

Hospital Financial Assistance Policy

Policy:

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

Purpose:

To ensure that patients and the community at large are aware that financial assistance is available. To ensure patients have access to necessary health care services regardless of their ability to pay. And to ensure that appropriate collection efforts are utilized and all patients are treated fairly and consistently within all applicable laws.

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 activity will be made prior to the patient receiving emergency care.

Medically Necessary Services: (Medicare's MN Definition)

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 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.

Amounts Generally Billed (AGB) to Patients:

Magruder Hospital will limit amounts charged to uninsured patients that are approved under this policy for financial assistance to no more than those amounts generally billed to insurance. Magruder will provide the gross charges on the statements along with the deductions/discounts that are applied.

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 claims allowed by health insurance by 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.

Notice Requirements:

- Signage in regards to the hospitals financial assistance is posted in all registration areas and the cashier's area.
- Plain Language Summaries are available at all registration areas, cashiers 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 counselors offices and the hospital website.
- Financial assistance policies are available upon request at all registration areas, cashiers window, the financial counselors offices and are posted on the hospital website.

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.

APPLICATION AND DETERMINATION:

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 that date of service. Assistance is based on family income and provided on a sliding fee scale of 25 to 100 percent.

Methods available to apply for Financial Assistance:

1. Applications are available at all hospital entrances and registration areas.
2. Applications are available on hospital website. 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 be eligible on 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 by letter are sent to patients of 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 complied with guidelines listed in our Bad Debt Policy may be forwarded to an outside agency for collection.