CROUSE HOSPITAL

Purpose and Intent

Crouse Hospital recognizes the need in our community to provide financial counsel and assistance to those patients with limited income who find it difficult to meet the expenses incurred in receiving health care services at Crouse Hospital. In keeping with our mission and values of providing service to our community and patients, Crouse Hospital offers a Financial Assistance Program. The purpose of this policy is to define the Financial Assistance Program and establish the necessary criteria, guidelines and approval process for the provision of financial assistance and charity care to eligible individuals to help defray the costs of health care services provided by Crouse Hospital.

Financial Assistance

Overview/Public Disclosure Statement

Crouse Hospital offers help through our Financial Assistance Program for patients with undue hardship in paying for health care services. The Financial Assistance Program consists of a process where patients are provided assistance in applying for publicly sponsored New York State health insurance programs and/or are evaluated for possible eligibility 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.

As a service to our patients, a team of hospital financial counselors is available to discuss options for patients regarding publicly sponsored New York State health insurance programs. These programs include:

- Medicaid
- Family Health Plus
- Child Health Plus
- Presumptive Eligibility (formerly known as PCAP)
In addition to these insurance programs, Crouse Hospital offers Charity Care Discounts to those individuals who are eligible based on income guidelines.

**Procedures and Guidelines for Charity Care Discount Consideration**

**Costs and Services Eligible for Charity Care Discounts**

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 that are provided by Crouse Hospital.

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

“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. 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.

Charity Care Discounts may be available to eligible patients to decrease the cost of coinsurance, co-payments and deductibles.

**Charity Care Discount Eligibility Requirements**

Charity Care Discounts are available for uninsured and underinsured patients who reside in New York State and whose household income, as determined by the application income worksheet, is equal to or less than 300% of the most recent Federal Poverty Guidelines, as further described in the attached income matrix.
Charity Care Discounts and Patient Payment
A patient whose household income, as determined by the application income worksheet, 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.

Nominal Payment Guidelines (for uninsured patients below 100% FPL)
- Inpatient Services - $150/Discharge
- Ambulatory Surgery - $150/Procedure
- MRI Testing - $150/Procedure
- Adult ER/Clinic Services - $15/Visit
- Prenatal and Pediatric ER/Clinic Services – No Charge

A patient whose household income is greater than 100% and less than 300% of the most recent Federal Poverty Guidelines qualifies for a partial Charity Care Discount, based upon a sliding scale. The percent of the partial Charity Care Discount decreases as household income increases. The Charity Care Discount and amount of payment that Crouse Hospital accepts from a patient shall be capped at the DRG reimbursement rate of our highest volume commercial payor for inpatient services and a percentage of charges from our highest volume commercial payor for outpatient services.

Financial Assistance Program Application Process

Application Process
Any patient who indicates the financial inability to pay Crouse Hospital for Emergency Services or Medically Necessary Essential Health Care Services may apply and be evaluated for assistance under the Financial Assistance Program. A patient will be allowed a period of at least 90 days from the date of discharge or the date on which outpatient services were provided to apply to the Financial Assistance Program. The patient will be given 30 days from receipt of the application to return the completed application for review. The patient is responsible for assuring that his or her application is complete. A completed application shall include all the necessary documentation required for Crouse Hospital to make an appropriate determination of the patient’s eligibility for the Financial Assistance Program, including a Charity Care Discount. 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 information or the verification problems and given an additional 10 days to provide the requested information or verification. A patient will be sent a written determination within 30 days of Crouse Hospital’s receipt of his or her completed application as to his or her eligibility for the Financial Assistance program, including eligibility for a Charity Care Discount.
Approved applications for a charity care discount will be honored for a period of six months in the event a patient returns needing additional medical services.

**Financial Assistance Eligibility Guidelines**

The Financial Assistance Program is available for uninsured and underinsured patients who reside in New York State and whose household income, as determined by the application income worksheet, is equal to or less than 300% of the most recent Federal Poverty Guidelines, as further described in the attached income matrix.

**Household Income Criteria and Verification**

The evaluation of a patient’s eligibility for the Financial Assistance program, including any Charity Care Discount, will be based upon a combination of the patient’s household size and income (see attached Income Matrix). Household size is the number of family members/persons occupying the same household who are identified as dependents on a single tax return, for federal taxation purposes. 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 will include 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. Crouse Hospital may require that income be determined and verified based upon documentation of wages, tax returns and other sources of income. Income may also be determined by annualizing the pay of the patient and others in the patient’s defined household, at the current earnings rate.

**Assets**

A patient’s assets may be considered as part of evaluating his or her application for assistance under the Financial Assistance Program. However, certain assets shall be excluded from any such consideration, including the patient’s primary residence, retirement accounts (401K, IRA, Annuities), college savings accounts, and cars used by the patient or his or her family. Assets that may be considered as part of evaluating the applicant’s request for assistance under the Financial Assistance program will include liquid savings, secondary residences, and rental income properties. Only assets with a collective total value in excess of $10,000 shall be considered for household incomes above 150% of the Federal Poverty Level in determining a patient’s eligibility for assistance under the Financial Assistance Program, including Charity Care Discounts. Assets will not be considered for household income below 150% of the Federal Poverty Level.
Governmental Assistance
In determining whether each patient qualifies for the Financial Assistance Program, including a Charity Care Discount, other county, and state or federal financial assistance programs may be considered as options for the patient. A Crouse Hospital financial counselor will assist the patient in determining if they are eligible for any governmental assistance. Crouse Hospital may make the granting of a Charity Care Discount contingent upon the patient applying for governmental assistance, unless the patient's household income clearly indicates they would not be eligible under such programs.

Appeal Process
Any determinations made under this policy may be appealed in writing to Crouse Hospital, Director of Patient Financial Services, 736 Irving Avenue, Syracuse, NY 13210

Hospital Billing and Collection Efforts
Once a patient has submitted a completed application for the Financial Assistance Program, the patient may disregard any bill 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 the Financial Assistance Program is pending to any outside collections agent until Crouse Hospital has rendered a determination on the pending application. In some cases, a patient eligible for assistance under the Financial Assistance Program may not have been identified prior to initiation of external collections efforts. Patients whose accounts have been sent to Crouse Hospital’s outside collections agent may still apply for the Financial Assistance program, so long as the patient had not previously requested an application for the program, had not failed to complete a previous application, and/or had not had a completed application previously rejected. In the case of such late application for the Financial Assistance Program, the eligibility of the patient and the amount of any Charity Care Discount for which he or she might be eligible will be based on the Crouse Hospital policy and guidelines that were in effect on the date of service to the patient.

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 may consider assets of a significant value when establishing the monthly payment amount and such assets may be a basis for increasing the monthly payment.
Standard Self Pay Discount
Patients who do not qualify for the Financial Assistance Program, including any Charity Care Discount may be eligible for a self-pay discount of 30% off of Crouse Hospital's charges.