



Gillette Assistance Program (GAP)

Purpose

Gillette Children's Specialty Healthcare is committed to providing medically necessary care to our patients, regardless of their ability to pay. Our Gillette Assistance Program policy serves to establish and ensure a fair and consistent method for the review of eligibility for our financial assistance program known as the Gillette Assistance Program (referred to herein as "GAP").

Policy:

This policy describes the requirements for qualifying for and receiving financial assistance for services at Gillette Children's Specialty Healthcare through our Gillette Assistance Program. Financial assistance shall be based on a determination of financial need, and shall not take into account age, gender, race, immigration status, sexual orientation, or religious affiliation.

**Excludes biologic medications and international patients*

Procedure:

Eligibility

To be eligible to receive a Gillette Assistance Program discount, a patient/guarantor must:

- 1) Enroll patient in all available third-party payers and government plans.
- 2) Exhaust all available benefits from third-party payers and government plans.
- 3) Fully cooperate with the insurance claim submission requirements of third-party and government plans, including coordination of benefits.
- 4) Fully comply with Gillette's application process in a timely manner and promptly provide all information requested by Gillette during the application process if applicable.
- 5) Have a household gross annual income, adjusted for family size, that is at or below 400% of the federal poverty level (FPL).

Basis for Calculating the GAP Discount

The federal poverty level (FPL) is published annually in the Federal Register and will be the basis for income guidelines used to qualify applicants for GAP.

Annual Gross Income as a Percentage of the Federal Poverty Level (FPL)	Uninsured GAP Discount	Insured GAP Discount
Up to 250% of FPL	100%	50%
From 251% up to 300% of FPL	50%	30%
From 301% up to 400% of FPL	25%	15%

Amounts Generally Billed Discount Calculation

A patient eligible for GAP will not be charged more than amounts generally billed (AGB) to insured patients. Gillette uses the “look-back” method to calculate the AGB by dividing the sum of payment for all claims from private payers and Medicare during a 12-month period by the sum of associated charges for those claims. The AGB is calculated annually and can be obtained by calling our Financial Advocates at 651-325-2235.

Services that are Not Eligible under GAP

1. Services provided by Non-Gillette facilities or providers; services that are billed by providers who are not included on the GAP Provider List
2. Retail pharmacy services including over-the-counter drugs or supplies
3. Patients who are not United States citizens or United States citizens living outside of the United States are not eligible for GAP. This does not include undocumented individuals living in the United States.
4. Elective procedures, elective self-pay services, and those services deemed not medically necessary and/or generally not covered by most insurance providers are not covered by GAP, unless the service is considered standard of care. For purposes of this policy, Gillette reserves the right to determine, on a case-by-case basis, whether the care and services meet the definition and standard of “medically necessary” for the purpose of eligibility for GAP.



Presumptive Eligibility

If a patient or guarantor appears eligible for the Gillette Assistance Program but there is no GAP Application on file to make a financial assistance determination, Gillette Children's Specialty Healthcare may make a presumptive eligibility determination

1. Gillette may use a third party provided presumptive eligibility determination of the patient/guarantor's eligibility for GAP and may provide a full or partial GAP discount on their outstanding self-pay balances
2. Presumptive eligibility for State or Federal health insurance programs is not considered an application for GAP

How to Apply for GAP

1. Obtain a Gillette GAP application, which is available at the front desk at all Gillette locations or can be downloaded from the Gillette website, gillettechildrens.org. You may also request an application by calling 651-325-2235 and requesting that an application be sent to you.
2. Complete the GAP application and include copies of all documentation asked for in the application. The completed application should be emailed to financialassistance@gillettechildrens.com or sent to:

Gillette Children's Specialty Healthcare
Attn: Revenue Cycle—GAP
Internal Zip #455120
200 University Ave. E
St. Paul, MN 55101
Fax: 651-325-2174

3. If additional information is needed, a Gillette Financial Advocate may contact you.
4. Within 30 days after receipt of a completed application and all supporting documentation, Gillette will review the application and notify you in writing of your eligibility for GAP.



5. A completed GAP application will be in force for 12 months. At the end of the 12-month period, another GAP application will need to be completed. If you believe your circumstances have changed within an existing 12-month GAP cycle that would enable eligibility for a higher GAP discount, you may submit a new application at any time.

Separate Billing and Collection Policy

The actions that Gillette may take in the event of nonpayment are described in a separate Billing and Collection policy. A free copy of the Billing and Collection policy can be obtained by sending a written request to:

Gillette Children's Specialty Healthcare
Attn: Revenue Cycle—Financial Advocates
Internal Zip #455120
200 University Ave. E.
St. Paul, MN 55101

Related Documents:

Application for Gillette Assistance Program – English
Application for Gillette Assistance Program – Spanish
Application for Gillette Assistance Program – Somali
Application for Gillette Assistance Program – Hmong GAP Provider List

References: NONE

THIS POLICY SUPERSEDES ANY PREVIOUS POLICIES OR PRACTICES.