

	Finance	
	Policy Name	Financial Assistance Program
	Effective Date	10/2002
	Approved Date	06/28/2019
	Next Approval Date	06/28/2021
	Policy Owner	Tanya Tenorio
Approved by: National Jewish Health Board of Directors		

POLICY STATEMENT

National Jewish Health was founded on the principle of providing access to care for all patients, including those of limited means. As part of these efforts, National Jewish Health may participate in a variety of assistance programs. National Jewish Health will comply with all state and federal regulations/guidelines, including IRS-IRC 501(r). National Jewish Health will ensure that patients eligible for National Jewish Financial Assistance will not be billed more than the Average Generally Billed (AGB) rate published on the website.

National Jewish Health will also offer its own financial assistance program. The National Jewish Health Financial Assistance Program (NJFAP) is available for uninsured or underinsured patients who need help paying their hospital bills. The NJFAP is offered and available to all patients who qualify, based on the predetermined criteria that is outlined in this policy.

The Patient Financial Counseling Office administers the NJFAP and strives to evaluate each application equitably on the basis of both the financial information supplied by the patient and the established guidelines. National Jewish Health retains the right in its sole discretion to determine a patient's ability to pay.

SCOPE

National Jewish FAP is offered to patients applicable up to 400% poverty level.

NJFAP is available to both qualified new patients and established patients for most services provided at National Jewish Health Licensed Sites: See Appendix A

NJFAP will not be available to cover the following:

- Services provided by a National Jewish Health Physician(s) at a facility or site not listed in Appendix A.
- Services provided at a site listed in Appendix A, but performed and billed by an independent physician/facility group(s) listed in Appendix B.
- Insurance co-payments due for physician services, and prescription drugs.
- Services denied by insurance including pharmacy formulary restrictions.
- Ancillary services that are ordered by a non-National Jewish Health care provider.
- Patient meals, lodging and convenience items.

PROCEDURE

Patients who express a financial need will be directed to Financial Counseling or to the National Jewish Website for information and direction in obtaining financial assistance. National Jewish Health Financial Counselors will evaluate patients who request their services for financial assistance programs. Financial counselors will prescreen patients and determine the patient's eligibility for Medicaid, CICP, CHP+ or Medicare Part B & D, other financial assistance programs and/or NJFAP and will assist qualifying patients with the application process.

National Jewish Health provides information and the application for NJFAP on its website as well as in the Financial Counseling Office. To simplify the application process, National Jewish Health's application for NJFAP will utilize definitions and criteria based on the Colorado Indigent Care Program. Additionally, information about National Jewish Financial Assistance will be provided on patient statements, signage within the facility, in new patient packets, as well as inquires made into the Patient Financial Services customer service line.

Upon contacting the Financial Counseling Office, patients will be provided with a list of the documentation required to apply for financial assistance. Patients can mail, fax, email, or drop off their documents. The application process will determine financial assistance based on the Federal Poverty Levels and defined copayments or discount. See Appendix C.

Appendices in this policy and on the application will be modified periodically to reflect current operations and updated regulations. NJFAP will maintain compliance with IRS 501r and other federal and state regulations.

GUIDELINES

- I. Non-Colorado applicants applying for the NJFAP as primary must provide current proof of Medicaid denial from his/her home state, if relevant. In the event that there is a financial need but the patient does not qualify for other assistance, the financial counselors will determine if the patient qualifies for NJFAP.
- II. Patients who are eligible to enroll in, but either refuse to enroll or fail to comply with the application requirements for other programs including but not limited to: Medicare Part A, Part B or Part D, home residences' state plans, Medicaid, CHIP programs - will not be eligible to apply for the NJFAP.
- III. The initial eligibility period for NJFAP is 12 months. Each patient will need to re-apply at the end of each 12 month period in order to continue in the program. If there is a change in financial circumstances during the initial or subsequent twelve -month period(s), such as income or family status, an updated or new application must be completed. Applicants are required to inform the National Jewish Health Financial Counseling Office within 30 days upon any change in income, family status, insurance coverage and plans.
- IV. Patient Financial Services retains all the financial records relating to applications for seven (7) years.
- V. Patients who have insurance coverage, including pharmaceutical coverage, through a Commercial Health Plan, Workers Compensation, Medicaid, or other insurance plans must first utilize and exhaust their insurance benefits. Patients with insurance plans that deny access to our facility are not eligible. A plan is considered to deny access if they refuse to authorize the patient to come to National Jewish Health or if the coverage is too restricted to be clinically effective. (I.e. insurance only covers physician visits or insurance plans that

require members to utilize their required network providers, pharmacy plans that have pharmaceutical restrictions/limitations.)

- VI. The NJFAP is available to assist patients with co-insurance, deductibles, exhausted benefits (except for co-insurance, deductibles, and co-payments required by Medicaid, CICP, or other need based programs or co-pays resulting from a physician service) for services received and ordered by a National Jewish Health provider at National Jewish Health.
- VII. Patients may apply retroactively for financial assistance up to 240 days from the date of the first statement with a self-pay balance.
- VIII. Applicants who are eligible for an out of state Medicaid program as a secondary carrier are eligible to apply for NJFAP if National Jewish Health is not enrolled in the out of state Medicaid program. Primary and or secondary insurance requirements must still be followed. NJFAP will always be the payor of last resort.
- IX. National Jewish Health reserves the right to review all information received, including the review of an applicant's credit report history, for purposes of processing the application.
- X. Individuals 18 and under who are not U.S. citizens or are not documented legal immigrants of the U.S. or its territories will be eligible to apply for the NJFAP. National Jewish reserves the right to adjust qualification criteria to consider the unique circumstances surrounding foreign applications. Patients 19 and older are not eligible to apply.
- XI. Patients who do not make current payments, or default on a payment plan will lose their financial assistance eligibility (including retracting a backdated eligibility).
- XII. Patients who refuse to provide requested documentation or provide incomplete information after 30 days from application date will not be eligible.
- XIII. For any NJH Physician services provided at another facility, NJH may honor the financial assistance established at that facility. The financial assistance discount applied would be the AGB rate as published on National Jewish Health's website.
- XIV. Patients have 15 days from the approval/denial date to request a management appeal. The Financial Counseling Supervisor will present all requests for management appeal to the Patient Financial Services Manager. Management Appeals do not guarantee approval.
- XV. Patients who falsify the financial assistance application or withhold any information pertaining to the application requirements, will no longer be eligible for the program and will be held responsible for all charges incurred while enrolled in the program retroactively to the first day that charges were incurred under the program.
- XVI. All exceptions to this policy are contingent upon management approval.
- XVII. National Jewish will offer interest-free payment plans for up to 24 months to all patients regardless of income provided that the patient does not have an account in collections (see XVIII below). Term of the plan will be based on balances due.
- XVIII. In the event of non-payment of the patient responsibility, the facility may, in accordance with the Fair Debt Collection Practices Act, use a collection agency for debts not resolved in 120 days from the date of the first statement with a patient balance. Financial assistance applications will be accepted from patients who have an account in collections up to 240

days from the date of the first statement with a patient balance. Legal process will only be initiated upon review of the account by the manager of Patient Financial Services.

- XIX. National Jewish reserves the right to require payment in advance of future services for patients who have unresolved account balances in collections and may terminate the patient relationship for chronic offenders.
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Approved By: Chris Forkner, John Frantz, Tanya Tenorio, Maricella Bulger

FAP Appendix A



National Jewish Health Licensed Sites:

- National Jewish Health (main campus) 1400 Jackson Street, Denver, CO 80206
- NJH Sleep Center Englewood 7877 South Chester Street, Englewood, CO 80112
- NJH Highlands Ranch 8671 S. Quebec St. Suite 120, Highlands Ranch, CO 80130
- NJH South Denver 499 East Hampden Ave. Suite 300, Englewood, CO 80113
- NJH Northern Hematology Oncology 9451 Huron St., Thornton, CO 80260
- NJH Western Hematology Oncology 400 Indiana St., Suite 230 Golden, CO 80401

FAP Appendix B



National Jewish Health Services billed by an Independent physician/facility group:

- US Anesthesia Partners of Colorado
- Blue Sky Neurology

FINANCIAL ASSISTANCE INCOME AND DISCOUNT SCHEDULE

TABLE 1: FAMILY INCOME RANGES FOR FINANCIAL ASSISTANCE

FAMILY SIZE	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
1 PERSON	\$12,760	\$19,140	\$25,520	\$31,900	\$38,280	\$44,660	\$51,040
2 PEOPLE	\$17,240	\$25,860	\$34,480	\$43,100	\$51,720	\$60,340	\$68,960
3 PEOPLE	\$21,720	\$32,580	\$43,440	\$54,300	\$65,160	\$76,020	\$86,880
4 PEOPLE	\$26,200	\$39,300	\$52,400	\$65,500	\$78,600	\$91,700	\$104,800
5 PEOPLE	\$30,680	\$46,020	\$61,360	\$76,700	\$92,040	\$107,380	\$122,720
6 PEOPLE	\$35,160	\$52,740	\$70,320	\$87,900	\$105,480	\$123,060	\$140,640
7 PEOPLE	\$39,640	\$59,460	\$79,280	\$99,100	\$118,920	\$138,740	\$158,560
8 PEOPLE	\$44,120	\$66,180	\$88,240	\$110,300	\$132,360	\$154,420	\$176,480

- FAMILY SIZE: FOR EACH ADDITIONAL FAMILY MEMBER OVER 8 MEMBERS, ADD \$4,160 TO INCOME. PATIENTS WITH FAMILY
- FPL: "FEDERAL POVERTY LEVEL" IS DETERMINED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

TABLE 2: AMOUNT OF DISCOUNT AND PATIENT RESPONSIBILITY

PATIENT'S HOUSEHOLD INCOME	LESS THAN 100% FPL	101% - 150% FPL	151% - 200% FPL	201% - 250% FPL	251% - 300% FPL	301% - 400% FPL
PATIENT'S DISCOUNT					60%	
PATIENT PAYS	CO-PAY	CO-PAY	CO-PAY	CO-PAY	40%	AGB
CO-PAYS						
INPATIENT HOSPITAL (PER STAY)	\$22 - \$235	\$330 - \$450	\$585 - \$900	\$945		
OUTPATIENT HOSPITAL/PHYSICIAN (PER DAY)	\$15 - \$30	\$30 - \$35	\$35 - \$45	\$50		
OTHER OUTPATIENT (PER ENCOUNTER)	\$30 - \$185	\$250 - \$335	\$425 - \$645	\$680		