

Policy Title:	Financial Assistance Program and Charity Care Guidelines
Policy Number:	500-002
Effective Date:	03/01/2018
Revised Date(s):	
Purpose:	Crouse Medical Practice, PLLC (“CMP”) 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 CMP. In keeping with our mission and values of providing service to our community and patients, CMP 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 CMP. This charity care policy is in substantial accord with Crouse Hospital’s charity care policy and CMP will adopt Crouse Hospital charity care determinations.
Regulation Reference (if applicable):	
Reviewed/Approved By ( <i>this list will change for each policy</i> ):	
<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Carl Butch MD, CMP Medical Director</div> <div>Date</div> </div>	

### **Overview/Public Disclosure Statement**

CMP offers help through its **Financial Assistance Program (“FAP”)** for patients with undue hardship in paying for health care services. The Financial Assistance Program consists of a process where patients are advised of the option to apply for publicly sponsored New York State health insurance programs and/or are evaluated for possible eligibility for a **Charity Care Discount**.

CMP offers Charity Care Discounts to those individuals who are eligible based on income guidelines. CMP also offers Charity Care Discount to those patients who receive a Charity Care Discount from Crouse Hospital.

CMP will also recognize and adopt a financial assistance determination made by Crouse Hospital for emergency and medically necessary care provided at that facility. In addition, financial assistance is available from CMP for office services provided at one of our locations according to the eligibility requirements described below.

## **Definitions**

**“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 CMP, that are considered by CMP 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.

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.

**“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”** 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. The most recent Federal Poverty Guidelines can be found at [www.aspe.hhs.gov/poverty-guidelines](http://www.aspe.hhs.gov/poverty-guidelines).

**“Amounts Generally Billed”** means, for purposes of clinical, outpatient services provided at CMP’s offices, the amount CMP generally bills to individuals insured through Medicare or Medicaid. The maximum amount that any FAP-eligible patient will be charged for Medically Necessary Essential Health Services will be capped at the Amounts Generally Paid by CMP to Medicare or Medicaid for that item of service.

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

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

Charity Care Discounts are available for eligible patients (as further described below) to help defray the cost of Medically Necessary Essential Health Services that are provided by CMP.

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



## **Charity Care Discount Eligibility Requirements**

CMP will adopt a financial assistance determination made by Crouse Hospital for Medically Necessary Essential Health Services provided at that facility.

With regard to outpatient services provided at one of CMP's office locations, 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 of \$25.00 per visit.

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 CMP accepts from a patient shall be capped at the reimbursement rate of our highest volume commercial payer for similar services.

## **Charity Care Discount Application Process**

### **Notice to Patients**

CMP will provide notice to patients of this FAP and eligibility for a charity care discount through the following methods:

- A copy of this policy is available to patients on the CMP website;
- Information on how patients who qualify for the FAP and contact information for CMP financial assistance personnel is included on the billing statements;
- Calling the billing company and asking for information

### **Application Process**

CMP will distribute financial assistance information about applying for charity care to every self-pay patient that requests it. Patients are encouraged to submit their application for Charity Care Discount within 240 days from the date of service. However, CMP will allow for patients to apply for a Charity Care Discount at any given time even after an account has gone into collection status. 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 CMP to make an appropriate determination



of the patient's eligibility for the Financial Aid Program, including a Charity Care Discount. Information provided on an application is subject to verification by CMP. 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 CMP's receipt of his or her completed application as to his or her eligibility for a Charity Care Discount. 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.

Patients will be advised that if they qualified for a Charity Care Discount from Crouse Hospital within the past twelve months, CMP will adopt that determination upon receipt of documentation of the Crouse Hospital Charity Care Discount. Patients can provide the documentation directly or they can sign a release authorizing Crouse Hospital to disclose their Charity Care Discount determination to CMP.

### **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 (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. CMP 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 are not considered as part of any determination for a Charity Care Discount.

### **Governmental Assistance**

In determining whether each patient qualifies for a Charity Care Discount, other county, and state or federal assistance programs may be considered as options for the patient. CMP may request the patient consider applying for a government assistance program but will not make the granting of a Charity Care Discount contingent upon the patient applying for governmental assistance.

## **Billing and Collection Efforts**

Once a patient has submitted a completed application for a Charity Care Discount, the patient may disregard any bill from CMP that might be sent until such time as CMP has rendered a determination on the pending application. Further, CMP will not send patient accounts for which an application for the Financial Assistance Program is pending to any outside collections agent until CMP 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 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 a Charity Care Discount, 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 CMP policy and guidelines that were in effect on the date of service to the patient.

CMP 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 approval from CMP prior to commencing any legal action against a patient for a past due account.

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

Neither CMP, 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. CMP will not pursue collections against any patient eligible for Medicaid.

## **Installment Plans**

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.



### **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 off of CMP's charges.

### **Contact**

If you have any questions about this policy or need help with your application please contact the finance department at 315-470-2939. Completed Financial Assistance Applications can be mailed to the following address:

Crouse Medical Practice, PLLC  
Attn: Finance Department  
730 S. Crouse Ave, Suite 204  
Syracuse, NY 13210