

# GOOD SAMARITAN HOSPITAL

## FINANCIAL ASSISTANCE POLICY

### OVERVIEW:

Good Samaritan Hospital is committed to providing Financial Assistance (charity care) to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. Good Samaritan Hospital is committed to support our community by providing community benefits in the form of Financial Assistance. Good Samaritan Hospital follows EMTALA (Emergency Medical Treatment and Labor Act) guidelines and provides emergency care to patients, regardless of their ability to pay.

Financial assistance is available to individuals who qualify, whether treatment was provided at the hospital or at one of our Good Samaritan outpatient clinics. Good Samaritan makes it easy to apply for such financial assistance. If you feel you meet the requirements for financial assistance, please contact the Central Billing Office at 812-885-3325 and a representative will be happy to work with you. Please review our guidelines for financial assistance in this policy.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are encouraged to work with Good Samaritan Hospital's health insurance navigators to make a reasonable effort to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for these programs (such as HIP, Medicaid, or the ACA Marketplace), and/or to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets. However, if a patient wishes to not pursue other coverage, this does not preclude them from qualifying for financial assistance.

For the purpose of this policy and the corresponding procedures, Good Samaritan Hospital's Board of Directors establishes the following Community Benefit guidelines for the provision of patient Financial Assistance and the terms are defined as follows:

### DEFINITIONS:

**FINANCIAL ASSISTANCE:** Healthcare services that have or will be provided but are never expected to result in cash inflows. Financial assistance care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

**FAMILY:** Using the United States Census Bureau definition, a group of two or more people (one of whom is the householder) related by birth, marriage, or adoption and residing together. Families are considered mother, father, and dependent children under the age of 18. Other adults in the household, even though related, are considered separately.

**INCOME:** Earnings, unemployment compensation, worker's compensation, social security, supplemental security income, veterans' payments, survivor benefits, pension or retirement income,

interest, dividends, rents, royalties, income from estates, trusts, alimony, public assistance, child support, and any other assistance from outside the household.

**UNINSURED:** The patient has no level of insurance or third-party assistance to assist with meeting their payment obligations. These patients will receive a 40% uninsured discount off their total charges. Good Samaritan Hospital may further determine that the uninsured individual, eligible for this discount, may also be eligible for receiving additional financial assistance that to ensure a bill at or below the amount generally billed for emergency and medically necessary care.

**AMOUNT GENERALLY BILLED:** Defined as the amount generally billed for emergency or other medically necessary care to individuals who have insurance covering such care. If an individual is eligible for assistance under this policy, the portion of charges for which the individual is responsible, including co-pays, deductibles, and charges for non-covered services, less any applicable discounts (“the charges for which the patient is responsible”), will not be more than the Amount Generally Billed for emergency or other medically necessary care.

**LOOK BACK METHOD:** The method used annually by Good Samaritan Hospital to calculate the Amount Generally Billed for emergency or other medically necessary care, and takes into account the amounts allowed by Medicare fee-for-service and all private health insurers that pay claims to Good Samaritan Hospital together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-pays, co-insurance or deductibles as compared to the gross charges submitted.

**UNDERINSURED:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

**TIMESFRAMES:** Under regulation 501r a patient has 240 days from the date of service to request financial assistance under this policy. If the patient request financial assistance the hospital shall immediately stop all extraordinary collect efforts. Requests for financial assistance shall be processed promptly and the patient or applicant shall be notified in writing within 14 days of receipt of a completed application.

**ELIGIBILITY TERM:** Once approved, the patient remains eligible for financial assistance for 6 months; unless additional information relevant to the eligibility of the patient’s financial assistance application becomes known, such as a change in income or new eligibility for insurance coverage. Patient’s eligibility will be reviewed after 6 months and will be referred to a GSH insurance Navigator to see if patient qualifies for becoming eligible for HIP 2.0 or Medicaid.

## **POLICY:**

### **PRESUMPTIVE ELIGIBILITY:**

There are instances when a patient may appear eligible for community benefit financial assistance, but there is no financial assistance form on file due to a lack of supporting documentation. In this event, Good Samaritan Hospital could use outside agencies in determining collectability scoring for the basis of determining Financial Assistance eligibility. Presumptive eligibility may be determined based on individual life circumstances that may include:

1. Homeless or received care from a homeless clinic.

2. Food stamp eligibility
3. Subsidized school lunch program eligibility
4. Eligibility for other state or local assistance programs that are unfunded (Medicaid, WIC)
5. Low income/subsidized housing
6. Patient is deceased with no known estate.

**ELIGIBILITY FOR FINANCIAL ASSISTANCE:**

Eligibility for financial assistance will be considered on an individualized determination of financial need. The ability to apply for financial assistance shall not take into account age, gender, race, social or immigrant status, sexual orientation, religious affiliation, national origin, disability, gender identity or financial ability to pay. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need and will include:

1. Include an application process in which the patient or guarantor are required to cooperate and supply family size, personal, financial, and other information and documentation relevant to making the determination of financial need.
  - A. Income
  - B. Determined on a before-tax basis (gross income)
  - C. Excludes capital gains or losses.
2. Include reasonable efforts by Good Samaritan Hospital to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs (Medicaid/Marketplace/etc.) Good Samaritan Health Insurance Navigators can assist patients in applying for these programs.
3. Include a review of the patient's history to determine if they have qualified for Financial Assistance in the past six months. If they have, then they are qualified for the same Financial Assistance Discount without having to complete a new application if their life circumstances have not changed.

**COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM TO PATIENTS AND THE PUBLIC:**

Notification about financial assistance available from Good Samaritan Hospital, which shall include a contact number, shall be disseminated by various means, and may include, but not limited to, the publication of notices on patient statements, posting notices in emergency rooms, admitting and registration departments, outpatient clinics, and on the facility website. Referrals of patients for financial assistance care may be made by any member of the Good Samaritan Hospital staff or medical staff including physicians, nurses, financial counselors, social workers, chaplains, or religious sponsors. A request for financial assistance may be made by the patient or a family member subject to applicable privacy laws.

**RELATIONSHIP TO COLLECTION POLICIES:**

For patients who qualify for financial assistance care and who are cooperating in good faith to resolve their hospital bills, Good Samaritan Hospital may offer extended payment plans, whether internal or external, to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies, and will cease all collection efforts.

If a patient does not follow through with the financial assistance application or any outstanding information/documents needed to process the application, the patient's account will continue through the normal collection policy and could be turned over to a collection agency.

**REGULATORY REQUIREMENTS:**

In implementing this policy, Good Samaritan Hospital management and facilities shall comply with all other federal (Including 501r), state, and local laws, rules, and regulations that may apply to activities conducted and pursuant to this policy.

It is preferred but not required that a request for financial assistance be done after services are performed and there is a minimum patient balance of \$100; however, the determination may be done at any point in the collection cycle.

Good Samaritan Hospital’s values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance.

**SERVICES COVERED:**

This policy has three sections based on the service the patient utilizes. The three services are Hospital, Physician, and Behavioral Health.

**Hospital Services:**

For the purpose of this policy, “FINANCIAL ASSISTANCE” refers to healthcare services provided without obligation or at a reduced obligation to qualifying patients. The following healthcare services are eligible for financial assistance:

- 1. Emergency medical services provided in an emergency room setting.
- 2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual, according to EMTALA guidelines.
- 3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting.
- 4. Medically necessary services, evaluated on a case-by-case basis at Good Samaritan Hospital’s discretion.

**Exclusions from financial assistance:**

- 1. Insurance co-pays if hospital contract with insurance company does not allow for financial assistance to apply to co-pays.
- 2. Cash pay services.

**UNINSURED DISCOUNT:**

As a community benefit, Good Samaritan Hospital shall not bill/charge hospital service patients that are self-pay (uninsured) more than it would accept from its average contract with commercial insurance and/or managed care companies. To benefit the community, we serve and to not disadvantage uninsured patients, a 40% allowance/discount will be applied to self-pay/uninsured bills for hospital services.

***HOSPITAL PATIENT FINANCIAL ASSISTANCE GUIDELINES:***

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services based upon a sliding fee schedule.
3. Patients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Good Samaritan Hospital. In certain situations, it may be appropriate to grant a patient financial assistance even though their financial situation does not satisfy the requirements set forth in this policy. In these situations, the financial assistance application will be reviewed by Good Samaritan Hospital's CEO or CFO and a determination will be made as to the patient's eligibility for financial assistance care.

### **PHYSICIAN SERVICES:**

***PSI PATIENT FINANCIAL ASSISTANCE GUIDELINES:*** Co-pays are excluded from the Physician Services financial assistance policy. There is an expectation of collection of cash pay services. Co-pays may be included for assistance if Good Samaritan's contract with a third-party insurance carrier allows financial assistance to be applied to co-pays. Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) based on the current year, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services based upon a sliding fee schedule.
3. Patients whose family income exceeds 200% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Good Samaritan Hospital. In certain situations, it may be appropriate to grant a patient financial assistance even though their financial situation does not satisfy the requirements set forth in this policy. In these situations, the financial assistance application will be reviewed by Good Samaritan Hospital's CEO or CFO and a determination will be made as to the patient's eligibility for financial assistance care.

### **BEHAVIORAL HEALTH SERVICES:**

***BH PATIENT FINANCIAL ASSISTANCE GUIDELINES:*** Co-pays are excluded from the Behavioral Health Services financial assistance policy. There is an expectation of pay services. Co-pays may be included for assistance if Good Samaritan's contract with a third-party insurance carrier allows financial assistance to be applied to co-pays. Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect based on the current year, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services based upon a sliding fee schedule.

3. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Good Samaritan Hospital. In certain situations, it may be appropriate to grant a patient financial assistance even though their financial situation does not satisfy the requirements set forth in this policy. In these situations, the financial assistance application will be reviewed by Good Samaritan Hospital's Finance Committee and a determination will be made as to the patient's eligibility for financial assistance care.

#### **LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY:**

##### **Eligible Providers**

In addition to care delivered at Good Samaritan Hospital facility, emergency and medically necessary care delivered by the providers listed below are also covered under this Financial Assistance Policy.

Good Samaritan Physician Network  
Good Samaritan Center Behavioral Health providers  
Good Samaritan EMS

#### **PROVIDERS NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY:**

Care provided by any of the providers listed below at Good Samaritan Hospital will **NOT** be covered under this policy since they are not employed by Good Samaritan. Bills from these providers will **NOT** be eligible for the discounts described in the Financial Assistance Policy. The patient may contact the provider directly to see if there are discounts or assistance available from the provider.

Apogee Physicians  
Commonwealth Pain & Spine  
Evansville Radiology  
Midwest Emergency Medicine  
Midwest ENT  
Pain Management Center of America, Gavin Chartier, MD  
Rafael Lao, MD  
Reginald Sandy, MD  
Southern Indiana Pathology  
Talley Eye Center  
Tri-State Orthopedics  
William Thompson III, MD

5/31/24 Approved by Matt Schuckman, Chief Financial Officer