Patient Accounting Services,
Patient Financial Assistance Program

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Policy Type

■ Entity Governance Policy
☐ Entity Policy
☐ Entity Departmental Policy
☐ System Governance Policy
☐ System Policy
☐ System Departmental Policy
☐ Home Office Policy

Policy Scope

☐ Summa Health (Corporate)
☐ Summa Health Network
■ Summa Health Medical Group
☐ SummaCare
■ Summa Health System (Hospitals)
☐ New Health Collaborative
☐ SMSO
■ Department: Patient Account Services

SUMMA HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY

PURPOSE:

The purpose of this policy is to define the Summa Health System financial assistance program and process for applying. Request for assistance for Ohio residents are processed for HCAP first, and then are otherwise subject to the provisions of this Financial Assistance Policy. This policy also has an addendum related specifically to the Specialty Pharmacy financial assistance program.

POLICY:

Summa Health System is committed to providing financial assistance responsive to the needs of the community, to patients who have sought Emergent or Medically Necessary care but have limited means to pay for their care. Summa Health System will provide, without discrimination, emergency medical care or medically necessary care to individuals regardless of their ability to pay, or their eligibility under this policy.

FINANCIAL ASSISTANCE RELATED POLICIES and PROCEDURES:

Summa Health System offers other options for uninsured or underinsured patients who do not qualify for financial assistance under this Financial Assistance policy. For further information, please see the following Summa Health System policies:

- Summa Health System Medical Screening Policy (EMTALA) – Consistent with EMTALA, any individual who comes to Summa Health System Property or Premises requesting an emergency examination or treatment, or a request is made on the individual's behalf is entitled to and shall be provided an appropriate Medical Screening Examination regardless of their ability to pay.
- Extraordinary Collection Actions – Summa Health System will not engage in Extraordinary Collection Actions such as reporting to credit agencies, selling an individual's debt to another party, deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill, or actions that require a legal or judicial process, before it makes a reasonable effort to determine if a patient is eligible for financial assistance under this policy. Collection activity, including any Extraordinary Collections Actions, will proceed as described by Summa Health System's Billing and Collection policy.
- Summa Health System HCAP Policy – Summa Health System is a participant in HCAP, the Ohio Hospital Care Assurance Program. Summa Health System follows state guidelines of the HCAP policy. HCAP covers basic, medically necessary hospital level services.
- Summa Health System Uninsured Discount – Uninsured patients who do not receive a discount under HCAP or Summa Health System's Financial Assistance policy are eligible for the Uninsured Discount for emergent or medically necessary services.

Medically necessary services, for purposes of this policy, include services to prevent, diagnose, or treat an illness, injury, condition, or disease, or the symptoms of an illness, injury, condition, or disease that meet accepted standards of medicine.

Non-medically necessary services are not covered under the Financial Assistance Policy. Some services are excluded, the list shown below is an example of excluded services and is not all inclusive.

- Cosmetic services
- Penile implants, slings, vasectomy reversal
- Surrogate care
- Infertility
- Bariatric surgery
- Contact lens or specialty implantable lens
- Services for which a package rate has been developed

Medically necessary reconstructive services do qualify for the self-pay discount rate.

1. Patients must follow the rules of their health plan to qualify for discounted rates.
2. Patients who opt to receive non-contracted or "out-of-network" services at Summa Health are not eligible to receive the Financial Assistance rate.
3. Patients who choose to have services when authorization from their insurance carrier has not been obtained are not eligible for discounted rates. Those patients will be asked to sign a Financial Responsibility Notice (FRN) prior to services being rendered, and payment in full will be expected prior to services being rendered.
4. If an insurance carrier denies authorization for a service as a not covered benefit or benefit level exceeded, the patient is not eligible for the Patient Liability/Self-Pay Patient Financial Assistance rate.
5. Patients are not eligible to receive the Patient Liability/Self-Pay Patient Financial Assistance rate if they have insurance that allows or covers the services. This includes if the patient responsibility after insurance is higher than the Patient Liability/Self-Pay Patient Discount rate.

Providers Covered by Summa Health System's Financial Assistance Policy
Detailed lists of Providers by name both covered and not covered by the Summa Health System's Financial Assistance policy can be found at:
https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance

The lists are accurate as of the date listed, and shall be updated, when necessary, but no less frequently than quarterly. The actual discount percentages may vary for each of the providers listed, as each may have a unique Amounts Generally Billed.

Further, this policy:

- Includes eligibility criteria for financial assistance.
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy.
- Describes the process for individuals to apply for financial assistance.
- Describes the actions taken during the financial assistance application process.
- Describes how Summa Health System will widely publicize the policy within the community.

1. Eligibility for Financial Assistance

Financial Assistance will be considered for those individuals who are uninsured or underinsured with a contracted insurance plan with medical costs and who are unable to pay for their care, based on determination of financial need in accordance with this policy. This may include any of the following conditions:

a. Individual has no third-party insurance coverage.
b. Individual is eligible for public assistance, but a particular service is not covered.
c. Medicare or Medicaid benefits have been exhausted and the individual has no further ability to pay.
d. Individual is insured with a contracted insurance plan but qualifies for assistance based on financial need to pay for the individual's balance after insurance.
e. Individual meets Ohio's Hospital Care Assurance Program (HCAP) requirements
f. If the individual's Gross Annual Family Income is up to 250% of the Federal Poverty Guidelines (FPG), the individual is eligible to receive free care.
g. If the individual's Gross Annual Family Income is between 251% and 400% of the FPG, the individual is eligible to receive care discounted from gross charges to the "amounts generally billed" to Insured Patients for such service. As used herein, the "amounts generally billed" has the meaning set forth in IRC §501(r)(5) and any regulations or other guidance issued by the United States Department of Treasury or the Internal Revenue Service defining that term. See Attachment A for a detailed explanation of how the "amounts generally billed" is calculated.
h. Once Summa Health has determined that a patient is eligible for income-based financial assistance, that determination is valid for 6 months prior to the date of service and 6 months after the date of service. After the approved period has ended, the patient would need to complete a new Financial Assistance Application and provide requested income verification to seek additional financial assistance.

2. Eligibility Criteria

a. Federal Poverty Limit Guidelines, definitions of family size and household income are used to determine an individual's eligibility. Federal Poverty Limit Guidelines are published annually by the Department of Health and Human Services; https://www.hhs.gov (see Attachment A)

b. Summa Health System calculates the amounts generally billed using the look-back method based on claims allowed by Medicare fee-for-service during a 12-month rolling period. See Appendix A for a detailed. explanation of how the amounts generally billed is calculated.

c. Summa Health System Financial Assistance- the individual's household income must be greater than 250% and less than or equal to 400% of the current Federal Poverty Limits (FPL) to be eligible for a reduction (see Attachment A). No patient eligible for Financial Assistance will be charged more than the Amounts Generally Billed (AGB). This may result in a partial adjustment to billed charges for individuals with no insurance, or a partial adjustment to billed charges for individuals with insurance on the remaining patient responsibility after insurance payment.

d. Summa Health System Financial Assistance- the individual's household income must be at or below 250% of the current Federal Poverty Limits (FPL) to be eligible for 100% reduction from applicable charges. This results in a full adjustment to billed charges for eligible individuals with no insurance or a full adjustment to billed charges for eligible individuals with insurance to the remaining patient responsibility after insurance payment.

e. Financial assistance application forms will be considered a maximum three (3) years first post discharge billing statement and considered valid for six (6) months after the last date of application approval.

f. Income may be verified by requesting a personal financial statement or obtaining copies of the applicant's most recent Form W-2, most recent tax form, bank statements or any other form of documentation that supports reported income. Summa Health System may request verbal clarification of income, family size or any information that may be unclear on the application.

g. Documentation received supporting income verification is to be maintained in patient files for future reference for a minimum of six (6) years.

h. Ohio's Hospital Care Assurance Program (HCAP) - Individuals at or below 100% the Federal Poverty

Limit (FPL) may be eligible for this State of Ohio program which includes emergent and medical necessary services. Qualification for HCAP is made in accordance with state regulations and supersedes Summa Financial Assistance Policy.

i. Summa Health System reserves the right to consider a discount or discounted care to any individual who may fall outside of the parameters set forth in this policy, where such individual who has been identified, in the sole discretion of Hospital Facility having exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc.). These cases should be brought forward by the System Director to the Vice President for consideration to be approved by the Chief Financial Officer, or designee.

j. Summa Financial Assistance Policy does not cover cosmetic and non-medically necessary Dental procedures.

3. Limitation on Charges for all Patients Eligible for Financial Assistance:
   a. No patient who qualifies for any of the above-noted categories of financial assistance will be charged more than the Amounts Generally Billed (AGB) percentage of gross charges for Eligible Services, as defined below.
   b. Summa Health System provides financial assistance to patients meeting eligibility criteria outlined in the Financial Assistance Policy. After the patient's account is reduced by the financial assistance adjustment based upon the policy, the patient/guarantor is responsible for the remainder of their outstanding bill, which shall be no more than the amounts generally billed to individuals who have insurance coverage.
   c. Summa Health System determined the amounts generally billed using the look-back method based on claims allowed by Medicare fee-for-service during a 12-month rolling period.

4. Applying for Financial Assistance
   a. A patient will complete the Summa Health System financial assistance application form either online, with assistance from a Financial Advocate or mail in a hard copy application.

      i. Presumptive eligibility may be used to justify and document financial assistance in certain circumstances (e.g., patient is homeless) in the absence of a completed financial assistance application form.

      ii. Summa Health System may utilize available resources (e.g., technology solutions, service organizations, etc.) to obtain such information as propensity to pay in order to assist determining whether a patient is presumed eligible for financial assistance. When a patient does not provide a Financial Assistance Application or supporting documentation, hospital may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility. Patients qualify using financial policy sliding scale guidelines (Attachment A) along with financial assistance policy.

      iii. Electronic signatures are accepted.

   b. Patient Financial Advocates are available to provide assistance completing the financial assistance form. See page 8 for more information about Patient Financial Advocates.

5. Summa Health System Actions Taken During Financial Assistance Application Process
   a. Summa Health System's Financial Assistance Policy is offered:
      i. Included on Conditions of Registration Form.
      ii. Included on the patient billing statement.
      iii. Published https://www.summahealth.org/patientvisitor/insuranceandbilling/financialassistance

If no financial assistance application form has been submitted in at least a 120-day period following the date after the first post-discharge billing statement, Summa Health System may follow the actions noted in the Billing and Collections Policy.

Only fully completed applications will be reviewed for financial assistance. An application is considered complete if all fields on the application are complete, any requested documents are received, and a coverage assistance services representative has reviewed the information and deemed the patient ineligible for other coverage opportunities. The application is then processed for financial assistance and a determination is made within a timely manner. When a patient or their guarantor may be eligible for coverage through medical assistance programs, the health benefit exchange or is determined to be qualified for retroactive health care coverage through the medical assistance programs, Summa Health will provide assistance to the patient or guarantor with applying for such coverage. Financial assistance may be denied if the patient or their guarantor fails to make reasonable efforts to cooperate with and assist Summa Health.

Incomplete Applications: If an application is incomplete or the patient has not provided requested information or taken actions requested by a Summa Health representative, the patient will be notified in writing via mail of the incomplete application and what is needed to process the application.

Actions in the Event of Non-Payment

ECAs (extraordinary collections actions) only occur after all reasonable efforts have been made to determine the patient's eligibility for financial assistance. Summa Health provides all patients with 240 days from the first post-discharge bill date to apply for financial assistance prior to any extraordinary collections action for non-payment. All patients have 30 days to make financial arrangements regarding their bill before an ECA will occur whether within the 240-day window or outside the 240-day window.

6. The Financial Assistance Policy, financial assistance application form, and Plain Language Summary of the Financial Assistance Policy are publicized and available to the individuals served in English, Spanish, Arabic, Nepali, Burmese, and Korean languages. These are the languages appropriate for the Summa Health System service area.

    a. Website: Summa Health System will prominently and conspicuously post complete and current version of the following on its website:

        i. Financial Assistance Policy (FAP)
        ii. Financial Assistance Application Form
        iii. Plain Language Summary of Financial Assistance Policy
        iv. Contact information for Summa Health System Patient Financial Advocate

    b. Signage: Summa Health System signage will be conspicuously displayed in public locations in its hospital facilities including all points of admission and registration areas, including the Emergency Departments.

    c. In Person: Patient Access Representatives and Patient Financial Advocates will offer patients the Financial Assistance application, free of charge, which will be used to determine eligibility for all assistance programs. A person speaking limited/no English or who is hearing impaired will be provided with an interpretation method, free of charge.

7. Patients/guarantors shall cooperate in supplying third party information including motor vehicle or other accident information, requests for coordination of benefits, pre-existing information, or other information necessary to process claim including cooperation in the application for Medicaid benefits. Summa Health financial assistance may be denied if patient/guarantor does not cooperate.

Financial Assistance for Catastrophic Situations:

Summa Health System defines Catastrophic Situations as incurred medical expenses that result in patient responsible debts of greater than 25% of the gross annual family income.

Patient Financial Advocates:

Patient Financial Advocates are available to answer your questions about financial assistance, payment arrangements, insurance coverage, Medicare, and other financial inquiries. A person speaking limited/no English or who is hearing impaired will be provided with an interpretation method, free of charge.

For more information about financial assistance, please call or visit:

- Summa Akron City Campus
  (330) 375-6685
  Central Registration
  141 N Forge Street
  Akron, OH 44304

- Summa Barberton Campus
  (330) 615-3236
  Central Registration
  155 5th Street NE
  Barberton, OH 44203

To obtain an estimate for service, please call (234) 312.5173.

Patient Account Services:

Contact Summa Patient Accounts Customer Service at 330.278.0160.

Representatives are available Monday through Friday from 8:00am to 4:30pm.

Notice to Ohio Residents-Ohio Hospital Care Assurance Program (HCAP):

Summa Health System provides, without charge to the individual, basic, medically necessary hospital-level services to individuals who are residents of Ohio, are not Medicaid recipients, and whose income is at or below the federal poverty line. Covered services are inpatient and outpatient services covered under the Ohio Medicaid Program, with the exception of transplantation services and services associated with transplantation. Recipients of Disability Financial Assistance qualify for assistance. Ohio residency is established by a person who is living in Ohio voluntarily and who is not receiving public assistance in another state. Requests for financial assistance for Ohio residents are processed for HCAP first, and then are otherwise subject to the provisions of this Financial Assistance Policy.

ATTACHMENT A

2025 Income Guideline - Effective beginning with date of service 1/1/2025

Family Size	2025 Hospital Care Assurance	Financial Assistance Program	
		Gross Family income of 250% or less: 100% discount gross charges	Gross Family income between 250% and 400%: 86% discount
1	$15,650	$39,125	$62,600
2	$21,150	$52,875	$84,600
3	$26,650	$66,625	$106,600
4	$32,150	$80,375	$128,600
5	$37,650	$94,125	$150,600
6	$43,150	$107,875	$172,600
7	$48,650	$121,625	$194,600
8	$54,150	$135,375	$216,600
Discount level	100%	100%	86%AGB

Add 5500.00 for each additional person

"Family" includes the patient, their spouse (regardless of whether they live in the home) and all patient's children, natural or adoptive, under the age of 18 who live in the home. **If patient is under the age of 18,** the "family" shall include patient, patient's natural or adoptive parent(s) regardless of whether they live in the home and the parent's children under the age of 18 who live in the home.
Stepchildren and grandchildren, unless legally adopted, are not counted in the family for purposes of these programs.

Specialty Pharmacy Financial Assistance Addendum to the Hospital Financial Assistance Program

Purpose: This addendum to the Hospital Financial Assistance Policy ("FAP Policy") outlines the process and limited circumstances in which reducing or waiving cost-sharing amounts owed for specialty pharmacy prescriptions is permitted. The FAP Policy is to complement the Hospital Financial Assistance Program by assisting patients experiencing financial hardship in obtaining specialty medications, improve clinical outcomes through better medication adherence, and enhance quality of life. This applies to individuals who are uninsured, underinsured, or self-pay. This addendum applies only to the specialty pharmacy and when an individual is in financial need or when reasonable efforts to collect cost-sharing amounts have failed.

No member of Summa Health System may offer, pay, solicit, or receive any remuneration to induce or reward referrals of items of services reimbursable by a federal health care program unless a statutory exception or regulatory safe harbor applies.

Key Points:

- This addendum is distinct from the FAP Policy, and it only applies to specialty pharmacy prescriptions dispensed by Summa Health.
- Cost-sharing reductions or waivers shall not be made routinely or be offered as part of any advertisement or solicitation.
- Cost-sharing reductions or waivers are only offered after the individual indicates financial need, such as inability to pay the cost-sharing amounts.
- Cost-sharing reductions or waivers are only offered only after determining, in good faith, that the patient is in financial need.

Regulatory Compliance:

- The addendum is structured to be in compliance with the regulatory safe harbors and exceptions to remuneration that permit financial assistance in case of *bona fide* financial need set forth at 42. U.S.C. § 1320a-7b(b)(3)(G), 42 C.F.R. §1001.952(k) and 42 U.S.C. § 1320a-7a(i)(6)(A), 42 C.F.R. §1003.110.

Policy:

1. Preliminary Financial Need Measures:
   - 1.1. The following measures should be taken prior to offering cost-sharing reductions or waivers:
     - 1.1.1. Therapeutic alternatives are explored, and if appropriate, the prescriber is contacted to identify a more affordable option for the patient.
     - 1.1.2. The prescriber confirms the medication is medically necessary for treating the individual's condition.
     - 1.1.3. All other eligible payer, third-party sponsored, and/or manufacturer financial assistance options are exhausted.

2. Qualification of Financial Need:
   - 2.1. The patient's Gross Family Income is equal to or less than 250% of the most recent Federal Poverty Guidelines.
   - 2.2. The term Gross Family Income includes, but is not limited to, the guarantor and spouse's gross income from employment, short-term disability, long-term disability, unemployment, social security, VA pensions, military allotments, pensions, and accessible income from trust accounts, self-employment income, income from Partnerships, S Corporations, and/or LLCs, rental property income.
   - 2.3. To qualify for specialty pharmacy cost-sharing reductions or waivers, the individual must indicate financial need, complete an application, and provide the following:
     - 2.3.1. Payroll check stubs from the most recent three months.
     - 2.3.2. The most recent tax return (if payroll check stubs are unavailable).
     - 2.3.3. Unemployment records.
     - 2.3.4. Documentation of government benefits; and/or
     - 2.3.5. Any other financial documentation reasonably requested by the hospital.

2.4. The individual must certify that all information provided is true.
2.5. Financial need is determined based on an individualized, case-by-case basis, using the same Eligibility Criteria as in the FAP Policy, Attachment A.
2.5.1. A third-party may aid in determining financial need under the guidance of Summa Health.
2.6. All documentation used to determine financial eligibility must be maintained and available for review by Summa Health.
2.7. The recipient of financial assistance is required to undergo a review process every six (6) months.
2.8. An individual will not qualify for cost-sharing reductions or waivers if the insured individual's payer prohibits copay assistance, even if the individual demonstrates financial need.

3. Additional Assistance for Medicare Beneficiaries:
3.1. This policy does not prohibit individuals from participating in eligible Prescription Assistance Programs.

4. Policy Modification:
4.1. Summa Health System reserves the right to edit, modify or eliminate this addendum to the FAP policy at any time.

References:
42 CFR 1001.952(k)(3)