



Origination: 06/2009
Last Approved: 08/2018
Last Revised: 08/2018
Next Review: 08/2019
Owner: Dave Poland: Chief Financial Officer
Department: Administration
References:

Financial Assistance, ADMIN 1.21

SCOPE:

Grove City Health System (GCHS); includes Grove City Medical Center (GCMC), Wolf Creek Medical Associates (WCMA)

POLICY STATEMENT:

Summary of Grove City Health System Financial Assistance Program

TEXT:

1. This program is designed to provide financial assistance to patients who have no health insurance, are underinsured, or would be in a financial hardship to pay in full the expected out of pocket expenses for services at GCMC or WCMA and have a demonstrated financial need. Assistance is available for all medically necessary services.
2. Notice of the availability of financial assistance is on the organization's website (www.gcmcpa.org), is posted at all registration areas, as well as documented on the patient statement. Cards with business office contact information are available at registration areas.
3. Financial assistance will be determined using a family income based sliding scale as follows:
 - a. Families with income at or below 200% of the federal poverty guidelines will receive free care.
 - b. Families with income between 201% and 225% of the federal poverty guidelines will receive a 94% discount.
 - c. Families with income between 226% and 250% of the federal poverty guidelines will receive an 86% discount.
 - d. Families with income between 251% and 275% of the federal poverty guidelines will receive a 78% discount
 - e. Families with income between 276% and 300% of the federal poverty guidelines will receive a 71% discount.Families with income greater than 300% of the federal poverty guidelines are not eligible for financial assistance but will receive a 40% self-pay discount.
4. No person eligible for financial assistance will be charged more for emergency or other medically necessary care than the average amounts generally billed to individuals who have Medicare coverage or

private insurance.

5. Financial assistance will be provided for services rendered at GCMC and WCMA. Some services at GCMC may be provided by one of these 3rd party providers whose services are covered under this financial assistance policy and if financial assistance is approved by GCHS it will automatically be applied to these as well: Grove City Medical Center Pathology, GCMC Cardiology, Grove City Anesthesia and Pain Management or UPMC Emergency Medicine, Inc. Services provided by Brighton Radiology, are **not** covered under this financial assistance policy.
6. A financial assistance application must be completed by all patients requesting assistance to determine eligibility. Proof of income and existing insurance will be required. (See Exhibit A). All information obtained on the application will be confidential. If an uninsured patient does not want to complete the financial assistance application, they will be eligible for a self-pay discount of 40%.
7. Uninsured patients applying for financial assistance with combined account balances at GCHS over \$1,000 must apply for and receive a determination from Medical Assistance before the financial assistance application will be considered. This requirement is waived for the Amish community.
8. Underinsured patients with patient responsibility balances due to deductibles and co-insurance may apply for financial assistance for the amount of GCHS balance(s) that exceed \$2,500 in a policy period.
9. Applications are available on the organization's website (www.gcmcpa.org) in all GCMC registration areas, WCMA physician offices, or from the GCMC business office. Applications will be mailed upon request. Applications may be completed prior to the service, but no later than 240 days after the post-discharge billing statement date.
10. Eligibility will be determined within two weeks following receipt of a complete application. Upon receipt, outstanding balances of GCMC and WCMA will be confirmed by the GCMC business office staff. Collection efforts, if initiated, will be stopped until eligibility is determined. Applicants will be informed of the status of their application by letter. A copy of the decision letter will be given to the appropriate business office. Approvals will be valid for twelve months from approval date, provided there is no change in financial status. The original application and related correspondence will be filed in the business office.
11. Patients may establish a payment plan to satisfy their financial obligation by contacting the business office. Payment plan guidelines are addressed in the Billing and Collection Guidelines policy (Administrative Policy 5.32).
12. Grove City Health System may deviate from the above policy under extenuating circumstances on a case-by-case basis as determined by the Chief Financial Officer or the Chief Executive Officer to be in the best interest of the Organization.

Attachments:

No Attachments

Approval Signatures

Approver	Date
Robert Jackson: Chief Executive Officer	08/2018
Dave Poland: Chief Financial Officer	08/2018

Applicability

Grove City Medical Center