

# Financial Assistance Policy

**Policy:** It is the policy of Magruder Hospital to provide emergency and medically necessary care at a discounted amount to patients who are in financial hardship and do not fall within the guidelines of HCAP. This will be for all medically necessary and emergency services provided within and billed by Magruder Hospital. Patients must follow an application process to determine eligibility, which includes standardized criteria that is reviewed annually. Services rendered by Independent Physicians at Magruder Hospital are not covered under this policy.

**Purpose:** This policy establishes Magruder Hospital's commitment to ensure patients have access to necessary health care services regardless of their ability to pay. Magruder Hospital also aims to ensure that patients and the community at large are aware that financial assistance is available. Further, this policy ensures that all appropriate collection efforts are utilized, and all patients are treated fairly and consistently within all applicable laws.

**Scope:** The Financial Assistance Policy applies to medically necessary services completed by Magruder Hospital and its employees. It is to exclude hospital based specialists including Anesthesiologist, Pathologist, Surgeons, Pain Management Physicians, Inpatient Hospitalists, Radiologists and the following Independent Physicians as reasonably identified on the last page of this policy (labeled Exhibit A).

## Definitions:

**Emergency Medical Care:** Magruder Hospital will provide, without discrimination, care for emergency conditions to individuals regardless of their ability to pay. Magruder will provide emergency care in compliance with the Emergency Medical Treatment and Labor Act (EMTALA). No payment collection will be required prior to the patient receiving emergency care.

**Medically Necessary Services:** Health care services or supplies needed that a Physician or other qualified Healthcare Provider, exercising prudent clinical judgment, would provide to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine. Services that are not deemed medically necessary, as defined by CMS, are not covered under this policy.

**Family:** A family is defined as parent(s), children of all ages whether natural, adopted or stepchildren, and grandparents that are living in the home.

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**Amounts Generally Billed (AGB) to Patients:** Magruder Hospital will limit amounts charged to patients that are approved under this policy for financial assistance to no more than the average percentage amount reimbursable by insurance. The percentage will be applied to gross charges for such care to determine the maximum amount an individual is personally responsible for paying with respect to such care.

**Look-Back Method:** Magruder will use an annual 12 month look-back period to determine AGB. This methodology is computed by dividing the sum of amounts allowed by health insurance by the sum of associated gross charges. Insurance payers include Medicare, Medicare Advantage and all commercial/private payers and exclude Medicaid, VA, Champus, other government payers and Workers' Comp.

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**Extraordinary Collection Actions (ECA):** ECA are measures taken against an individual responsible for the payment of a self-pay bill that requires a legal or judicial process and/or reporting the individual to a consumer credit agency. Magruder will not engage in ECA against individuals until all reasonable efforts have been made to determine eligibility for assistance under this policy.

## Notice Requirements:

- Signage in regard to the hospital's financial assistance is posted in all registration areas and the cashier's area.
- Plain Language Summaries are available at all registration areas, cashier's window, the financial counselor offices, and hospital website.
- Notice of financial assistance is available on patient statements and the hospital's website.
- Applications for financial assistance are available on the back of the first patient statement, each registration area, cashier window, financial counselor's offices and the hospital website.
- Financial assistance policies are available upon request at all registration areas, cashier's window, the financial counselor's offices and are posted on the hospital website.

**Ohio Hospital Care Assurance Program (HCAP):** As a participant in the HCAP Program, we offer emergency and other medically necessary services in our hospitals free of charge if you are a resident of Ohio and either (1) you are currently an eligible recipient of the General Assistance or the Disability Assistance Programs or (2) your income is at or below 100% of the Federal Poverty Guidelines (the FPG).

## Procedure:

### Application and Determination

All applicants will be screened for Medicaid coverage and must cooperate with the Medicaid representative to be considered for financial assistance.

If you are eligible for financial assistance under our Policy, Magruder Hospital will provide financial assistance to those patients that are not eligible for the Hospital Care Assurance Program (HCAP) and whose income falls between 100% and 300% of Federal Poverty Guidelines (FPG) in effect on the date of service based on the following discount matrix.

Patient Discount Matrix for 2022:

Family size	FPG 100%	66%	61%	56%
1	\$13,590	\$23,782	\$33,975	\$40,770
2	\$18,310	\$32,042	\$45,775	\$54,930
3	\$23,030	\$40,302	\$57,575	\$69,090
4	\$27,750	\$48,562	\$69,375	\$83,250
5	\$32,470	\$56,822	\$81,175	\$97,410
6	\$37,190	\$65,082	\$92,975	\$111,570
7	\$41,910	\$73,342	\$104,775	\$125,730
8	\$46,630	\$81,602	\$116,575	\$139,890

For families with more than 8 persons, please add \$4,720.00 for each additional person.

## Methods available to apply for Financial Assistance:

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1. Applications are available at all hospital entrances and registration areas.
2. Applications are available on hospital website. [www.magruderhospital.com](http://www.magruderhospital.com)
3. Applications are available via phone call to hospital 419-732-4004 or 419-732-4005
4. Applications are available by mail from the Financial Counselors at 615 Fulton St, Port Clinton, Oh 43452

## Eligibility:

- A completed and signed application must be submitted to the hospital financial counselors.
- Patient must be a resident of the State of Ohio
- Patient must meet eligibility requirements based on the Date of Service
- Patient must cooperate in supplying all third-party payer information. Third party payer resources must be exhausted prior to receiving financial assistance.
- Patient must provide proof of income:
  1. Copy of most recently filed federal income tax return
  2. Copies of pay stubs 3 months prior to the date-of-service
- Financial assistance Notification is sent to patient by letter, noting their approval or denial and any remaining balance due. Payment plan guidelines are provided at that time.
- The time allotment for accepting applications is 3 years from the first statement date.
  - a. OAC 5160-2-07.17 Permits hospitals to adopt a three-year limit on applications. This date is based on the first statement date and not date of service

The Financial Assistance Application is required for each Inpatient visit and every 90 days from the initial date of service for Outpatient visits.

Patient accounts with remaining self-pay balance that have not comp

## EXHIBIT A

### Independent Physicians Excluded from Magruder Financial Assistance Policy:

Physician Medical Specialty Premier Anesthesia of Sandusky	Anesthesia
Mercy Weight Management Center	Bariatrics/General Surgery
Promedica Physicians Cardiology	Cardiology
Paul Bedocs, MD	Dermatology
Carl W. Steele, DO	Family Practice
David L. Stanbery, MD	Family Practice/General Surgery
David Hykies, DO	Gastroenterology
North Coast Surgical Associates	General Surgery
Richard Wiecek, MD	General Surgery
Kurt Harrison, DO	Gynecology
Mona Nataprawira, DO	Gynecology
Bo Zhao, MD	Hematology/Oncology
Med One/Central Ohio Hospitalists	Hospitalist
David Morris, MD	Internal Medicine/Sleep Medicine
Renal Services of Toledo	Nephrology
Firelands Physician Group	Nephrology
Advanced Neurological Associates	Neurology
Nicole Barylski-Danner, DO	Neurology
Mohamad Ezzeldin, MD	Teleneurology
Eugene Lin, MD	Teleneurology
UTMC Telestroke Network	Teleneurology
Syed Zaidi, MD	Teleneurology

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Richard Visci, DO	Obstetrics/Gynecology
Amy Reese, MD	Oncology
NOMS Healthcare	Orthopedics
Robert Kalb, MD	Orthopedics
Thomas A. Olexa, MD	Orthopedics
Kam-Ming Wong, MD	Orthopedics
James R. Berry, MD	Orthopedic surgery
Paul S. Biedenbach, DO	Otolaryngology
Thomas Felter, MD	Pain Management
Vimal Kumar, MD	Pain Management
Lawrence Fanelly, DO	Pathology
Shaila Fernandes, MD	Pathology
Yuying Jiang, MD	Pathology
William Kotchkoski, MD	Pathology
Alec Mian, MD	Pathology
Jianlan Sun, MD	Pathology
Gregory Surfield, MD	Plastic Surgery
Marc Dolce, DPM	Podiatry
Molly Judge, DPM	Podiatry
Kevin L. Sneider, DPM	Podiatry
Sina S. Hazneci, MD	Radiology
Virtual Radiologic Consultants	Telemedicine Radiology
Martin Ribovich, MD	Radiation Oncology
Khalid Siddiqui, MD	Radiation Oncology
Gregory Cook, MD	Urology
Omar Khan, MD	Urology
Hesham Mostafa, MD	Urology
Robert Rice, MD	Urology
Donald Smith, MD	Urology
The Toledo Clinic	Urology
Patrick Waters, MD	Urology
Mercy Medical Group	Vascular surgery
Rural Physician Group	Hospitalist