

General Information

Policy Name:	Financial Assistance Program & Charity Care Guidelines
Category:	Finance
Applies To:	Business Office Depts 112
Key Words:	Financial Assistance, Charity Care, Patient Discounts
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Policy

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 Medicaid and Essential plans and/or are evaluated for possibility of qualifying for a **charity care discount**.

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 emergency care and other 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 for emergency and other medically necessary services.

Charity care discounts are available for uninsured patients and underinsured patients (meaning those patients with inadequate insurance coverage) who meet the Eligibility requirements and reside in United States 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**". Verification of residency may be required.

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 business 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.

To be eligible for financial assistance/charity care discounts, patients seeking financial assistant are required to participate in all efforts to obtain insurance coverage from available sources. They are expected to pursue available assistance including victim's assistance, workers compensation, general liability, no-fault and health insurance programs and plans, including Medicare, Medicaid and those plan offered on the New York State of Health Exchange. Crouse Hospital will require that a patient apply for Medicaid or other available insurance coverage and timely complete the application 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 from the receipt 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 73.38% of inpatient charges and 57.28% 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 400% of the most recent federal poverty guidelines may qualify for a partial charity care discount, based upon the discount guidelines. (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 who is eligible for a Charity Care Discount, 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 eligible uninsured patients at or below 100% FPG)

- Inpatient Services, Ambulatory Surgery, MRI Testing - \$150/Discharge
- Adult ER/Clinic Services - \$15/Visit

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 2020 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. In addition, self-pay patients who pay their invoices in full within ten (10) days of the date of the invoice will be entitled to an additional 10% discount.

Limited Self-Pay Discount

For patients who have obtained an IRS exemption from Medicare and Social Security Taxes under Section 3217 of the Internal Revenue Code, who do not, for religious reasons, pursue Medicaid or other insurance coverage, if determined they are eligible for Medicaid, they will be responsible to pay the lesser of the Medicaid fee for service rate for the service rendered or the actual charges. If they are deemed not to be eligible for Medicaid, they will be evaluated for financial aid under the Charity Care Discount guidelines. Patients will be asked for proof of their current IRS exemption.

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, the patient or guarantor 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 for 240 days from date of first bill was sent.

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 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 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

References

Crouse Hospital Financial Assistance Program - <http://crouse.org/visit/patients/financial-assistance/>

Definitions

Amounts Generally Billed (AGB):

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 73.38% of inpatient charges and 57.28% 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:

Services that are delivered in the Crouse Hospital Emergency Department.

Medically Necessary:

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:

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:

The number of family members/persons occupying the same household who are identified as dependents (legal proof may be required). Patients are deemed as part of a household where a taxpayer will be able to claim him/her as a tax dependent for the benefit year (e.g., a student patient would be included in the household of his or her parents, if the parents listed the student as a dependent on their tax return).

Income:

Annual earnings and cash benefits from all sources after 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 (FPG):

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

See next page

Appendix A - Charity Care Discount Guidelines

**2023 Charity Care
 Discount Guidelines
 (Uninsured)**

Discount*	100**	80%	60%	40%	Cap at Amounts Generally Billed				
% of FPG	Below 100%	101.00%	160.00%	161.00%	250.00%	251.00%	350.00%	351.00%	400.00%
Household Size	Income								
1	\$14,580	\$14,581	\$23,328	\$23,329	\$36,450	\$36,451	\$51,030	\$51,031	\$58,320
2	\$19,720	\$19,721	\$31,552	\$31,553	\$49,300	\$49,301	\$69,020	\$69,021	\$78,880
3	\$24,860	\$24,861	\$39,776	\$39,777	\$62,150	\$62,151	\$87,010	\$87,011	\$99,440
4	\$30,000	\$30,001	\$48,000	\$48,001	\$75,500	\$75,501	\$105,000	\$105,001	\$120,000
5	\$35,140	\$35,141	\$56,224	\$56,225	\$87,850	\$87,851	\$122,990	\$122,991	\$140,560
6	\$40,280	\$40,281	\$64,448	\$64,449	\$100,700	\$100,701	\$140,980	\$140,981	\$161,120
7	\$45,420	\$45,421	\$72,672	\$72,673	\$113,550	\$113,551	\$158,970	\$158,971	\$181,680
8	\$50,560	\$50,561	\$80,896	\$80,897	\$126,400	\$126,401	\$176,960	\$176,961	\$202,240
Extra Person	\$5,140								

*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 ED/Clinical Services - \$15/Visit
 Prenatal and Pediatric ED/Clinic Services - No Charge

