

## General Information

<b>Policy Name:</b>	Financial Assistance Program & Charity Care Guidelines
<b>Category:</b>	Finance
<b>Applies To:</b>	Patient Access, ATS, Finance, Business Office
<b>Key Words:</b>	Financial Assistance, Charity Care, Patient Discounts, Application
<b>Associated Forms &amp; Policies:</b>	<a href="#">Financial Assistance Cover Letter (Doc #1171)</a> <a href="#">Financial Assistance Application (Doc #1172)</a> <a href="#">Important Information about Paying for Your Care &amp; Financial Assistance (Doc #1092)</a>
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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, language spoken or medical condition. 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 the 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. Any anticipated medically necessary care and/or treatment will not be denied if a patient has an unpaid medical bill. 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 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, registration, and discharge 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.

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## 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 underinsured 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 may be submitted at any time. 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.

Eligibility for Financial Assistance/Charity Care: To be eligible for financial assistance/charity care discounts, patients seeking financial assistance 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 plans offered on the New York State of Health Exchange. Unless the patient's income indicates they would not be eligible for Medicaid, as a condition to receiving financial assistance, 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, except as otherwise provided below. In addition, patients must comply with the application procedures and requirements set forth in this policy 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 Director 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**

A patient whose household income is less than 200% of the most recent federal poverty guidelines qualify for a full charity care discount. All charges are waived. A patient's assets are not considered as part of any determination for a charity care discount.

A patient whose household income is between 201% and 300% of the most recent federal poverty guidelines qualify for a full charity care discount. The percent discount is up to a maximum of 90% of the current NYS Medicaid Rate. (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 between 301% and 400% of the most recent federal poverty guidelines qualify for a full charity care discount. The percent discount is up to a maximum of 80% of the current NYS Medicaid Rate. (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.

### **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**

Patients who have obtained an IRS exemption from Medicare and Social Security Taxes under Section 3127 of the Internal Revenue Code, will not be required to apply for Medicaid or other insurance. If determined they would have been 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 due to excess income, they will be evaluated for financial aid under the Charity Care Discount guidelines. Patients will be asked for proof of their current IRS exemption. If a patient does not have an IRS exemption under Section 3127, but they do not, for religious reasons, apply for Medicaid or other insurance coverage, they will be entitled to the Standard Self-Pay Discount set forth above.

### **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 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 shall be established for patients who qualify for a charity care discount with outstanding balances who are unable to pay the reduced payment all at one time. Monthly installment payments will be capped at 5% of gross monthly income of the patient.

Crouse Hospital will require any collection agency handling patient accounts to follow this policy for 240 days from date of first bill was sent.

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 who is determined to be eligible for Medicaid.

Crouse Hospital is prohibited from selling accumulated medical debt to a third party, unless the third party explicitly purchases the medical debt in order to relieve the debt of the patient.

### **Training & Compliance**

All hospital staff who interact with patients or have a responsibility for billing and collections will be trained on the content of this policy. Compliance with this policy will be measured by annual reviews of the Financial Assistance Program.

### **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 Addiction Treatment Services
- 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/billing](http://www.crouse.org/billing) - Understanding Your Bill.

### **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

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## References

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

Public Health Law 2807k – Financial Aid -  
[https://profiles.health.ny.gov/hospital/pages/public\\_health\\_law\\_2807\\_k\\_9\\_a](https://profiles.health.ny.gov/hospital/pages/public_health_law_2807_k_9_a)

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## Definitions

### **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.

### **Underinsured:**

Patients whose paid medical expenses have exceeded 10% of their income in the last 12 months. Income is assessed as the gross monthly income of the household, before expenses.

### **Paid Medical Expenses:**

Any out-of-pocket costs for emergency or medically necessary care (i.e., deductibles, copays, coinsurance, deposits, etc.), but do not include the cost of health insurance premiums.

**Addendums, Diagrams & Illustrations**

**Appendix A - Charity Care Discount Guidelines**

<b>2024 Charity Care Discount Guidelines (Uninsured)</b>			
Discount	90% of Medicaid Rate	80% of Medicaid Rate	CAP Amt
% of FPG	200.00%	300.00%	400.00%
Household Size			
1	\$ 30,120	\$ 45,180	\$ 60,240
2	\$ 40,880	\$ 61,320	\$ 81,760
3	\$ 51,640	\$ 77,460	\$ 103,280
4	\$ 62,400	\$ 93,600	\$ 124,800
5	\$ 73,160	\$ 109,740	\$ 146,320
6	\$ 83,920	\$ 125,880	\$ 167,840
7	\$ 94,680	\$ 142,020	\$ 189,360

<b>2024 Charity Care Discount Guidelines (Insured)</b>			
Discount	90% of Medicaid Rate	80% of Medicaid Rate	CAP Amt
% of FPG	200.00%	300.00%	400.00%
Household Size			
1	\$ 30,120	\$ 45,180	\$ 60,240
2	\$ 40,880	\$ 61,320	\$ 81,760
3	\$ 51,640	\$ 77,460	\$ 103,280
4	\$ 62,400	\$ 93,600	\$ 124,800
5	\$ 73,160	\$ 109,740	\$ 146,320
6	\$ 83,920	\$ 125,880	\$ 167,840
7	\$ 94,680	\$ 142,020	\$ 189,360

Uninsured:

- 100% Discount of all charges if FPG is below 200%
- 90% Discount off Medicaid Rate if FPG is 201%-300%
- 80% Discount off Medicaid Rate if FPG is 301%-400%

Underinsured:

- 100% Discount of all cost share if FPG is below 200%
- 90% Discount off cost share if FPG is 201%-300%
- 80% Discount off cost share if FPG is 301%-400%