



Effective Date:
01/01/2025

Name of Policy: Financial Assistance
Policy Number: TBD
Purpose: The purpose of this Financial Assistance Policy (FAP) is to ensure that Eleanor Slater Hospital (“ESH”) is in compliance with state and federal laws on the provision of charitable care. (See R.I. Gen. Laws 23-17-67 Hospital determinations for Medicare and Medicaid for uninsured patients and section 501(r) (4) of the Internal Revenue Code). ESH will assist individuals who do not have the ability to pay for medically necessary healthcare services provided by ESH. ESH Financial Assistance Policy is not intended to serve as a substitute for employer-sponsored, privately purchased, third party liability, state or federally funded assistance or insurance programs.
Scope: This Policy applies to Eleanor Slater Hospital.

- Applicability:** BHDDH All Divisions
- | | |
|---|---|
| <input type="checkbox"/> State Psychiatric Hospital | <input type="checkbox"/> Division of Developmental Disabilities |
| <input type="checkbox"/> Division of Behavioral Health | <input type="checkbox"/> Central Management |
| <input checked="" type="checkbox"/> Eleanor Slater Hospital | <input type="checkbox"/> Hospital & Community System Support (Finance & Data) |

Units:

- | | |
|--|--|
| <input checked="" type="checkbox"/> New policy | <input type="checkbox"/> Minor/technical revision of existing policy |
| <input type="checkbox"/> Major revision of existing policy | <input type="checkbox"/> Reaffirmation of existing policy |

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Approvals:

<p><i>Brett Johnson</i> _____ Brett Johnson, CEO-ESH</p>	<p>12/31/24 _____ Date</p>
<p><i>Christopher Feisthamel</i> <small>Christopher Feisthamel (Jan 2, 2025 14:19 EST)</small> _____ Christopher Feisthamel, COO/CFO</p>	<p>12/31/24 _____ Date</p>
<p>Review/Revision Completed By: BHDDH Legal, BHDDH Finance, ESH Senior Leadership</p>	
<p>Review/Revision Date: 12/31/24</p>	<p>Next Review Date: 12/31/27</p>

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

Version Control and Change History: *This policy will be reviewed annually and updated as necessary to reflect changes in laws, regulations, or company procedures.*

Version	Effective Date	Rescinded Date	Review/Revision	Policies superseded by this policy
1.0	01/01/2025	Active	Original	N/A
1.1	xx/xx/xxxx	N/A	Revision	Version 1.0

(A) Policy

All eligible patients are afforded partially or fully discounted medically necessary healthcare services. Financial assistance will be based on the applicant’s financial status as indicated by pre-determined eligibility requirements and will be granted to all qualifying patients regardless of race, color, religion, age, national origin, marital status, or legally protected status. This policy will be uniformly applied to all uninsured and underinsured patients.

(B) Definitions

1. **Amounts Generally Billed:** Means the amount generally billed for medically necessary care to individuals who have insurance. (See Internal Revenue Code 501(r)(5).
2. **FAP eligible:** Individuals who are eligible for full or partial assistance pursuant to this policy.
3. **Federal Poverty Level Guidelines (FPL):** means the United States Department of Health and Human Services guidelines established on an annual basis. These guidelines shall be used to determine financial eligibility.
4. **Financial Assistance-** Free or discounted healthcare services offered to individuals who are unable to pay for all or a portion of their medical services.
5. **Plain Language Summary-** A written statement which notifies an individual that ESH offers financial assistance pursuant to this FAP and provides additional information in a clear, concise and easy to understand manner.
6. **Reasonable Payment Plan** means monthly payments that are not more than ten (10%) of a patients’ family income for a month, excluding deductions for essential living expenses. Essential living expenses are expenses for any of the following: rent, house payment, house maintenance, food and household supplies, utilities, clothing, medical and dental payments, insurance, school or child-care, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry and cleaning and other extraordinary expenses.
7. **Underinsured-** An individual who has some level of insurance or third-party coverage but has out of pocket healthcare costs that exceed their financial abilities.
8. **Uninsured-** An individual who has no level of insurance or third-party coverage, including Medicare, Medicaid or any other government or commercial insurance program, to help pay for healthcare services.

(C) Procedure

1. Patients having no health insurance or inadequate health insurance coverage are eligible to

apply for the Patient Financial Assistance Program. To be considered for financial assistance, the patient, and/or legal representative must submit a complete Financial Assistance Application (including related documents and information) and must cooperate by providing the information and documentation necessary to apply for other existing financial resources that may be available to pay for the patient's healthcare such as Medicare, Medicaid, third party liability etc.

2. Patient Financial Assistance Policy, Plain Language Summary (PLS), application form and required documents are available on ESH's website: www.bhddh.ri.gov.
3. Applicant's may request documents in person in Barry Hall located at 14 Harrington Road, Cranston, RI 02860
4. Individuals may, at no charge, request documents be sent to them via U.S. Mail, by calling Patient Financial Services Office at 401-462-1795.
5. Applicants may submit completed applications either via U.S. Mail or deliver in person to Eleanor Slater Hospital, 14 Harrington Road, Cranston, RI 02860.
6. ESH shall provide notice to individuals by offering a paper copy of the Plain Language Summary (PLS) of the FAP to patients as part of the intake or discharge process.
7. ESH shall include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance and will include the contact number of the hospital facility office or department that can provide information about the FAP and FAP application.
8. ESH shall post a sign in plain view notifying patients that they may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. The sign shall include contact information, including a number to call for assistance.
9. The sign shall be posted, either by physical or electronic means, in accordance with RIGL § 23-17-54. ESH will accommodate all individuals that have limited English proficiency (LEP) by translating the FAP application form and plain language summary into the primary language(s) spoken by the individual if the primary language of the residents of the community served by ESH represents 5 percent or 1000, (whichever is less), of the population of individuals likely to be affected or encountered by ESH.
10. Translated versions are available upon request in person at 14 Harrington Road, Cranston, RI or on the ESH website.
11. If a patient declines financial assistance or fails to complete the application for financial assistance, ESH shall document in the patient's record the patient's decision to forego financial assistance. If a patient declines or fails to cooperate with the financial assistance application process, the patient will be required to agree to a reasonable payment plan. Patients who do not meet eligibility criteria for financial assistance shall be required to agree to a reasonable payment plan within fifteen (15) days of the eligibility determination. If the eligibility screening indicates that the patient may be eligible for a public health insurance program, ESH will provide information to the patient about how to apply for the public health insurance program.
12. If the uninsured patient's application for a public health insurance program is approved,

the hospital shall bill the insuring entity and shall not seek payment from the patient for any aspect of the bill, except for any required copayment, coinsurance, or other similar payment for which the patient is responsible under the insurance. If the uninsured patient's application for public health insurance is denied, ESH shall again offer to screen the uninsured patient for hospital financial assistance, and the timeline for applying for financial assistance under this section shall begin again.

13. ESH shall offer to screen an insured patient for hospital financial assistance under this section if the patient requests financial assistance screening; if the hospital is contacted in response to a bill; if the hospital learns information that suggests an inability to pay; or if the circumstances otherwise suggest the patient's inability to pay.

(D). Determination of Financial Assistance Eligibility

- a) Full Financial Assistance will be granted to patients whose gross family income is less than or equal to 200% of the Federal Poverty Levels (FPL), adjusted for family size, provided such patients are not eligible for other private or public health coverage and do not exceed the asset protection threshold.
- b) Patients with gross income between 201% and 300% of the FPL and who do not exceed the assets protection threshold are also eligible for financial assistance for a portion of the medical bill, based upon a sliding scale.
- c) The maximum liability charged to the patient /guarantor will not exceed the lessor of the average generally billed.
- d) Other criteria beyond federal poverty guidelines are considered, (i.e., availability of cash or other assets that may be converted to cash, and excess monthly income relative to monthly household expenditures), which may result in exceptions to the preceding.

(D) References

RIGL 23-17-67

RIGL 23-17-54

216-RICR-20-10-23

Section 501(r)(4) Internal Revenue Code









Financial Assistance Policy

Final Audit Report

2025-01-02

Created:	2024-12-31
By:	Kathleen Rogers (Kathleen.Rogers@bhddh.ri.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAQbIFR0CNWwqvtawfiYWsO_5VWCLqv9v

"Financial Assistance Policy" History

-  Document created by Kathleen Rogers (Kathleen.Rogers@bhddh.ri.gov)
2024-12-31 - 7:13:35 PM GMT
-  Document emailed to Brett Johnson (brett.johnson@bhddh.ri.gov) for signature
2024-12-31 - 7:13:38 PM GMT
-  Document emailed to Christopher Feisthamel (christopher.feisthamel@bhddh.ri.gov) for signature
2024-12-31 - 7:13:38 PM GMT
-  Email viewed by Brett Johnson (brett.johnson@bhddh.ri.gov)
2024-12-31 - 7:17:56 PM GMT
-  Document e-signed by Brett Johnson (brett.johnson@bhddh.ri.gov)
Signature Date: 2024-12-31 - 7:18:15 PM GMT - Time Source: server
-  Email viewed by Christopher Feisthamel (christopher.feisthamel@bhddh.ri.gov)
2025-01-02 - 7:18:53 PM GMT
-  Document e-signed by Christopher Feisthamel (christopher.feisthamel@bhddh.ri.gov)
Signature Date: 2025-01-02 - 7:19:48 PM GMT - Time Source: server
-  Agreement completed.
2025-01-02 - 7:19:48 PM GMT