

## **TITLE: LDF 5001 Financial Screening Procedure for JPS Connection Eligibility**

### **DEFINITIONS:**

- I. **Sponsored Patient** - Any patient who is a legal resident of Tarrant County, who does not reside in Tarrant County solely for the purpose of obtaining health care assistance and is determined to be financially or medically indigent.
- II. **Non-Sponsored Patient** - Any patient who:
  - A. Is not financially or medically indigent.
  - B. Has undocumented/illegal immigration status, non-immigrant VISA, student VISA, Border Pass, or an I-94 card that is designated as non-immigrant or resides in Tarrant County solely for the purpose of obtaining health insurance.
  - C. Lives outside the legal boundary of Tarrant County.
  - D. Has a household income that exceeds the Federal Poverty Income Guidelines (FPIL) adopted by the District.
  - E. Chooses not to apply for and cooperate with State or federal agencies after the patient has been determined potentially eligible for benefits that pay for health care costs.
  - F. Has third party health coverage not contracted with JPS for supplemental assistance consideration.
  - G. Medicare beneficiaries who elect not to enroll in Medicare A and B and/or who do not apply for extra help for people with limited income and resources are not eligible for JPS Connection medical coverage.
  - H. Medicare beneficiaries who elect not to enroll in Medicare D and/or who do not apply for extra help for people with limited income and resources are not eligible for JPS Connection prescription coverage.
- III. **Financial Screening** - The interview process by which a patient's financial ability to pay for services rendered is determined.

- IV. **Financially Indigent** - Uninsured or underinsured patients with gross income below the Federal Poverty Income Guidelines as adopted by District.
- V. **Financial Coverage** - assigned to each patient; denotes the percentage of charges that has been determined he or she is financially able to pay.
- VI. **Application Period** – 270 days after the post discharge billing statement.
- VII. **Retroactive Eligibility Coverage** – Retroactive eligibility for a sponsored patient means the coverage of benefits for an applicant may date back during the 270-day application period.
- VIII. **JPS Connection Participant** - Any patient who has been enrolled in JPS Connection.
- IX. **Financial Screening Criteria** - Acceptable means of verification for separate categories of household income, residency, identification and third-party coverage (see attachment).

## **APPLYING FOR FINANCIAL ASSISTANCE:**

To apply for financial assistance, patients must submit a complete written application (including supporting documents) in person at any one of our Eligibility locations or by fax (817) 702-3834, email [www.enroll@JPSHealth.org](mailto:www.enroll@JPSHealth.org), or mail to the Eligibility Center 101 E. Allen Ave Fort Worth, TX 76110. Patients submitting incomplete applications will be contacted via phone or mail.

Applications can be accessed:

- At any JPS location (registration desk or financial screening department)
- By mail, if individuals make a request by phone (call 817-702-1001) or by mail (send request to Eligibility Center 101 E. Allen Ave Fort Worth, TX 76110)
- Download online at [www.jpsconnection.org](http://www.jpsconnection.org) or request by email at [Enroll@JPSHealth.org](mailto:Enroll@JPSHealth.org)

To be considered eligible for financial assistance, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and

Medicaid. Patients will be required to provide necessary information and documentation when applying for hospital financial assistance or other private or public payment programs.

In addition to completing an application if applicable, individuals should be prepared to supply the following current information (within 30 days of application).

- Identification (government issued ID, birth certificate for child dependents, School or Work ID)
- Immigration Documentation
- Proof of Residence such as current TX Driver's License or ID that shows address, utility bills, valid lease, any current city, county, state, or federal mail.
- Agency award letters (SNAP, TANF, Housing, Chip/Medicaid, RSDI, SSI, etc.)
- Proof of income for household, such as recent pay stubs, unemployment insurance payment stubs, award letters, or sufficient information on how the household is being supported.
- Membership Responsibility Form
- IRS Form 4506 C
- In some cases, information on available assets or other financial resources.

External, public sources that verify income, address, and other resources, may be used in place of documentation to verify eligibility.

Individuals who do not have any of the documentation listed above; have questions about JPS' financial assistance application; or would like assistance with completing the financial assistance application may contact a financial counselor by calling 817-702-1001 or visit any Eligibility office for assistance.

- Eligibility Center – 101 E. Allen Ave Fort Worth, TX 76110

Information regarding days of operations and locations can be found on the JPS website at [www.jpsconnection.org](http://www.jpsconnection.org).

## **GUIDELINES:**

- I. Patients who pay full charges or a required deposit in full for anticipated charges at the time of service are not required to complete the financial screening.
- II. Patients with third party coverage for health care and outpatient prescription medications are required to pay applicable co-payments according to their health plan.
- III. Patients with third party coverage that does not include coverage for outpatient prescription medications may apply for JPS Connection Supplemental assistance by completing the financial screening process prior to receiving the medications.
- IV. Prescriptions covered under the JPS Connection program must meet the criteria established under the 340B Program and on the JPS formulary.
- V. Sponsored Patients are eligible for up to five prescriptions per month at the designated copayment. They can purchase prescriptions in excess of five at cost plus a handling fee.
- VI. Medicare beneficiaries enrolled in Medicare Part D who meet the criteria of a Sponsored Patient and who are eligible for extra help under the JPS Connection program are eligible for coverage up to five prescriptions per month at the designated copayment.
- VII. Patients who desire to apply for sponsorship must complete the financial screening process prior to receiving an ambulatory appointment.
- VIII. Department of Emergency Services does not conduct financial screening as defined by this policy.
- IX. JPS uses the most recent federal poverty income levels (Attachment 1) and household size as a primary basis for determining eligibility for JPS sponsorship.
- X. JPS' Department of Eligibility and Enrollment reviews and updates the Financial Screening Criteria and income factors for financial screening based on the most recent federal poverty guidelines.

- XI. The patient financial screening system is utilized in a professional and effective manner and maintains the dignity of the patient. Patients are informed of their financial responsibility.
- XII. All applicants must review, and sign the JPS Connection Membership Responsibility form. (See Attachment)
- XIII. Patients financially screened are determined to be either sponsored patients, or non-sponsored patients. Patients who meet certain criteria are referred to Texas Department of Health and Human Services workers at JPS for further assistance.
- XIV. If an applicant is determined eligible for JPS Connection assistance, financial assistance will be granted for a period of up to 1 year.
- XV. Membership can be extended for up to 365 days per application with successful income and address verification utilizing publicly available databases and or vendors who utilize publicly available databases. In the event that income and address cannot be verified; the member will need to manually re-apply for continued membership.
- XVI. Applicants may choose to apply for financial assistance up to 270 days from the date of service.
  - a. The individual requesting retroactive eligibility must meet all of the requirements for sponsorship, both financial and non-financial.
- XVII. JPS applies retroactive coverage based on approved financial screening applications submitted within 270 of the date of service.
- XVIII. All patients are screened for government assistance programs prior to assigning sponsorship. If potentially eligible and the patient chooses not to apply, the patient is not eligible for sponsorship.
- XIX. Financial screening may be repeated as needed to address potential eligibility changes.
- XX. Expired Financial Assistance - When a patient presents for an ambulatory appointment as self-pay, they are given the following options for a financial screening:

- a. Complete the financial screening prior to the ambulatory appointment with all required verification to update their coverage.
- b. Schedule an appointment for financial screening and continue to see the physician as full pay with the intention of applying for retroactive coverage.

#### **NOTES AND ATTACHMENTS:**

[LDF 5000 JPS Connection Program Policy](#)

[LDF 7300 Discount for the Uninsured Patient Policy](#)

[LDF 7301 Discount for the Uninsured Patient Procedure](#)

JPS Connection Application (Attachment)

JPS Connection Eligibility Criteria and Benefit Structure (Attachment)

JPS Connection Eligibility Criteria (Attachment)

JPS Connection Scope of Services (Attachment)

TCHD FPL (Attachment)

TCHD Managed Care Plans (Attachment)

TCHD Provider List (Attachment)