

GRAND VIEW HEALTH  
Sellersville, PA

## **FINANCIAL ASSISTANCE POLICY**

Revised Effective July 1, 2016

### **POLICY**

Grand View Health (GVH) grants consideration to each individual patient regarding his or her ability to pay for emergency and medically necessary health care.

### **SCOPE OF POLICY AND DISCOUNTS AVAILABLE**

This Policy shall cover emergency and medically necessary health care services provided by GVH service lines. Patients residing within GVH's primary and secondary geographic service areas as defined on Schedule A (*attached*) are eligible for Financial Assistance in the form of a discount from charges as outlined in Schedule B (*attached*). Those persons residing outside of the GVH primary and secondary service areas are eligible for Financial Assistance in the form of a discount from charges in accordance with Schedule C (*attached*).

Attached to this policy as Schedule D (*attached*) is a complete list of providers, in addition to GVH itself, delivering emergency or other medically necessary care at GVH that specifies which providers are covered by this policy and which are not covered.

### **DEFINITIONS**

AGB means amounts generally billed for emergency or other medically necessary care to individuals who have insurance coverage.

EMTALA means the federal Emergency Medical Treatment and Active Labor Act, 42 USC 1395dd.

Financial Assistance means either: (1) free care provided to patients who are uninsured/underinsured for the emergency and medically necessary service and who have family incomes not in excess of 200% of the Federal Poverty Level. (*See attached Schedules B & C*); or (2) discounts from charges afforded patients who are uninsured/underinsured for the relevant service and who have family incomes in excess of 200% but not exceeding 500% of the Federal Poverty Level. (*See attached Schedules B & C*).

Uninsured/ Underinsured Patient means an individual who lacks adequate health care insurance coverage through: (1) a third party insurer, (2) an ERISA plan, (3) a Federal or State Health Care Program (including without limitation Medicare, Medicaid, SCHIP and TRICARE), (4) Workers' Compensation, (5) Medical Savings Account or other coverage for all or any part of the pertinent bill, including claims against third parties covered by insurance to which a GVH entity is subrogated (if and when such payment is actually made by such insurance company).

### **COMMITMENT TO PROVIDE EMERGENCY MEDICAL CARE**

GVH provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. GVH will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all GVH patients in a non-discriminatory manner, pursuant to the GVH's EMTALA policy.

## **AVAILABILITY OF FINANCIAL ASSISTANCE WIDELY PUBLICIZED**

Notification concerning the existence of GVH's Financial Assistance Policy (*Exhibit 5*) shall be posted on the GVH website and within the hospital and its service line sites which patients seek to obtain services, as well as offered to all patients at the time of their registration for services. GVH implements, as appropriate, additional measures to widely publicize the availability of financial assistance in the communities served.

## **ELIGIBLE SERVICES**

Financial assistance is available to eligible patients for these services:

- Emergency medical services
- Medically necessary (not elective) services for urgent life-threatening conditions provided outside the Emergency Department
- Other medically necessary services as determined on a case-by-case basis

Financial assistance is not available for services such as:

- Services deemed "non-covered" by Medicare
- Services deemed not medically necessary by GVH, including but not limited to the following:
  - Cosmetic services
  - Elective services related to reproduction, such as in vitro fertilization or vasectomy/vasectomy reversal
  - Transplant surgery and related services
  - Bariatric (weight loss) surgery and related services
  - Complementary/alternative medicine services such as acupuncture
  - Routine eye examinations
  - Contact lenses, hearing aids, cochlear implants
  - Deep-brain stimulation
  - LDL apheresis

Financial assistance is also not available for services not provided directly by GVH (see Schedule D – Provider List).

## **ELIGIBILITY DETERMINATION**

In addition to offering financial assistance information to all patients at the time of registration, for registered inpatient and outpatients GVH will also screen accounts in order to identify patient eligibility for Financial Assistance. This review and screening will occur both prospectively, at the time of admission or provision of services, and also during the course of patient account billing and insurance follow-up.

Consideration of patient eligibility for Financial Assistance may also occur upon the request of the patient or guarantor.

The Patient Financial Services staff will discuss the policy's potential applicability to the circumstances of that patient or prospective patient. Patient Financial Services staff will assist in obtaining government sponsored healthcare coverage and explain other payment options as appropriate.

## **PRESUMPTIVE ELIGIBILITY**

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources that could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, GVH may use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, a 100% write off of the account balance will be made. Presumptive eligibility may be determined on the basis of individual



life circumstances that may include:

1. State-funded prescription programs;
2. Homeless or received care from a homeless clinic;
3. Participation in Women, Infants and Children programs (WIC);
4. Food stamp eligibility;
5. Subsidized school lunch program eligibility;
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
7. Low income/subsidized housing is provided as a valid address; and
8. Patient is deceased with no estate

#### **APPLICATION PROCESS**

In connection with determining eligibility for financial assistance, GVH requires that the patient complete a Financial Assistance Application and provide other financial information and documentation relevant to making a determination of financial eligibility. Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with GVH's procedures for obtaining financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

Once a patient or prospective patient is identified as potentially being eligible for Financial Assistance, the Patient Financial Services staff will provide to the patient or guarantor a notice of possible qualification for Financial Assistance (*Exhibit 1*) along with a Financial Assistance Application (*Exhibit 2*) and Documents Checklist (*Exhibit 3*). In order for a formal determination of Financial Assistance eligibility to be made, it is necessary for the patient (or guarantor) to provide any and all information being requested, including, but not limited to, demographic and financial information, as well as information documenting income resources, financial assets, and household expenses. The hospital will hold all such financial information in confidence and will use it only for the purpose of evaluating a patient's eligibility for Financial Assistance. The Patient Financial Services staff will provide assistance to those patients needing aid to complete the Financial Assistance Application and the Documents Checklist. Sign and Language Interpreters will be provided as warranted in accordance with Grand View Health policy.

The financial resources of a parent or guardian may be considered in determining the Financial Assistance eligibility of a patient who is a legal dependent.

Patients who do not provide adequate information necessary to completely and accurately assess their financial situation may be deemed ineligible to receive Financial Assistance discounts; however, this will not be a precondition to the timely provision of emergency and medically necessary treatment. See Exhibit 3A for the letter sent to applicants providing incomplete data.

Patients currently eligible for Medical Assistance will be deemed indigent and may qualify for full Financial Assistance for outstanding claims for dates of service prior to their Medical Assistance eligibility date. Additional information may be required to determine the exact date of eligibility for retrospective Financial Assistance.

Applications for Financial Assistance falling outside of established guidelines and involving extraordinary circumstances may be considered with the documented approval of the Senior Vice President/Chief Financial Officer.

Patients may reapply at any time if their original application is denied and they feel their financial circumstances have changed.

All applicant encounters will be entered into the patient accounting or billing system and all application documentation will be scanned to the patient's account or maintained in a paper file.

#### **PARTICIPATION**

Patients qualifying for Financial Assistance may be granted a discount from charges of up to a 100%. Patients who are extended Financial Assistance in the form of a discount from charges of less than 100% will be afforded written notification of the level of discount to be provided, with the pertinent GVH bill being adjusted to reflect any such discount (Exhibit 4). Payment terms will be discussed and agreed upon with the patient or guarantor. Financial Assistance eligibility will be in effect for 180 (one hundred eighty) days. After 180 days, patients will be required to repeat the Financial Assistance application process for ongoing eligibility.

#### **ACTIONS TAKEN IN THE EVENT OF NONPAYMENT**

Collection of amounts due from patients receiving Financial Assistance shall be handled pursuant to the GVH Billing and Collection Policy. Members of the public may obtain a free copy of this separate policy from GVH via the Hospital Contact Information listed below.

#### **CALCULATION OF FINANCIAL ASSISTANCE DISCOUNT**

GVH personnel will utilize the Financial Assistance Calculation Worksheet (*Exhibit 6*) to calculate the level of discount to be afforded an uninsured/underinsured patient based upon the patient's household income, family size, financial assets, and household expenses. GVH shall use the GVH Financial Assistance Calculation of Financial Responsibility (*Schedules B & C*) when determining the level of Financial Assistance discounting to be provided the uninsured/underinsured patient. Ten percent of the applicant's Net Asset Value, as determined during the application process, shall be credited as income when determining Financial Assistance eligibility and the granting of any related Financial Assistance discount.

Following a determination of FAP-eligibility, a FAP-eligible individual will not be charged more than AGB for emergency or other medically necessary care. Thus, patients who qualify for a Financial Assistance discount will be responsible for the lesser of the calculated patient responsibility amount due or the average Medicare rate for the services provided. GVH will annually apply the "Look-Back" methodology which utilizes the Medicare fee-for-service population to determine the amounts generally billed (AGB) as a percentage of charges.

GVH calculates the AGB percentage and applies it, as appropriate, to the Financial Assistance account. The current AGB percentage may be obtained free of charge via the contact information listed below.

The calculation year for the AGB percentages will be January 1 through December 31 and the AGB percentage will be updated by January 31 of the following calendar year.

When a patient fails to qualify strictly on income guidelines, then monthly household and monthly medical expenses will be reviewed and considered by the Patient Financial Services staff. Fifty percent (50%) of documented household monthly expenses up to a maximum of \$2,000.00 per month will be considered in determining eligibility. One hundred percent (100%) of monthly medical expenses will be considered by Patient Financial Services staff in determining eligibility.



**ACCOUNTABILITY**

GVH will review the Financial Assistance policy at least annually when the new Federal Poverty income limits are published. Annual audits will be completed to verify that applications are being handled fairly, respectfully, and consistently. The Financial Assistance policy will be reviewed annually with the Patient Financial Services staff and training needs will be addressed and provided as necessary.

**HOSPITAL CONTACT INFORMATION**

Website: <https://www.gvh.org/patients-visitors/financial/charity-care-financial-assistance/>

Telephone: 215-453-4608

Mail or In Person:

Grand View Health  
Patient Financial Services Department  
Attention: Financial Assistance Representative  
700 Lawn Avenue  
Sellersville, PA 18960

**SCHEDULE A**

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**GVH Primary Service Area Zip Codes**

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<b>Zip code</b>	<b>City/Town</b>
18041	East Greenville
18054	Green Lane
18073	Pennsburg
18076	Red Hill
18917	Dublin
18932	Line Lexington
18944	Perkasie
18951	Quakertown
18955	Richlandtown
18960	Sellersville
18964	Souderton
18969	Telford
19438	Harleysville
19440	Hatfield
19446	Lansdale

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**GVH Secondary Service Area Zip Codes**

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<b>Zip code</b>	<b>City/Town</b>
18036	Coopersburg
18070	Palm
18074	Perkiomenville
18901	Doylestown
18902	Doylestown
18914	Chalfont
18923	Fountainville
18930	Kintnersville
18942	Ottsville
19426	Collegeville
19454	North Wales
19473	Schwenksville
19504	Barto

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**CALCULATION OF FINANCIAL RESPONSIBILITY  
FINANCIAL ASSISTANCE DETERMINATION**

For Patients Residing in GVH's Primary or Secondary Service Areas

HOUSEHOLD INCOME	Household Size								Responsibility
	1	2	3	4	5	6	7	8	% of Charges Due
Household income ≤ 200% of HSS Poverty Income	\$27,180	\$38,620	\$46,060	\$55,500	\$64,940	\$74,380	\$82,380	\$93,260	0%
Household income ≤ 300% of HSS Poverty Income	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$123,570	\$139,890	5%
Household income ≤ 400% of HSS Poverty Income	\$54,360	\$73,240	\$92,120	\$111,000	\$129,880	\$148,760	\$164,760	\$186,520	10%
Household income ≤ 500% of HSS Poverty Income	\$67,950	\$91,550	\$115,150	\$138,750	\$162,350	\$185,950	\$205,950	\$233,150	20%

\* Income Guidelines as Published in the Federal Register on January 21, 2022.

Patients who qualify for a charity care discount will be responsible for the lesser of the calculated patient responsibility amount due or the caparable Medicare rate as per the "LookBack" method outlined on page three for the services provided.

**CALCULATION OF FINANCIAL RESPONSIBILITY**  
**FINANCIAL ASSISTANCE DETERMINATION**

For Patients Residing outside GVH's Primary or Secondary Service Areas

HOUSEHOLD INCOME	Household Size								Responsibility
	1	2	3	4	5	6	7	8	% of Charges Due
Household income ≤ 200% of HSS Poverty Income	\$27,180	\$38,620	\$46,060	\$55,500	\$64,940	\$74,380	\$82,380	\$93,260	0%
Household income ≤ 300% of HSS Poverty Income	\$54,360	\$73,240	\$92,120	\$111,000	\$129,880	\$148,760	\$164,760	\$186,520	10%
Household income ≤ 400% of HSS Poverty Income	\$67,950	\$91,550	\$115,150	\$138,750	\$162,350	\$185,950	\$205,950	\$233,150	20%

\* Income Guidelines as Published in the Federal Register on January 21, 2022.

Patients who qualify for a charity care discount will be responsible for the lesser of the calculated patient responsibility amount due or the caparable Medicare rate as per the "LookBack" method outlined on page three for the services provided.



## **SCHEDULE D**

### **PROVIDER LIST**

Set forth below is a complete list of providers, in addition to GVH itself, delivering emergency or other medically necessary care at GVH that specifies which providers are covered by the Financial Assistance Policy and which are not covered:

#### **PROVIDERS COVERED BY GVH FINANCIAL ASSISTANCE POLICY:**

Not all services rendered by the following providers are covered by the GVH Financial Assistance Policy. Please refer to the "Eligible Services" section of the policy for additional information.

Grand View Health Providers listed on the following website:

<https://www.gvh.org/locations/grand-view-medical-practices/>

Grand View Home Care

Grand View Hospice

Grand View Palliative Care

Grand View Medical Company

Grand View Health Emergency Medical Services Medic 151

Grand View Sports Medicine

#### **PROVIDERS NOT COVERED BY GVH FINANCIAL ASSISTANCE POLICY:**

All other physicians listed on the following website, *OTHER THAN*, the Grand View Health Providers:

<https://www.gvh.org/find-a-physician/>

**EXHIBIT 1**

GRAND VIEW HEALTH

700 Lawn Avenue

PO BOX 902

Sellersville, PA 18960

[Date]

[Name]

[Address]

[City] PA [Zip]

Dear [Name],

ACCT:[Number]

The FINANCIAL ASSISTANCE application has been reviewed and your households present situation qualifies for the below reduction of hospital debt. Charity will not be used in place of your coverage if you choose to have services at an out of network provider or uncovered location. Discounts are taken after any medical insurance or group fund pays. Any prior payments already made are not eligible for refund.

CHARITY DISCOUNT % - Total due from YOU: %

(Guest trays & non medically necessary treatment are never discounted)

You can always go to GVH.ORG to pay hospital bills.

This discount is only valid 6 months from the date of the initial visit that led you to apply for assistance. If you are continuing treatment past that window, you will be asked to update your financial information for ongoing reduction of debt. The hardship program is not a permanent solution.

Providers like Grand View Medical Practices, Grand View Radiology, Grand View Anesthesia, Grand View Emergency Professionals, Alliance Cancer, Upper Bucks Orthopedics, Grand View Urgent Care, Grand View Medical Supply and Grand View Transport are separate entities from the hospital so it is your responsibility to MAKE A COPY OF THIS LETTER AND SHARE with offices still billing you. They MAY reciprocate a discount. We are glad to be able to help with this matter.

Sincerely,

Teresa M Maute-Carr / Patient Financial Services Coordinator, 215-453-4608, TMAUTE-CARR@GVH.ORG



**GRAND VIEW HEALTH**

**FINANCIAL ASSISTANCE APPLICATION**

*Please complete all questions in this section. Failure to complete this section could result in delays in evaluating eligibility for financial assistance.*

**Patient Information**

Patient Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Current Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Name/Number: \_\_\_\_\_

**Household Members**

*Please attach additional sheets of paper if household has more than eight members.*

Name:	Relationship:	Age:
1. _____	Self	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

**Monthly Household Income**

Wages/Salaries (Before Taxes): \_\_\_\_\_ Pensions: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Other Disability: \_\_\_\_\_  
SSI: \_\_\_\_\_ Cash Assistance: \_\_\_\_\_  
Unemployment Compensation: \_\_\_\_\_ Worker's Compensation: \_\_\_\_\_  
Child Support: \_\_\_\_\_ Spousal Support: \_\_\_\_\_  
Veteran's Administration (VA) Benefits: \_\_\_\_\_  
Other Unearned Income (includes Trusts, Interest/Dividends, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Household Countable Resources:**

*Please list your available accounts and liquid assets for your household. A liquid asset is defined as cash or any type of negotiable asset that can be converted quickly and easily into cash. Do not include your home, household items, vehicles, IRAs, 401(k) accounts and other non-liquid assets.*

Certificates of Deposit: \_\_\_\_\_ Stocks or Bonds: \_\_\_\_\_  
Trust Fund: \_\_\_\_\_ Savings Account: \_\_\_\_\_  
Checking Account: \_\_\_\_\_ Savings Certificates: \_\_\_\_\_  
U.S. Saving Bonds: \_\_\_\_\_ Christmas or Vacation Club: \_\_\_\_\_  
Health Savings Account (HSA) Funds: \_\_\_\_\_  
Other (Please Explain): \_\_\_\_\_



**Monthly Household Expenses**

*Please answer the questions below to provide a better understanding of your ability to pay for medical care. Higher-than-average or otherwise unusual expenses may result in an adjustment if income downward. Lower-than-average expenses will not result in an adjustment of income upward.*

Mortgage/Rent: \_\_\_\_\_ Property Taxes: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Auto Loan: \_\_\_\_\_  
Credit Cards (Total): \_\_\_\_\_ Water: \_\_\_\_\_  
Gas: \_\_\_\_\_ Oil: \_\_\_\_\_  
Electric: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Child Support: \_\_\_\_\_ Spousal Support: \_\_\_\_\_  
Health Savings Account (HSA) Contributions: \_\_\_\_\_  
Other (Please Explain): \_\_\_\_\_

**Monthly Medical Expenses**

Insurance Premiums: \_\_\_\_\_ Equipment: \_\_\_\_\_  
Doctors' Visits: \_\_\_\_\_ Prescriptions: \_\_\_\_\_  
Other (Please Explain): \_\_\_\_\_

**GRAND VIEW HEALTH**

**Verification of Income, Countable Resources & Household Expenses**

*Please attach proof of income from the past 30 days, your monthly household expenses, and current resources to this application. Please verify all income, expenses and resources listed in Exhibit 2. If you are unable to verify some or all of your income, expenses or resources, please explain why on an attached sheet of paper. Applications will not be rejected for inability to verify income, expenses or resources, provided that reasonable explanation for the inability is given. Acceptable sources of verification include, but are not limited to:*

- ☐ Pay stubs or letters from employers, listing wages before taxes.
- ☐ Award letters or bank statements showing deposits of Social Security, other disability, pension, worker's compensation, or unemployment compensation payments.
- ☐ Award letters, court documents, or bank statements showing deposits of child or spousal support payments.
- ☐ Documentation of other sources of income
- ☐ If the household has no income, letters from persons who are assisting with daily living needs, explaining the help that the persons provide (e.g., grocery purchases or rent and utility payments).
- ☐ Health Savings Account (HSA) and other dedicated account statements.
- ☐ Checking and Savings account statements.
- ☐ Copy of Health Insurance Card(s), if applicable.

**Expenses**

- ☐ Bills or statements for any expenses you have listed.

**Certification**

*Please sign and return the completed application with the items listed above.*

I certify that the information contained in this application is true and complete. I understand that willful falsification of information contained in this application will result in denial of financial assistance.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

GRAND VIEW HEALTH

**EXHIBIT 3A**

Patient Financial Services Main Lobby

700 Lawn Avenue PO BOX 902

Sellersville, PA 18960

[DATE]

[Name]

[Address]

[City] PA [Zip]

Dear [Name],

ACCT: [Number]

The county will not process your need for Medical assistance until the below is forwarded to our office.

\_\_\_\_ Pay stubs for household IN ADDITION TO TWO MONTHS OF ITEMIZED BANK STATEMENTS

\_\_\_\_ Copies of Driver's license for you and spouse

\_\_\_\_ Copies of Social security cards and Birth Certificates for adults and all minor children in house

\_\_\_\_ Proof of Unemployment Compensation if no longer working IN ADDITION TO TWO MONTHS OF ITEMIZED BANK STATEMENTS

\_\_\_\_ Proof of Child or Spousal Support IN ADDITION TO TWO MONTHS OF ITEMIZED BANK STATEMENTS

\_\_\_\_ Proof of other income (spousal support, self-employment, liability settlements)

\_\_\_\_ Explanation of how you are meeting your daily needs (food, shelter, clothes) if claiming no income

\_\_\_\_ Other IRA's pensions, stocks, CD's most current statement.

Please return these items within 5 days of this letter via email or fax (215-453-4143). Should you have any questions please contact me directly at the number above.

Sincerely,

Cindy Collins

Patient Financial Services Counselor

215-453-4896



## **GRAND VIEW HEALTH**

### **FINANCIAL ASSISTANCE**

Grand View Health is proud of its mission to provide quality care to the communities which we serve, 24 hours a day, 7 days a week, 365 days a year.

If you do not have health insurance or worry that you may not be able to pay for part or all of your care, we may be able to help. Grand View Health provides financial assistance to patients based on their income, assets, and financial needs. In addition, we may be able to help you apply for insurance coverage through the State Medical Assistance Program or to work with you to arrange a manageable payment plan.

For more information, please contact Hospital Patient Financial Services at 215-453-4608 or visit [www.gvh.org](http://www.gvh.org). We will treat your questions and any information you provide us with confidentiality and courtesy.

**GRAND VIEW HEALTH**  
**FINANCIAL ASSISTANCE CALCULATION**  
**WORKSHEET**

For Hospital Use Only

Patient Name:
Account Number:

A) Number in Household	0
B) Annual Income	\$0.00
C) Net Asset Value	\$0.00
D) Net Asset Value times 10%	\$0.00
E) Eligible Household/Medical Expenses	\$0.00
F) TOTAL (B plus D minus E)	\$0.00
G) Financial Assistance Discount % (Exhibit B or C)	
H) Total Charges	\$0.00
I) Financial Assistance (G times H)	\$0.00
J) Patient Liability (H minus G)	\$0.00
K) Medicare Rate/AGB Rate	\$0.00
L) Final Patient Pay Lesser of (J) or (K)	\$0.00