



Patient Accounting Services, Patient Financial Assistance Program

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Date: May 9, 2024

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.

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 Collections Actions such as reporting to credit agency(ies), 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.

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 Amount 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

2. Eligibility Criteria

- a. Federal Poverty Limit Guidelines, definitions of family size and household income are used to determine an individual’s eligibility (see Attachment A)

- b. Summa Health System calculates the amount 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 amount 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 Amount Generally Billed (AGB). This results 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 individuals with no insurance or a full adjustment to billed charges for individuals with insurance to the remaining patient responsibility after insurance payment.
- e. Financial assistance application forms will be considered a maximum 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 applicants 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 accept 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.
- 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 and approved by the System Director having exceptional medical circumstances (i.e. terminal illness, excessive medical bills and/or medications, etc.).
- j. Summa Financial Assistance Policy does not cover cosmetic and non-medically necessary Dental procedures.

3. Applying for Financial Assistance

- a. A patient will complete the Summa Health System financial assistance application form.
 - 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 6 for more information about Patient Financial Advocates.

4. 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 Collection 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.

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 collection 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 collection 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.

5. The Financial Assistance Policy, financial assistance application form and Plain Language Summary of the Financial Assistance Policy are transparent and available to the individuals served in English, Spanish, Arabic, Nepali, Burmese and Karen 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.

6. 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 maybe 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
525 East Market Street
Akron, OH 44309
- 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

2024 Income Guideline - Effective beginning with date of service 1/1/2024

Family Size	2024 Hospital Care Assurance	Financial Assistance Program	
		250%	400%
1	\$15,060	\$37,650	\$60,240
2	\$20,440	\$51,100	\$81,760
3	\$25,820	\$64,550	\$103,280
4	\$31,200	\$78,000	\$124,800
5	\$36,580	\$91,450	\$146,320
6	\$41,960	\$104,900	\$167,840
7	\$47,340	\$118,350	\$189,360
8	\$52,720	\$131,800	\$210,880
Discount level	100%	100%	86% AGB

Add 5140.00 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 parents(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, grandchildren unless legally adopted are not counted in the family for purposes of these programs.