financial statements. The hospital will file a copy of the hospital's Financial Assistance program with all appropriate local and state agencies.

DEFINITIONS:

1. The Primary Service Area of Good Samaritan Hospital, located in Suffern, has a primary service area which includes Rockland and Orange Counties in New York, and Northern Bergen County in New Jersey.
2. "Financial Assistance" means inpatient and outpatient Medically Necessary treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to established hospital guidelines. Such treatment is provided by GSH with the expectation that total payment may not be received.
3. "Uninsured Patient" means a patient who lacks any medical insurance coverage or a patient who has exhausted his / her medical coverage.
4. "Underinsured Patient" means a patient who has some form of health insurance coverage but has out of pocket medical costs accumulated in the last 12 calendar months from the date of the application for Medically Necessary Services that amount to more than 10% of the individual's annual gross income.
5. "Co-pays and deductibles" mean the required out-of-pocket self-pay responsibility under the terms of a patient's insurance or government sponsored medical coverage policy.
6. "Bad Debt" is defined as expenses resulting from treatment for services provided to a patient and/or his or her guarantor who, having the requisite financial resources to pay for health care

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- services, has demonstrated by his/her actions an unwillingness to comply with the contractual arrangements to resolve a bill.
7. “Medically Necessary Services” will mean health care services for the purpose of evaluating, diagnosing, or treating an illness, injury, or disease in accordance with Generally Accepted Standards of Medical Practice.
 8. “Emergency Medical Condition” is defined by section 1867(a) of the Social Security, also known as the Emergency Medical Treatment and Active Labor Act (“EMTALA”). EMTALA defines an emergency medical condition as a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ part. EMTALA also defines an emergency medical condition to include a pregnant woman who is having contractions.
 9. “Cost Sharing” will mean the total amount owed by an Underinsured patient following the application of such patient’s insurance coverage, including, but not limited to, deductibles, copayments, coinsurance, and balance after insurance.
 10. “Elective & Cosmetic Services” will mean all other services not defined as an Emergency Medical Condition.
 11. “Individual Income” will mean all wages, salaries, unemployment compensation, workers’ compensation, Social Security, public assistance, veterans’ payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, and other miscellaneous sources. Individual Income only applies to the patient and is determined on a before-tax basis and excludes capital gains or losses.
 12. “Family Income” will mean all wages, salaries, unemployment compensation, workers’ compensation, Social Security, public assistance, veterans’ payments, survivor benefits, pension or retirement income, rents from property, profits and fees from their own business, interest, dividends, rents, royalties, income from estates, trusts, alimony, and other miscellaneous sources. Family Income is determined on a before-tax basis and excludes capital gains or losses. If a person lives with a Family, income from all family members may be considered for the calendar year. GSH will also accept non-related household members when calculating family size.

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EXHIBIT A:

Number of Persons in the Family Unit	Annual Family Income*	Monthly Family Income*	Weekly Family Income*
1	\$15,650	\$1,305	\$301
2	\$21,150	\$1,763	\$407
3	\$26,650	\$2,221	\$513
4	\$32,150	\$2,680	\$618
5	\$37,650	\$3,138	\$724
6	\$43,150	\$3,596	\$830
7	\$48,650	\$4,055	\$936
8	\$54,150	\$4,513	\$1,041
Each additional person	\$5,500	\$459	\$106

**Figures based on 2025 Federal Poverty Guidelines as published by the US Department of Health and Human Services*

REFERENCES:

**Figures based on 2025 Federal Poverty Guidelines as published by the US Department of Health and Human Services*

APPROVALS:

Network Vice President, Revenue Cycle, Patient Accounts, Westchester Medical Center (WMC) Health

Network Sr. Director, Patient Access, Patient Accounts, Westchester Medical Center (WMC) Health

Policy Procedure Committee

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