



Lifespan
Delivering health with care®

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 Hospital Revenue
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 Applicability System-Wide

Financial Assistance Policy, PF00.0054

Lifespan Financial Assistance Policy:

The mission of Lifespan is to deliver health with care. This policy serves to establish and ensure a fair and consistent method for uninsured and under-insured patients to apply and be considered for financial assistance related to emergency and other medically necessary hospital care. Please note that not all medical services at Lifespan qualify for assistance under this policy. *Financial assistance involves free or discounted medical care.* Patients seeking financial assistance must apply for assistance and are expected to cooperate with Lifespan's policies and procedures in obtaining such assistance. Applicants who may be eligible for government-sponsored health care programs such as Medicaid will be required to apply for such programs as a means of paying their hospitals' and providers' bills.

Lifespan will provide care for emergency medical conditions to individuals regardless of their eligibility under the FAP and shall not engage in any actions that discourage individuals from seeking emergency medical care. Patients seeking primary/preventative health services who fall below 200% of the federal poverty guidelines will not be denied services based on their ability to pay. This will apply to patients who are provided laboratory testing services via Lifespan outreach laboratories located within Blackstone Valley Community Health Center (BVHC) facilities.

This policy applies to services received at the following Lifespan facilities with some exclusions listed within the policy addendum I:

Rhode Island Hospital	Hasbro Children's Hosp.	Lifespan Physician Group, Inc.
The Miriam Hospital	Newport Hospital	Coastal Medical Physicians Inc
Emma Pendleton Bradley Hospital	Gateway Healthcare, Inc.	Radiosurgery Center of Rhode Island, LLC.

GLOSSARY

For the purposes of the FAP, the following definitions apply:

- §501(r): means Section 501(r) of the Internal Revenue Code and the regulations promulgated there under.
- Amounts Generally Billed (AGB): Per Treasury Regulations §1.501(r)-5(a)(1), a hospital must limit the

amount charged for care provided to any individual who is eligible for assistance under its financial assistance policy to not more than amounts generally billed (AGB) in the case of emergency and other medically necessary care. Lifespan calculates an (AGB) based on the average reimbursement percentage received from Medicare and Commercial/Managed Care companies for billable services provided by Lifespan affiliates.

- **Bad Debt:** The cost of providing free or discounted care to persons who are able but unwilling to pay all or some portion of the medical bills for which they are responsible.
- **Behavioral Health Services:** Medically necessary services that focus on the patient's psychological and mental health and may be provided in several care delivery settings.
- **Community:** means services provided at all Lifespan hospitals and clinics located throughout Rhode Island and Massachusetts.
- **Diagnosis Related Group (DRG)** A payment system created under Medicare in which operating costs of acute care hospital inpatient stays are categorized into unique groups. Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG.
- **Discounted care:** means a partial discount off amounts owed by patients who qualify under the FAP.
- **Elective Services:** services that, in the opinion of a physician, are not needed or can be safely postponed.
- **EMTALA:** Emergency Medical Treatment & Labor Act (EMTALA), a law enacted by Congress in 1986 to ensure public access to emergency services regardless of one's ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.
- **Emergency Services:** means inpatient or outpatient hospital services that are necessary to prevent death or serious impairment of health and, because of the danger to life or health, require use of the most accessible hospital available and equipped to furnish those services.
- **Extraordinary Collection Action (ECA):** any collection activity taken against an individual that requires a legal or judicial process, involves selling an individual's debt to another party, reporting adverse information to consumer credit reporting agencies/credit bureau, or deferring or denying medically necessary services due to insufficient payment or nonpayment of one or more bills for previously provided care.
- **Family:** a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons (including related subfamily members) are considered as members of one family.
- **Federal Poverty Guidelines:** The Federal Poverty Guidelines (FPG) are a simplification of the poverty thresholds, which are updated each year by the Census Bureau, and are used for administrative purposes – for instance, determining financial eligibility for Lifespan Financial Assistance Policy and certain federal programs. The guidelines reflect annual income levels below which a person or family is considered to be living in poverty, and the amounts increase according to the size of the family. The guidelines are updated annually by HHS in the Federal Register
- **Financial Assistance Policy (FAP) Application:** the process of applying under this policy including (a) by completing the Financial Assistance Application in person, online, or over the phone with a financial counselor or (b) by mailing or delivering a completed paper copy of the Hospital Care Assurance Application.
- **Gross Charges:** The amount listed on each Lifespan hospital facility's chargemaster for eligible services under the FAP. A billing statement issued by a Lifespan hospital for care covered under the

FAP may state the gross charges for such care and apply contractual allowances, discounts, or deductions to the gross charges, provided that the actual amount the individual is personally responsible for paying is less than the gross charges for such care.

- HealthSource RI: State of Rhode Islands official marketplace for health insurance coverage. HealthSource RI was created in 2013 as a part of the implementation of the Affordable Care Act. HealthSource RI is one of 12 state-based health insurance marketplaces.
- Income: Earnings over a period of time used to support an individual/household unit. Income includes, wages, salaries, self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, child support, alimony, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources. Income does not include assets which are fixed economic resources such as checking/savings accounts, stocks/mutual funds, retirement accounts, certificate of deposits and real estate.
- Insured - The status of a patient with insurance or third-party coverage which pays all or a portion of the patient's Gross Charges for medical services. This category includes those patients covered by a governmental payor such as Medicare, Medicaid, Champus, and Veteran's benefits as well as private payors such as Medicare Advantage, Medicaid managed care organizations, commercial or managed care, auto and worker's compensation.
- LifeChart: Lifespan's integrated electronic health record system.
- Liquid Asset: means an asset that can be converted into cash in a short time, with little or no loss in value. Examples include checking accounts, saving accounts, insurance policies (cash value), stocks, CD's, mutual fund accounts, and 401K's/IRA's (minimum retirement age must be reached to be considered liquid).
- Medical Assistance Program: a joint federal and state program that assists with medical costs for individuals with limited income and resources.
- Medical Group: professional medical services provided by providers who are employed by Lifespan.
- Medically Necessary Care: is defined in Rhode Island's Medicaid Provider Reference Manual as medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health-related condition including such services necessary to prevent a decremental change in either medical or mental health status.
- Medicare Bad Debt: The expense that CMS/Medicare allows hospitals to claim for most unpaid Medicare co-insurance and deductibles, provided the balance is completely processed per the established self-pay billing cycle or a determination is made that the patient is indigent for the purposes of the balance. The determination of indigence must be based on the patient's income level and a review of their available assets which typically excludes their vehicles and primary residence and a minimum bank/checking account.
- Other Coverage Options: Options that would yield a third-party payment on account(s) under coverage assistance and financial assistance review including, but not limited to: Workers' Compensation, governmental plans such as Medicare and Medicaid, State/Federal Agency plans, Victim's Assistance, etc., or third-party liability resulting from automobile or other accidents.
- Patient: means those persons receiving eligible medical care from a Lifespan hospital.
- Patient Financial Advocate (PFA)/Patient Financial Counselor (PFC): Lifespan employees who assist self-pay patients with the process of understanding and applying for medical coverage options or financial assistance.
- Patient Liability: The financial responsibility that is due to the facility/provider as a result for receiving health care services; the amount is determined according to a patient's insurance benefits for the specific scheduled service; including deductibles, co-payments, co-insurance, and non-covered

services.

- Presumptive Eligibility: The process by which Lifespan may use analytics from public record sources other than the individual to determine eligibility for financial assistance, and/or the use of previous eligibility determinations.
- Post-Acute Care: Medically necessary services, including rehabilitation services, provided at a hospital that is classified as post-acute.
- Uninsured: The status of a patient that does not have any health insurance in effect for a specific date of service or where their coverage is not effective for a specific service due to network limitations, insurance benefit exhaust or other non-covered services.

Eligibility Criteria

Financial assistance will be considered for individuals who are uninsured, insured with limited financial resources to make Medically Necessary healthcare services more affordable for those patients who do not qualify for government sponsored insurance programs (such as Medicaid or Medicare), cannot afford their Medicare premium, or are enrolled in the insurance exchange program.

Financial Assistance determinations are based upon a determination of financial need in accordance with Lifespan's FAP. Granting of financial assistance is based upon an individual assessment of financial need and shall not consider any potential discriminatory factors such as age, ancestry, gender, gender-identity, race, color, national origin, sexual orientation, marital status, social or immigrant status, or religious affiliation or on any other basis as prohibited by Federal, state, or local law.

Uninsured Patients

Financial assistance program eligibility for uninsured patients is available at anytime.

Eligibility Requirements:

- Patient must be a Rhode Island resident or meet one of the conditions below:
 - Non-Rhode Island Resident seeking Emergency Services at a Lifespan Facility
 - Massachusetts patients transferred to RIH or TMH Emergency Department or to an Inpatient Nursing Unit via the Express Care Center can apply for financial assistance for both services in addition to outpatient follow up related to the transfer diagnosis. Patients who may qualify for MassHealth must apply, and if they are denied can apply for financial assistance.
 - Homeless patients who are provided Emergency Room care will need to complete and sign a FAP application. Documentation is not necessary at the time care is provided. The application is valid for the ED Visit only. If a patient is homeless, a PFA/PFC will explore sources of funds from special programs that may be available on an individual patient basis. If the patient does not qualify for any program, the FAP application will be completed, and the following will be attached: a copy of a photo ID if available (may be government or shelter- issued); a letter from the shelter, if any; a self-declaration letter from the patient explaining how they support themselves; a credit report, if any; a copy of their most recently completed federal tax form(s), if any; and the most recent two consecutive pay stubs, if any.
 - Visiting Foreign Nationals who continue to have Rhode Island residency for eighteen months are eligible to apply for Financial Assistance. Patients will not be entitled to have bills retroactively dismissed. Proof of Rhode Island residency with all other supporting documentation will be required as outlined in the FAP application in order for Lifespan to make a proper determination. See Addendum IV

- If the patient fully cooperates when seeking other coverage options, but such coverage is unlikely or properly denied, Lifespan will then determine the patient's eligibility for financial assistance.
- Insured patients who fail to fully cooperate with the coverage assistance process will be deemed ineligible for financial assistance
- Payment resources (insurance available through employment, Medical Assistance, Victims of Violent Crimes, Workers Compensation, Home Insurance, Auto Insurance, 3rd party liability, etc.) must be reviewed and evaluated before an account is considered for financial assistance to assure that Lifespan resources are prudently managed in providing financial assistance. If a patient appears to be eligible for other assistance, Lifespan will refer the patient to the appropriate agency for assistance with completing the necessary applications and forms.

Financial Assistance Coverage Time Limits:

Approved applications are valid for a period of twelve (12) months going forward from the date of the application and six (6) months prior to the approved dates. **Non-Rhode Island residents:** application is valid for one ED Visit; one ED Admission.

Insured Patients

Financial assistance for insured patients is available once a patient receives a bill and by application only. Patients will utilize the FAP process and application to apply.

- If the FAP process indicates a high likelihood of other coverage opportunities for secondary coverage, then the patient will be required to pursue those opportunities before the patient will be considered for financial assistance.
- If the patient fully cooperates when seeking other coverage options, but such coverage is unlikely or properly denied, Lifespan will then determine the patient's eligibility for financial assistance.
- Insured patients who fail to fully cooperate with the coverage assistance process will be deemed ineligible for financial assistance

Eligibility Requirements:

- Insured patients residing in Rhode Island
- Insured patients receiving non-elective, medically necessary services at a Lifespan facility or by a Lifespan provider or participating provider.
- Insured patients who are an in-network patient based on the patient's third-party insurer benefit plan at a Lifespan facility or by a Lifespan provider except for out-of-network patients seen in the emergency department
- Insured patients with fully adjudicated claims resulting in a self-pay balance.
- Insured patients who cooperated with the third-party insurer to resolve payment concerns if applicable. i.e. Coordination of Benefit questions, accident information etc.
- Insured patients who fully cooperate with the determination of other secondary coverage option
- Insured patients who are ineligible for all other secondary coverage options for the account(s) under review
- Payment resources (insurance available through employment, Medical Assistance, Victims of Violent Crimes, Workers Compensation, Home Insurance, Auto Insurance, 3rd party liability, etc.) must be reviewed and evaluated before an account is considered for financial assistance to assure that Lifespan resources are prudently managed in providing financial assistance. If a patient appears to be eligible for other assistance, Lifespan will refer the patient to the appropriate agency for assistance with completing the necessary applications and forms.

Financial Assistance Coverage Time Limits

Approved applications are valid for a period of three (3) months going forward from the date of the application and will cover existing patient balances for (6) months.

Financial Qualifications:

For patients seeking primary/preventative health services who fall below 200% of the FPG, determination will be made solely on Family Size and Income. For patients who are referred for lab testing from Thundermist, Blackstone Valley Community Health and Well One who fall below 200% of the FPG, determination will be made solely on Family Size and Income.

For all other services, Lifespan requires the disclosure of Income, Assets and Medical Expenses to determine eligibility. To be eligible for 100% discounted care or partial financial assistance, the maximum liquid assets shall not exceed the protection threshold outlined in the Asset Limitations. If these thresholds prevent an individual's ability to qualify for financial assistance, medical expenses may be used as a spend down until the patient is below the asset limitations.

Asset Limitations:

- Individuals \$4,000
- Family: \$6,000
- Asset Guidelines: Checking accounts, saving accounts, insurance policies (cash value), stocks, CD's and mutual fund accounts will need to be within the established saving guidelines for the affiliate hospital. If the saving accounts exceed the established guidelines, the patient needs to spend down the savings towards the affiliate hospital's bill until their savings are within the guidelines. Children over 18 years of age claimed as a dependent on their parents'/guardian's taxes the parents'/guardian's income are included to determine FAP eligibility

Medical Spend Down:

- *Applicants may submit eligible medical expenses to offset total assets. Patients whose out-of-pocket medical expenses exceed the asset average will be eligible for Financial Assistance.*

If a patient has disclosed in their FAP application that it has no family income, Lifespan's will require information supporting how daily needs are met. Lifespan reviews all completed applications submitted and determines financial assistance eligibility in accordance with Lifespan's FAP. Incomplete applications will not be considered. However, applicants who submit incomplete applications are notified of this status and given the opportunity to furnish any pending or missing documentation/information necessary to complete the application process.

Family Size	100%	200%	300%
1	\$15,060	\$30,120	\$45,180
2	\$20,440	\$40,880	\$61,320
3	\$25,820	\$51,640	\$77,460
4	\$31,200	\$62,400	\$93,600
5	\$36,580	\$73,160	\$109,740

6	\$41,960	\$83,920	\$125,880
7	\$47,340	\$94,680	\$142,020
8	\$52,720	\$105,440	\$158,160

For families/households with more than 8 persons, add \$5,380 for each additional person.

FPG are determined by the U.S. Department of Health and Human Services. Additional information can be found at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Calculation of Discount:

At no time will patients eligible for financial assistance under the FAP be billed more than "Amounts Generally Billed" (AGB). Lifespan uses the prospective method in determining AGB, which is defined by Internal Revenue Code section §501(r) as the amount Medicare or Medicaid would reimburse the hospital for billed care (including both the amount that would be reimbursed by Medicare or Medicaid, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service or Medicaid beneficiary. Specific AGB calculations for each Lifespan hospital covered under the FAP are listed as follows:

- Uninsured and Insured patients approved for Financial Assistance who fall below 201% of the Federal Poverty Guidelines will receive a 100% Community Free Service discount for eligible services. This discount will result in no remaining balance for incurred services.
- Uninsured Patients approved for Financial Assistance who fall within 201%-300% of the Federal Poverty Guidelines will receive a partial Financial Assistance adjustment on eligible services.
 - i. Inpatient: 80% discount of the billable DRG
 - ii. Outpatient: 90% discount off the total charge
- Insured Patients approved for Financial Assistance who fall within 201%-300% of the Federal Poverty Guidelines will receive a partial Financial Assistance adjustment on eligible services.
- Uninsured Patients who are not approved for Financial Assistance will receive the Self Pay Uninsured Discount outlined in Table 1-B.

Table: 1-B Hospital/Physician Group	Prospective Method	Inpatient	Outpatient
Emma Pendleton Bradley Hospital	Medicaid	76%	76%
Lifespan Physician Group, Inc.	N/A	71%	71%
Lifespan Physician Group, Inc. DBA Lifespan Urgent Care	N/A	N/A	50%
Gateway Healthcare, Inc.	N/A	N/A	33%
Radiosurgery Center of Rhode Island, LLC.	N/A	N/A	80%
Rhode Island Hospital	Medicare	DRG**	78%
Samuel Sinclair Dental Center (RIH)	N/A	N/A	50%
Newport Hospital	Medicare	DRG**	82%

The Miriam Hospital	Medicare	DRG**	80%
Coastal Medical Physicians, Inc**	N/A	N/A	53.9%**
<p>*Discounts are based on the date that the service was provided. **DRG Discounts will be applied by reducing total charges down to Medicare's DRG amount. (see DRG definition in glossary) ***Effective 2/5/24 (Date of Service) the Outpatient discount % for Coastal Medical Physicians Inc was updated from 39% to 53.9%.</p>			

These discounts apply to all uninsured patients provided that the financial assistance does not block an individual patient's ability to qualify for the State's Medicaid program.

In the event a patient refuses a medically safe and appropriate discharge plan for inpatient and observation services and agreement cannot be reached, Lifespan will hold the patient financially responsible for the continued hospital stay and the patient will not qualify for free or discounted emergency or medically necessary care under the FAP.

Eligible Services:

Eligible services include services provided and **billed** by Lifespan, including but not limited to, emergency and medically necessary care to patients who are uninsured, underinsured, ineligible for any government health care benefit program, and are unable to pay for their healthcare services. Please note that the FAP applies only to services billed by Lifespan. Other services separately billed by other providers such as physicians or laboratories unaffiliated with Lifespan are not eligible under the FAP. See Addendum I for a listing of physician provider groups who deliver emergency or medically necessary care services within Lifespan hospitals and who are or are not covered under Lifespan's FAP

Ineligible Services:

Some services provided by Lifespan are not covered under Lifespan's FAP. PFAs/PFCs are provided at each affiliate site and are available to provide guidance as needed to determine the eligibility of all non-emergency or medically necessary services covered under the FAP. Services ineligible for financial assistance include, but are not limited to:

All Lifespan affiliates-

- Services rendered by providers listed in Addendum I - Non Covered Providers.
- Cosmetic surgery and cosmetic-related services.

Lifespan Physician Group Inc.

- Child life education classes;
- Contact lens fitting;
- Cord blood retrieval;
- Laser treatments;
- Lifestyle Medicine Classes: Yoga, Massage, Health Coaching, Support groups, Individual exercise consults, Intuitive Eating 10 Week Series (aka "Short IE") • Skin care products; and
- Surrogate pregnancy.

Newport Hospital

- Cardiac Rehabilitation Maintenance Program is eligible for a reduction in fee when established medical criteria/guidelines are met;

Rhode Island Hospital/Hasbro Children's Hospital

- Contact Lenses;
- Dental procedures, including Occlusal guards for bruxism; Laboratory fabricated veneers;
- Fixed bridgework of four or more units;
- Dental implants;
- Bleaching of teeth;
- Orthodontic treatment;
- Posterior composite fillings.
- Hearing Aids, Children's Rehabilitation Constraint Therapy Program;
- Sports Rehabilitation self-referrals

Samuel Sinclair Dental Center

- The following services that are not Medically Necessary will be excluded from the FAP. Patients without coverage will receive the uninsured discount.
 - Root canals;
 - Full mouth series of x-rays for comprehensive treatment planning;
 - Full upper and lower dentures; Partial upper and lower dentures;
 - Periodontal scaling and root planning; Periodontal surgery;
 - Porcelain fused to metal crowns and post & core; Prophylaxis (cleaning);
 - Restorations (amalgam and composite).

- Medical Necessity is determined by the following:

Clinical Condition	Medicare-Covered Service
Underlying medical condition and clinical status requires hospitalization for dental care	Inpatient hospital services only (Medicare Part A)
Severity of dental procedure requires hospitalization for dental care	Inpatient hospital services only (Medicare Part A)
Any oral condition for which nondental services are covered	All dental services if incident to and an integral part of a covered procedure or service performed by the same person (Medicare Part B)
Neoplastic jaw disease	Extractions prior to radiation and prior to oral examination if extractions occur (Medicare Part B)
Renal transplant surgery	Oral or dental examination on an inpatient basis (Medicare Part A if performed by hospital-based dentist; Part B if performed by a physician)

The Miriam Hospital

- Cardiac Rehabilitation Maintenance Program is eligible for a reduction in fee when established medical criteria/guidelines are met;

How to apply for financial assistance:

Lifespan's Financial Assistance documents are available in person at any of the following Lifespan Hospital Facility locations:

Emma Pendleton Bradley Hospital, Admitting Office, 1011 Veterans Memorial Parkway, East Providence, RI 02915

Newport Hospital, Patient Advocate Office, 11 Friendship Street, Newport, RI 02840

Rhode Island Hospital, Patient Advocate Office, 593 Eddy Street, Providence, RI 02903

The Miriam Hospital, Patient Advocate Office, 164 Summit Avenue, Providence, RI 02906

Lifespan's ***Financial Assistance documents*** are also available for free by mail request using any one of the hospital facility addresses listed above. Patients can visit <https://www.lifespan.org/patients-visitors/insurance-billing-and-financial-assistance/financial-assistance> to obtain all necessary information and forms. Requests for documents to be mailed can be made by calling Lifespan's Patient Financial Services Office at (401) 444-6949. ***Patients with active MyChart account (MyLifespan Patient Portal) can apply for the Financial Assistance program online at <https://www.lifespan.org/mylifespan>.***

Assistance to complete the application form is available via Lifespan's PFAs/PFCs. The patient/patient's family may either schedule an appointment with, or walk-in to see a PFA/PFC. Patients can also receive assistance by calling the Patient Financial Services Customer Service Department when they have received a bill for charges previously incurred. In filling out the application, all patients are asked to provide as much information as possible. We understand that not all items listed within the FAP application are applicable to all patients. Please provide all items that are applicable to your individual situation to the PFA/PFC. See Addendum II for a listing of all Lifespan locations where PFAs and PFCs are available.

Please mail completed applications or deliver in person (with all documentation/information specified in the application instructions) to any of the Lifespan hospital facility addresses listed above.

Applicants are asked to provide family income or "proof of income" information through as many of the following documents as may be applicable or available: W-2 forms, most recent annual tax forms (federal), most recent pay stubs (at least two (2) consecutive), copy of any savings and/or checking account statement, or a copy of government issued photo identification. If the patient has a Social Security number (SSN)/Tax identification number (TIN) and the patient does not file taxes, we may request permission to obtain a credit report. Patients without a SSN or TIN number should provide a letter explaining their living situation and a letter from the person who is supporting them, including evidence of domicile. Such letters should be signed under the penalties of perjury.

Processing:

All completed applications, along with supporting documentation will be scanned into Lifespan's LifeChart electronic health records system. All approved and denied applications are documented within LifeChart. If an application is approved for full, partial, or no financial assistance, the FPL table is updated to reflect the FAP outcome and the effective dates added for FAP approved coverage duration. PFAs, PFCs, and Patient Financial Services-Customer Service staff members are responsible for notifying all Lifespan Corporate Services pre-collection and collection agencies of the FAP approval for full or partial coverage.

Special FAP Approvals with Limited Documentation:

Below is a list of various scenarios in which FAP applications with extenuating circumstances are eligible for approval. Other scenarios garnering approval status may also arise.

- A patient is admitted but is unable to provide documents due to their health issues i.e., severe substance abuse and housing issues for individuals who are not associated with a homeless shelter; deceased with no estate, mental incapacitation with no one to act on your behalf.
- A Massachusetts resident who is admitted but expires prior to any Mass Health application being filed.

Mass Health does not consider these applications and these patients would therefore fall under the purview of this FAP.

- For patients who are found eligible for Rhode Island Medicaid, or Healthsource Rhode Island - Rite Care, eligibility under this FAP will be applicable retroactively six months from date of eligibility if patient does not comply with FAP documentation. Retroactive approval will be applied to all Inpatient and Outpatient Services not excluded by the Financial Assistance Policy. (Medicaid/Healthsource Rhode Island - RiteCare will be billed for any qualifying retro accounts.)
- For patients who are found eligible for Emergency Medicaid, eligibility is only applicable to the admission in which the Emergency Medicaid coverage was approved. Patients must complete FAP application to be considered for additional retroactive eligibility.
- An uninsured patient who is admitted but is subsequently taken into state custody during their admission. In this circumstance the Rhode Island Adult Correctional Institutions (ACI) will pay from date of custody and onward. Charges incurred up to six months prior to the custody date are covered under the FAP.

Appeals Process:

Patients have the right to appeal a denial of an application for FAP. The patient/guarantor must submit their request in writing as to why the patient/guarantor wants to appeal the decision. The completed application and the supporting documentation with the patient's request to appeal the decision will be forwarded to the Vice President of Revenue Cycle. The Director will review the appeal letter, the original application and supporting documentation for adherence to Lifespan's guidelines. If the patient's financial information has changed from the original application a new application will be completed with the supporting documentation. The Director will notify the patient of their decision within ten days of receiving the appeal letter. If the appeal is denied, the patient/guarantor can request a second appeal to the Vice President of Revenue Cycle. The patient/guarantor will be notified in writing of the Vice President's decision within ten days of receiving the second appeal letter. If additional documentation is required, the patient will receive a decision of the appeal within ten days after receipt of the documentation.

Billing and Collections Policy:

The actions that Lifespan may take in the event of nonpayment is described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by requesting a mailed copy from the Lifespan's Patient Financial Services Office at (401) 444-6949. A copy of the policy is also available at:

<https://www.lifespan.org/patients-visitors/insurance-billing-and-financial-assistance>

Interpretation:

Lifespan translates the FAP, FAP application form, and the plain language summary of its FAP into the primary languages of populations with limited English proficiency that constitute the lesser of 5% or 1,000 of the residents of the community served by the hospital facility. All information is available online at <https://www.lifespan.org/financial-assistance> or at the Lifespan hospital facilities listed previously.

Confidentiality:

Lifespan staff will uphold the confidentiality and individual dignity of each patient. Lifespans' Hospitals, and all affiliates will adhere to HIPAA requirements for handling personal medical, health, and financial information.

For further assistance or questions please visit or call Lifespan's Patient Financial Services Department at 401-444-6966. If arriving in-person, please visit any of the Lifespan hospital facility locations listed above between the hours of 8:00am-4:00pm, Monday through Friday.

Addendum I

Lifespan Financial Assistance Policy - List of Providers Covered/Not Covered

Treasury Regulation section 1.504(r)-4(b)(1)(iii)(F) specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by Lifespan's Financial Assistance Policy.

Please click on the links below associated with the physician groups providing emergency or medically necessary care at a Lifespan hospital to see a complete list of the medical providers employed at that medical practice. The listings are updated quarterly. If a medical provider is not listed or further information is needed, contact Lifespan Patient Financial Services at (401) 444-6949.

The lists are also available at each Lifespan-hospital Patient Advocate Office, in the emergency room, in admission areas, or from Lifespan Patient Financial Assistance staff.

Medical Providers Covered Under Lifespan's Financial Assistance Policy

Coastal Medical Physicians, Inc - <https://www.lifespan.org/locations/coastal-medical>

Emma Pendleton Bradley Hospital- <https://www.lifespan.org/locations/bradley-hospital>

Gateway Healthcare, Inc.- <https://www.lifespan.org/locations/gateway-healthcare>

Hasbro Children's Hospital - <https://www.lifespan.org/locations/hasbro-childrens-hospital>

Lifespan Physician Group, Inc.- <https://www.lifespan.org/centers-services/lifespan-physician-group>

Newport Hospital- <https://www.lifespan.org/locations/newport-hospital>

Radiosurgery Center of Rhode Island, LLC. - <https://www.lifespan.org/centers-services/brain-and-spine-tumor-center/radiosurgery-center>

Rhode Island Hospital- <https://www.lifespan.org/locations/rhode-island-hospital>

Rhode Island Medical Imaging- <http://www.rimirad.com>

The Miriam Hospital- <https://www.lifespan.org/locations/miriam-hospital>

University Emergency Medicine Foundation, Inc.- <https://brownem.org>

University Orthopedics, Inc.- <http://universityorthopedics.com>

Medical Providers by Not Covered Under Lifespan's Financial Assistance Policy

Brown Dermatology- <http://brownderm.org>

Brown Medicine- <http://www.umfmed.org/3/>

Brown Neurology- <https://theneurologyfoundation.org>

Brown Surgical Associates Inc.- <https://www.brownsurgicalassociates.org/>

Brown Urology- <http://www.urologyri.com>

University Orthopedics, Inc.- (Adult patients only)- <http://universityorthopedics.com>

University Otolaryngology- <http://univoto.net>

Always have a conversation with your physician or their office staff regarding their fees.

Last updated: January 1, 2024

Addendum II

PATIENT FINANCIAL ADVOCATE/PATIENT FINANCIAL COUNSELOR LOCATIONS

If you have any questions, please call a Patient Financial Advocate/Patient

Financial Counselor listed below or schedule an appointment (appointments are not necessary, walk-ins are welcomed).

Newport Hospital Locations/Address:

11 Friendship Street, Newport, RI 02840

- Borden Carey Building, Suite 140, - (401) 845-12621, (401) 845-1707, (401) 845-4206 & (401) 8451494
- Main Business Office – Sheffield Building 1st Floor - (401) 845-1490, (401) 845-1495, (401) 845-1496 & (401) 845-1706

Rhode Island Hospital Locations/Address:

593 Eddy Street, Providence, RI 02903

- Ambulatory Patient Center 1st Floor – (401) 444-4617 & (401) 444-4496
- Ambulatory Patient Center 2nd Floor – (401) 444-4683
- Chapman Street Primary Clinics – (401) 444-8249
- Hasbro Clinics - Ground Floor – (401) 444-8893
- Hasbro/Pediatric Imaging – (401) 444-3424
- Surgical/Orthopedic Clinics – Co-op 1st Floor – (401) 444-5455

The Miriam Hospital Locations/Address:

164 Summit Avenue, Providence, RI 02906

- Fain Building. – (401) 793-2228, (401) 793-2243 & (401) 793-2206
- The Miriam Hospital Main Admitting – (401) 793-2240

Addendum III

Lifespan Sliding Scale

Lifespan		
CHARITY CARE SLIDING SCALE FOR INPATIENTS and OUTPATIENTS per INCOME LEVEL and FAMILY SIZE		
% Based on Federal Poverty Level, at or below:	<200%	201%-300%

		<i>Outpatient % Discount</i>	FREE	90%
		<i>Inpatient % Discount</i>	FREE	80% of DRG
Family Size	Federal Poverty Level	Income Up To		
1	\$15,060.00	\$30,120	\$45,180	
2	\$20,440.00	\$40,880	\$61,320	
3	\$25,820.00	\$51,640	\$77,460	
4	\$31,200.00	\$62,400	\$93,600	
5	\$36,580.00	\$73,160	\$109,740	
6	\$41,960.00	\$83,920	\$125,880	
7	\$47,340.00	\$94,680	\$142,020	
8	\$52,720.00	\$105,440	\$158,160	
9	\$58,100.00	\$116,200	\$174,300	
10	\$63,480.00	\$126,960	\$190,440	
Each additional family member	\$5,380	\$10,760		

Addendum IV

Proof of Residency Requirements:

Applicants must present two (2):

P.O. Box addresses will not be accepted.

- A valid Rhode Island driver's license or ID card
- A utility bill (gas, electric, telephone, cable, oil, water, sewer, satellite, heat, cell phone) with the address of residence clearly stated, in the applicant's name or in the name of a member of the applicant's immediate family, dated within the past sixty (60) days
- A personal check or bank statement with the applicant's name and address of residence dated within the past sixty (60) days
- A payroll check with the applicant's name and address of residence dated within the past sixty (60) days
- A lease agreement currently in effect. The lease agreement must contain the applicant's name and address of residence and the landlord's name, address, and telephone number. Handwritten lease agreements will not be accepted.
- A letter issued by a Rhode Island state agency or a federal agency with the applicant's name and address of residence approving the applicant's receipt of benefits from an entitlement program dated within the past sixty (60) days
- A homeowner's or renter's insurance policy for the applicant's home or apartment with the applicant's name and address of residence that is currently in effect
- An automobile insurance policy for the applicant's motor vehicle with the applicant's name and address of residence that is currently in effect.
- A property tax bill for the applicant's residence from the immediately preceding year

- A letter from a RI shelter or halfway house indicating the applicant resides there. The letter must be on letterhead, dated within the past thirty (30) days, and include the name and contact information of an administrator of the shelter or halfway house
- A jury duty summons dated within the past sixty (60) days
- A W-2 form with the applicant’s name and address of residence from the immediately preceding year
- An installment loan contract (automobile, student loan) with the applicant’s name and address of residence that is currently in effect
- A current Social Security Administration statement with the applicant’s name and address of residence
- A current pension or retirement account statement with the applicant’s name and address of residence
- A Rhode Island-issued firearms permit with the applicant’s name and address of residence that is currently in effect

If an applicant is a minor, the following Proof of Residency documents are also accepted:

- A school record from the current school year (report card, diploma, transcript, or ID card) stating the student’s address of residence (past year if during summer vacation)
- The Rhode Island driver’s license or identification card of the individual signing the minor’s application.

Attachments

[Proof of Residency .docx](#)

Approval Signatures

Step Description	Approver	Date
Executive Approval	Peter Markell: EVP and Chief Financial Office	08/2024
SVP Finance Approval	Eva Greenwood: SVP Finance	07/2024
VP Revenue Cycle Approval	Christine Rawnsley: VP Revenue Cycle Eric Dyl: Dir PFS	06/2024 06/2024

Applicability

Bradley Hospital, Corporate, Gateway, LPG/Coastal/Non-Hospital Ambulatory, Newport Hospital, Rhode Island Hospital/Hasbro Children’s, The Miriam Hospital