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## General Information

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**Policy Name:** Financial Assistance Program and Charity Care Guidelines

**PPPG Category:** Finance & Resource Allocation

**Applies To:** Patient Access Depts. 114

**Key Words:** Financial Assistance, Charity Care, Patient Discounts

**Associated Forms & PPPGs:**

[Financial Assistance Program “FAP” Summary](#)

[Financial Assistance Application](#)

**Original Effective Date:** 01/01/07

**Current Version’s Effective Date:** 11/27/17

**Review & Revision Dates:** 11/27/17

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## Policy

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Crouse Hospital offers help through our **Financial Assistance Program** for patients who are low income, uninsured or underinsured and do not otherwise have the ability to pay for health care services. The Financial Assistance Program is available to patients regardless of immigration status, race or language spoken. Through the Financial Assistance Program our patients are provided assistance in applying for health insurance coverage through the NYS Marketplace, NYS Medicaid coverage and/or are evaluated for possibility of qualifying for a **charity care discount**.

New York State Marketplace health insurance programs include:

- Medicaid
- Qualified Health Plans (QHP)
- Child Health Plus

The goal of our Financial Assistance Program is to help our patients explore all available options to help meet the cost of health care services provided by Crouse Hospital. A team of hospital financial counselors are available to discuss these options with our patients and/or their families. **Hospital financial assistance is not a substitute for employer sponsored, public, or individually purchased health care insurance.**

Crouse Hospital provides **emergency care and medically necessary, essential health services** without regard to a patient’s source of payment. Charity care discounts are available for eligible patients (as further described below) to help defray the cost of emergency care and medically necessary essential health services (as defined below) that are provided by Crouse Hospital and its participating physician practices (as defined below).

Charity care discounts are only available for costs associated with essential health Services that are **medically necessary** and therefore such discounts are not available, for example, to defray the costs of medically unnecessary cosmetic surgery, or other services that are provided primarily for the convenience of the patient, his/her family or provider. Discounts are also available to eligible patients to cover, partially or in full, the cost of coinsurance, co-payments and deductibles.

Charity care discounts are available for uninsured patients and underinsured patients (meaning those patients with inadequate insurance coverage) who reside in New York State and whose household income, as

determined by the application income worksheet, is equal to or less than **400%** of the most recent federal poverty guidelines or “**FPG**”.

A plain language summary of this policy (“**FAP Summary**”) is available from the Crouse Hospital website at: <http://crouse.org/visit/patients/financial-assistance/>

#### **Notice to Patients:**

Patients are notified about the **Financial Assistance Program** in the following ways:

- This policy, the FAP Summary and a copy of the financial assistance application are available on the Crouse Hospital website;
- Patients are provided with the FAP Summary as part of the intake and registration process;
- Summary information on this policy is posted in the emergency department and in public areas, such as waiting rooms, clinics and billing offices;
- Patients may request a copy of this policy, the FAP Summary or an application at any site where medical care is being provided;
- Information explaining how patients who qualify can access financial assistance, the financial assistance number and the direct web address for Crouse Hospital's financial assistance information is included on bills and statements;
- Summary information on this policy will be provided to community organizations that serve our patient population.

## **Procedure**

### **Application Process**

Crouse Hospital will provide financial assistance information to every uninsured and underinsured patient.

If uninsured or underinsured patients are identified **prior to their visit**, Crouse Hospital staff will refer the patient to our financial counseling team. At that point a financial counselor will contact the patient (by phone or mail) to discuss available financial assistance options. We will perform an initial screening to determine eligibility for public and/or marketplace health insurance as well as charity care assistance.

If uninsured or underinsured patients are identified **concurrently**, Crouse Hospital staff will refer the patient to our financial counseling team. The patient will be given the opportunity to meet directly with a financial counseling representative to discuss financial assistance options. At that time, the financial counseling representative will perform an initial screening to determine eligibility for public and/or marketplace health insurance as well as charity care assistance.

For uninsured or under insured patients not identified prior to their visit or concurrently, contact information for the financial counseling team will be provided to discuss financial assistance options. Patients are directed to the Crouse Hospital website for additional information upon discharge.

An application for financial assistance must be made within 240 days from the first post discharge/date of service patient billing statement. The application must contain any **related** episodes of care to be considered as part of the current application. Patients must provide all supporting and any additional requested documentation within the timeframes requested by Crouse Hospital if they are notified that their application is incomplete.

Information provided on an application is subject to verification by Crouse Hospital. Patients submitting incomplete applications or whose information cannot be verified will be notified in writing of the missing/incomplete documentation. The patient will be given an additional 10 days to provide the requested items. Crouse Hospital will provide a patient a written determination within 30 days of Crouse Hospital's receipt of his or her completed application as to his or her eligibility for a charity care discount.

Crouse Hospital may require that a patient apply for Medicaid or other available insurance coverage prior to determining eligibility for financial assistance under this policy, unless the patient's income clearly indicates that they would not be eligible under such programs. In addition, patients must comply with the application procedures and requirements set forth in this policy in order to be eligible for a financial assistance.

Approved applications for a charity care discount will be honored for a period of one-year in the event a patient returns needing additional medical services and the patient's financial status has not changed.

Any determinations made under this policy may be appealed in writing to the Manager of Patient Access, Crouse Hospital, 736 Irving Avenue, Syracuse, NY 13210. Patients may also contact the New York State Department of Health at 1-800-804-5447 with regard to any denial.

### Charity Care Discounts Determination

Crouse Hospital limits charges for emergency and other medically necessary care to patients eligible for financial assistance to the amounts generally billed to insured individuals. Based on the "**Amounts Generally Billed**" or "**AGB**" calculated by Crouse Hospital, the Charity Care Discount and amount of payment that Crouse Hospital accepts from a patient shall be capped at 57.61% of inpatient charges and 51.83% of outpatient charges multiplied by the gross charges to the patient. See the definition of AGB below for more information on how these amounts are calculated.

A patient whose household income is greater than 100% and less than 340% of the most recent federal poverty guidelines may qualify for a partial charity care discount, based upon a sliding scale. (See Appendix A). The percent of the partial charity care discount decreases as household income increases. A patient's assets are not considered as part of any determination for a charity care discount.

A patient whose household income is equal to or less than 100% of the most recent federal poverty guidelines qualifies for a nominal payment limit as designated by major service category as follows:

#### Nominal Payment Guidelines (for uninsured patients at or below 100% FPG)

- Inpatient Services, Ambulatory Surgery, MRI Testing - \$150/Discharge
- Adult ER/Clinic Services - \$15/Visit
- Prenatal and Pediatric ER/Clinic Services – No Charge

### Outpatient Behavioral Health

The sliding scale for outpatient behavioral health patients will be a weekly rate. The determination of the weekly fee will be subject to the applying patient's household size and projected annual household income. Based upon the 2017 Charity Care Discount Guidelines, the behavioral health weekly rate can range from \$15.00 to \$100.00. The sliding fee assigned will apply to all outpatient behavioral health self pay accounts and patients with insurance may also be assessed for any patient responsibility after insurance has paid. A re-determination of the sliding fee will be done on an annual basis and may be subject to change upon the receipt of any additional information. Patients are responsible for immediately providing updated financial information if they have any changes.

### Standard Self-Pay Discount

Patients who do not qualify for financial assistance under this policy, or who choose not to apply for a financial assistance/charity discount under this policy may be eligible for a self-pay discount off Crouse Hospital's charges. Charges to any self-pay patient will be limited to the Amounts Generally Billed by Crouse Hospital for that item or service.

### Household Income Criteria and Verification

The evaluation of a patient's eligibility for a Charity Care Discount will be based upon a combination of the patient's household size and income as a percentage of FPG (see attached Income Matrix). Crouse Hospital may require that income be determined and verified by documentation, including the following proof of income:

- Last four consecutive weeks of pay stubs (two if paid biweekly);
- Confirmation of unemployment, social security, pension, worker's compensation, disability, etc...;
- For self-employed persons, a three month business ledger or self-attestation form (a tax return is optional);
- Medicaid eligibility status (if available from having recently applied).

If an applicant does not have any of the listed documents proving household income, he/she may call (315) 470-7030 and discuss other evidence that may be provided to demonstrate eligibility. Crouse Hospital will consider self-attestation of income in appropriate circumstances through the use of a self-attestation form. Income may also be determined by annualizing the pay of the patient and others in the patient's defined household, at the patient's current monthly earnings rate.

### **Hospital Billing and Collection Efforts**

Once a patient has submitted a completed application for a charity care discount, the patient may disregard any bill for the episodes of care for which application is being made, from Crouse Hospital that might be sent until such time as Crouse Hospital has rendered a determination on the pending application. Further, Crouse Hospital will not send patient accounts for which an application for a charity care discount is pending to any outside collections agent until a determination has been made on the pending application. In addition, patients will be sent a bill statement, copy of the FAP Summary and collection notification at least 30 days prior to referral of an account for collection.

Installment payment plans may be established for patients who qualify for a charity care discount. Monthly installment payments will be capped at 10% of gross monthly income of the patient's defined household.

Crouse Hospital will require any collection agency handling patient accounts to:

- Follow this policy;
- Provide patients with information on how to apply for financial assistance and include such information on any bills or statements sent to the patient; and,
- Acquire written approval from Patient Financial Services prior to commencing any legal action.

In the event of non-payment of a Crouse Hospital bill, Crouse Hospital reserves the right to consider extraordinary collection actions such as reporting adverse information to the credit bureaus or actions that require legal process such as wage garnishment or placing a lien on individual property.

Neither Crouse Hospital, nor any collection agency to which a patient account is referred, will force the sale or foreclosure of a patient's primary residence in order to collect on an outstanding bill. Crouse Hospital will not pursue collections against any patient eligible for Medicaid.

### **Who Participates in the Financial Assistance Program?**

Charges for emergency and medically necessary services billed by Crouse Hospital may be discounted under this program. However, the physician services provided in the hospital are not included in the hospital charges. The following is a list of Crouse Hospital employed or affiliated physician groups who participate in our Financial Assistance Program:

- Crouse Chemical Dependency
- Crouse Emergency Department
- Crouse Hospital Hospitalists Services
- Crouse Hospital Nurse Practitioners
- Crouse Hospital Surgical PA Group
- Crouse Medical Practice, PLLC
- Crouse Neurology
- Crouse Neuroscience Institute, Neurovascular & Stroke Center, Skull Base Microsurgery Center
- Crouse Neuroscience Group
- Crouse Palliative Care Department

A full list of Crouse Hospital Contracted Physician Groups who do not participate in this program is available on the Crouse Hospital website at [www.crouse.org](http://www.crouse.org) under the “your visit/patient/billing and insurance” tabs.

### **Contact:**

If you have any questions about this policy or need help with your application, please contact the Financial Counseling Department at 315-470-7030. Completed Financial Assistance Applications can be mailed to the following address:

Crouse Hospital  
Attn: Financial Counseling  
736 Irving Avenue  
Syracuse, NY 13210

### **Primary Sources**

<http://crouse.org/visit/patients/financial-assistance/>

### **Definitions**

“**Amounts Generally Billed**” or “**AGB**” means the amounts generally billed to insured individuals. Crouse Hospital calculates AGB by multiplying the gross charges for any emergency or other medically necessary care it provides to a FAP-eligible individual by an AGB percentage of 57.61% of inpatient charges and 51.83% of outpatient charges. These percentages are calculated based on all claims allowed by Medicare and private health insurers over a 12 month period, divided by the associated gross charges for those claims. The maximum amount a FAP-eligible individual will be charged for emergency or other medically necessary care will be capped at AGB, and patients will receive a sliding scale fee discount based on percentage of FPG, as show in the Appendices to this policy.

“**Emergency Care**” means those services that are delivered in the Crouse Hospital Emergency Department or Promptcare.

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“**Medically Necessary**” means those services that are necessary to prevent, diagnose, or treat conditions in a person that cause acute suffering, endanger life, or result in illness or infirmity.

“**Essential Health Services**” means available medical and dental services and supplies, provided by Crouse Hospital, that are considered by Crouse Hospital to be medically necessary for a patient’s medical condition and are provided at the level and site of service as is most appropriate and safe for the patient.

*Medically Necessary Essential Health Services* may be delivered in both **inpatient and outpatient** hospital settings.

“**Household size**” is the number of family members/persons occupying the same household who are identified as dependents.

“**Income**” is defined as annual earnings and cash benefits from all sources before taxes for the patient and anyone in the patient’s defined household.

*Income includes:* wages, interest, dividends, rents, pensions, Social Security, VA benefits, unemployment benefits, worker’s compensation, disability, child support, alimony and any other types of income that may accrue to the patient or any individual in the patient’s defined household.

“**Federal Poverty Guidelines**” or “**FPG**” are a measure of income level issued annually by the Department of Health and Human Services. These guidelines are commonly used to determine financial eligibility for certain programs.

## Addendums, Diagrams & Illustrations

### Appendix A - Charity Care Discount Guidelines

2018 Charity Care Discount Guidelines (Uninsured) (pending 2018 FPL release)									
Discount*	Nominal Fee**	25%		50%		25%		Cap at Amounts Generally Billed	
% of FPG	Below 100%	101.00%	175.00%	176.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,060	\$12,061	\$21,105	\$21,106	\$30,150	\$30,151	\$42,210	\$42,211	\$48,240
2	\$16,240	\$16,241	\$28,420	\$28,421	\$40,600	\$40,601	\$56,840	\$56,841	\$64,960
3	\$20,420	\$20,421	\$35,735	\$35,736	\$51,050	\$51,051	\$71,470	\$71,471	\$81,680
4	\$24,600	\$24,601	\$43,050	\$43,051	\$61,500	\$61,501	\$86,100	\$86,101	\$98,400
5	\$28,780	\$28,781	\$50,365	\$50,366	\$71,950	\$71,951	\$100,730	\$100,731	\$115,120
6	\$32,960	\$32,961	\$57,680	\$57,681	\$82,400	\$82,401	\$115,360	\$115,361	\$131,840
7	\$37,140	\$37,141	\$64,995	\$64,996	\$92,850	\$92,851	\$129,990	\$129,991	\$148,560
8	\$41,320	\$41,321	\$72,310	\$72,311	\$103,300	\$103,301	\$144,620	\$144,621	\$165,280
Extra Person	\$4,180								
* Discount: The maximum amount a financial assistance eligible patient will be charged will be capped at AGB (i.e. amounts generally billed to insured individuals)									
** Nominal Payment Guidelines by major service category									
Inpatient Services, Ambulatory Surgery and MRI Testing - \$150/Discharge									
Adult ER/Clinical Services - \$15/Visit									
Prenatal and Pediatric ER/Clinic Services – No Charge									

2018 Charity Care Discount Guidelines (Insured, but patient responsibility due)									
Discount*	Nominal Fee**	25%		50%		25%		5%	
% of FPG	Below 100%	101.00%	175.00%	176.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,060	\$12,061	\$21,105	\$21,106	\$30,150	\$30,151	\$42,210	\$42,211	\$48,240
2	\$16,240	\$16,241	\$28,420	\$28,421	\$40,600	\$40,601	\$56,840	\$56,841	\$64,960
3	\$20,420	\$20,421	\$35,735	\$35,736	\$51,050	\$51,051	\$71,470	\$71,471	\$81,680
4	\$24,600	\$24,601	\$43,050	\$43,051	\$61,500	\$61,501	\$86,100	\$86,101	\$98,400
5	\$28,780	\$28,781	\$50,365	\$50,366	\$71,950	\$71,951	\$100,730	\$100,731	\$115,120
6	\$32,960	\$32,961	\$57,680	\$57,681	\$82,400	\$82,401	\$115,360	\$115,361	\$131,840
7	\$37,140	\$37,141	\$64,995	\$64,996	\$92,850	\$92,851	\$129,990	\$129,991	\$148,560
8	\$41,320	\$41,321	\$72,310	\$72,311	\$103,300	\$103,301	\$144,620	\$144,621	\$165,280
Extra Person	\$4,180								

2018 Charity Care Discount Guidelines (Behavioral Health Services at 410)									
Amount Due Per Week	\$15	\$25	\$50	\$80	\$100				
% of FPG	Below 100%	101.00%	175.00%	176.00%	250.00%	251.00%	350.00%	350.00%	400.00%
Household Size	Income								
1	\$12,060	\$12,061	\$21,105	\$21,106	\$30,150	\$30,151	\$42,210	\$42,211	\$48,240
2	\$16,240	\$16,241	\$28,420	\$28,421	\$40,600	\$40,601	\$56,840	\$56,841	\$64,960
3	\$20,420	\$20,421	\$35,735	\$35,736	\$51,050	\$51,051	\$71,470	\$71,471	\$81,680
4	\$24,600	\$24,601	\$43,050	\$43,051	\$61,500	\$61,501	\$86,100	\$86,101	\$98,400
5	\$28,780	\$28,781	\$50,365	\$50,366	\$71,950	\$71,951	\$100,730	\$100,731	\$115,120
6	\$32,960	\$32,961	\$57,680	\$57,681	\$82,400	\$82,401	\$115,360	\$115,361	\$131,840
7	\$37,140	\$37,141	\$64,995	\$64,996	\$92,850	\$92,851	\$129,990	\$129,991	\$148,560
8	\$41,320	\$41,321	\$72,310	\$72,311	\$103,300	\$103,301	\$144,620	\$144,621	\$165,280
Extra Person	\$4,180								