WESTCHESTER MEDICAL CENTER
Administrative: Policy & Procedure

Manual Code: RI-18A	Page 1 of 8

SUBJECT: **Financial Assistance**	
EFFECTIVE: 09/2004	**__ REVIEWED OR _X_ REVISED date**: 2/2025
Applicable Campus: _X_ MidHudson _X_ Valhalla	**Patient population:** ___ Neonate ___ Pediatric ___ Adult ___ Behavioral Health _X_ Not applicable

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PURPOSE:
Westchester Medical Center Health Network (WMCHN) is devoted to continued excellence in patient care and serving the community. As a partner in the community, WMCHN 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:
This financial assistance policy applies to the hospitals and the providers affiliated with its related entities including: Westchester Medical Center, MidHudson Regional Hospital, Bon Secours Community Hospital, Good Samaritan Hospital, St. Anthony's Hospital, HealthAlliance Hospital Mary's Avenue, HealthAlliance Margaretville Hospital, Advanced Physician Services, P.C., and Bon Secours Medical Group, patients regarding eligibility and other requirements, employees, contractors (including collection agencies), medical staff, and residents.

RESPONSIBILITY:
Patient Financial Services / Patient Access / Patient Accounting

POLICY STATEMENT:
It is the policy of Westchester Medical Center, MidHudson Regional Hospital, Bon Secours Community Hospital, Good Samaritan Hospital, St. Anthony Community Hospital, HealthAlliance Hospital Mary's Avenue Campus, and HealthAlliance Hospital Margaretville (collectively, "WMCHN" or the "Hospital") to provide Financial Assistance in accordance with applicable New York State laws and regulations. Advanced Physician Services, P.C. and Bon Secours Medical Group will honor financial assistance for eligible patient balances arising from hospital-based encounters. This Financial Assistance Policy outlines the criteria and process used to determine eligibility for Financial Assistance for WMCHN patients who are uninsured or underinsured and applies to all Hospital facilities listed 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 WMCHN tax-exempt hospital facilities exempt under 501(c)(3) of the Internal Revenue Code.

AUTHORING DEPARTMENT:
Patient Financial Services / Patient Accounting

PROCEDURE:

A. Non-discrimination:

WMCHN shall 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 shall be based on the patient's ability to pay and shall 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 shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who shall implement this policy and procedure shall be guided by these values. No information obtained in the patient's Financial Assistance application shall be released unless the patient gives express permission, in writing, for such release.

C. Eligibility for Financial Assistance:

1. 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 Eligibility for Financial Assistance for non-residents of New York State for Emergency Medical Care or other Medically Necessary services shall 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.

2. The determination of eligibility for Financial Assistance shall 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.

3. WMCHN shall determine eligibility for Financial Assistance based upon information provided during the application or the presumptive screening process.

    a. The hospital shall consider Family (Household) Income when determining eligibility for Financial Assistance for Uninsured patients. WMCHN shall not consider assets when determining eligibility for Financial Assistance.

    b. WMCHN shall 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. WMCHN shall not consider assets when determining eligibility for Financial Assistance.

        i. 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.

        ii. For any expenses incurred at a WMCHN facility, if the Underinsured Individual cannot provide documentation of such expense, the applicant must provide WMCHN 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.

4. 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.
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5. Financial Assistance discounts shall be applied based on the guidelines listed below in section D**.** The poverty guidelines in this table only apply to Medically Necessary Services.

6. The maximum amount an uninsured patient will be responsible for under this policy shall not exceed the rate established under the Medicaid FFS for the facility, in accordance with NYS Public Health Law 2807.

7. The maximum installment plan payment of outstanding balances shall be limited to 5% if the patient's gross monthly income as long as the patient has provided all supporting documents.

8. This financial assistance policy applies to the hospitals and the providers affiliated with its related entities including: Westchester Medical Center, MidHudson Regional Hospital, Bon Secours Community Hospital, Good Samaritan Hospital, St. Anthony's Hospital, HealthAlliance Hospital Mary's Avenue, HealthAlliance Margaretville Hospital, Advanced Physician Services, P.C., and Bon Secours Medical Group. 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.

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

Financial Assistance Tier	Family Income % of Federal Poverty Level (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 Federal Poverty Level (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:

1. 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 shall be considered for all the patient's outstanding balances for Medically Necessary Services received at any WMCHN facility. Patients will not be denied admission, emergency, or medically necessary services due to an unpaid bill. Immigration status shall not be considered when determining eligibility for Financial Assistance.

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

3. As a condition for receipt of Financial Assistance, WMCHN requires the patient to fully cooperate with the WMCHN 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 WMCHN, the patient may be eligible for such programs. WMCHN reserves the right to request previously supplied Financial Assistance documentation to any WMCHN hospital or facility and may utilize information from available external or third-party resources to verify Individual Income, family size and/or Family Income.

4. WMCHN shall send anyone who requests information on WMCHN's Financial Assistance program an application and an informational sheet (Plain Language Summary of Financial Assistance Policy) about the program. Patients shall 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, shall be offered to all patients. The plain language summary shall be provided to all patients.

5. WMCHN shall 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.

6. If verification of financial information is needed, WMCHN shall 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 shall be accepted. WMCHN may utilize third-party financial reporting services (e.g. Search America, Experian) to verify the information provided. WMCHN reserves the right to request any other documentation as may be allowed under law and state regulations.

F. Approval Process:

1. The patient shall 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 shall receive notification stating that Financial Assistance eligibility will be effective for the remainder of the calendar year until the last day of the month of their date of birth. For example, if a patient whose date of birth is in the month of May and is approved for Financial Assistance September 1, 2026, then the patient will be approved for the period of 9/1/2026 - 5/31/2027, barring any change in the financial condition of the patient and family.

2. If an incomplete Financial Assistance Application is received, the patient shall be notified in writing with a description of the additional information or documentation required to make an eligibility determination.

3. 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 WMCHN. New financial assistance applications should reflect the patient's current financial circumstances.

G. Billing & Collection Policies:

WMCHN 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 shall follow the normal collection process, which is described in a separate Collection policy. In accordance with regulatory requirements, WMCHN 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, WMCHN's CFO shall file an affidavit certifying reasonable effort was made to uncover the patient's income and that it was found to be above 400% FPL. WMCHN and/or Collection Agencies shall 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 WMCHN has made reasonable attempts to determine if the patient qualifies for Financial Assistance. WMCHN prohibits the forced sale or foreclosure of a patient's primary residence. WMCHN also prohibits the sale of medical debt to a 3rd party, unless the 3rd party is paying off the medical debt. WMCHN shall provide written notification to patients not less than thirty days prior to the referral of debts for collection.

a. 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 shall 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).

b. For all patients who elect installment payment plans, WMCHN shall not charge interest, and the monthly payment(s) shall not exceed 5% of the patient's gross monthly income.

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

H. Presumptive Financial Assistance:

WMCHN 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. WMCHN reserves the right to validate a patient's qualification for Financial Assistance if, in WMCHN's screening process, it can be determined that the patient qualifies for Financial Assistance based on the FPL limits outlined above in section D, or on the basis of individual life circumstances (i.e., homelessness, patients who qualify for other financial assistance programs, Emergency Medicaid recipients, etc.). WMCHN 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, WMCHN shall notify the patient in writing and provide the patient with instructions on how to submit an application to be assessed for further Financial Assistance.

a. WMCHN shall 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.

b. The presumed eligibility process shall not negatively affect an individual's credit score.

c. 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, shall be maintained by the Patient Accounting Department.

I. Denial and Appeal Process:

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

2. Each patient denied Financial Assistance may petition WMCHN, in writing, within thirty (30) days for reconsideration based on extenuating circumstances. Financial assistance appeals shall be presented to Senior Leadership. All appeals shall be evaluated on a case-by-case basis taking into consideration the many unique factors impacting a patient's ability to pay. WMCHN may, at its discretion, extend financial assistance beyond that required in this policy.

3. Patients shall be notified of the determination or status of the appeal within thirty (30) days from receipt of the appeal from the patient.

J. Communication:

1. 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 shall be given to all patients and available at all patient registration desks. Additionally, signage indicating the availability of the Financial Assistance program shall 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 shall receive information on WMCHN's Financial Assistance Program at the time of discharge.

2. Patients shall 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 Summery shall be provided to all patients as part of the registration process.

3. All WMCHN employees in patient accounting, billing, registration, and emergency areas shall be fully trained in WMCHN's Financial Assistance policy, have access to the application forms, and able to direct questions to the appropriate WMCHN representatives.

4. All staff with public and patient contact shall be trained regarding the availability of a Financial Assistance program at WMCHN and on how to direct patients to the appropriate representatives for assistance and further information.

5. WMCHN shall designate individuals as specialists in the Financial Assistance process. These individuals shall provide and coordinate the assistance measures outlined in this policy and shall oversee all aspects of the Financial Assistance application process.

6. A statement regarding the availability of financial assistance programs, including the Financial Assistance Application shall be included on all bills or statements sent to patients by WMCHN. Included shall be information on how to contact WMCHN for more information or to apply for the program. WMCHN's website shall include information regarding Financial Assistance, including links to access the Financial Assistance Application and Financial Assistance Policy.

K. **Record Keeping**:

1. All Financial Assistance applications shall 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 shall be maintained in the patient's electronic record.

2. Financial Assistance shall be recorded using the direct write-off method and shall comply with all accounting regulations by the American Institute for Certified Public Accounting. Transaction codes and plan codes shall be established in WMCHN's computerized patient billing systems to adequately track and report Financial Assistance activity.

L. Reporting:

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

REFERENCES:
Credit and Collection Policy

DEFINITIONS:

1. The Primary Service Area of Westchester Medical Center, located in Valhalla, is defined as the five counties of Westchester, Putnam, Orange, Rockland, and Bronx. The Primary Service Area of MidHudson Regional Hospital, located in Poughkeepsie, is defined as the five counties of Putnam, Orange, Dutchess, Columbia and Ulster. The Primary Service Area of Bon Secours Community Hospital, located in Port Jervis, includes Port Jervis and the surrounding areas in Orange and Sullivan Counties in New York, Pike County in Pennsylvania, and Sussex County in New Jersey. 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. The Primary Service Area for HealthAlliance Hospital Mary's Avenue Campus and HealthAlliance Hospital Broadway Campus, located in Kingston, and Margaretville Hospital, located in Margaretville, are defined as the seven counties of Ulster, Greene, Colombia, Dutchess, Orange, Sullivan and Delaware. The Primary Service Area of St. Anthony Community Hospital, located in Warwick, has a primary service area which includes Warwick, and the surrounding areas in Orange County, New York and Sussex and Passaic Counties 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 WMCHN 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 1% 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 services, has demonstrated by his / her actions an unwillingness to comply with the contractual arrangements to resolve a bill.
7. "Medically Necessary Services" shall 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" shall 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" shall mean all other services not defined as an Emergency Medical Condition.
11. "Individual Income" shall 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" shall 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. WMCHN shall also accept non-related household members when calculating family size.

Archival history:

Reviewed:	12/2005, 07/2007, 11/2019, 2/2025
Revised:	05/2008, 2/2009, 12/2009, 2/2011, 3/2012, 10/2013, 5/2014, 9/2015, 1/2016, 4/2016, 9/2017, 07/2022, 12/2024, 2/2025

EXHIBIT A:

Number of Persons in the Family Unit	Annual Family Income*	Monthly Family Income*	Weekly Family Income*
1	$15,960	$1,330	$307
2	$21,640	$1,803	$416
3	$27,320	$2,277	$525
4	$33,000	$2,750	$635
5	$38,680	$3,223	$744
6	$44,360	$3,697	$853
7	$50,040	$4,170	$962
8	$55,720	$4,643	$1,072
Each additional person	$5,680	$473	$109

**Figures based on 2026 100% Federal Poverty Guidelines as published by the US Department of Health and Human Services*