	Finance	
National Jewish Health™ Science Transforming Life®	**Policy Name**	Financial Assistance Program
	Effective Date	10/2002
	Approved Date	
	Next Approval Date	07/01/14
	Policy Owner	Jennifer Bourassa
Approved by: **National Jewish Health Board of Directors**		

POLICY STATEMENT

National Jewish Health was founded on the principal 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 the following:

All 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

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 financial assistance programs and will be referred to apply to these programs if applicable.

National Jewish Health provides information about the National Jewish Financial Assistance Program and provides an application for submission via the website and the Patient Financial Counseling Office. National Jewish Health will use the application that includes definitions and criteria based on the Colorado Indigent Care Program. Additionally, information about National Jewish Financial Assistance is 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. Patients interested or indicating financial needs are directed to contact the Financial Counseling Office.

Upon contacting the Financial Counseling Office, patients are provided with a list of the documentation required to apply for financial assistance. Patients can mail, fax, email, or drop off their documents. A financial counselor will compile all data and complete the application. The application process will determine financial assistance based on the Federal Poverty Levels up to 400% and determine copayments or percentage of discount approved. In no event will patients eligible for financial assistance be charged more than the Amounts Generally Billed (AGB) to patients who have Medicare fee-for-service or private health insurance for similar medical services. See Appendix C.

Appendices in this policy and on the application will be modified to reflect current circumstances/conditions.

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 B, Medicare Part D, home residences' state exchange 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, (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 first date the balance was turned to self-pay.

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. Patients who do not make current payments, or default on a payment plan will lose their financial assistance eligibility (including retracting a backdated eligibility).

XI. Patients who refuse to provide requested documentation or provide incomplete information after 30 days from application date will not be eligible.

XII. 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.

XIII. 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.

XIV. 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.

XV. All exceptions to this policy are contingent upon management approval.

REVIEWED BY:

Christine Forkner, John Frantz, Maricella Bulger, Tanya Tenorio

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

APPENDIX C

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	$12,140	$18,210	$24,280	$30,350	$36,420	$42,490	$48,560
2 PEOPLE	$16,460	$24,690	$32,920	$41,150	$49,380	$57,610	$65,840
3 PEOPLE	$20,780	$31,170	$41,560	$51,950	$62,340	$72,730	$83,120
4 PEOPLE	$25,100	$37,650	$50,200	$62,750	$75,300	$87,850	$100,000
5 PEOPLE	$29,420	$44,130	$58,840	$73,550	$88,260	$100,000	$100,000
6 PEOPLE	$33,740	$50,610	$67,480	$84,350	$100,000	$100,000	$100,000
7 PEOPLE	$38,060	$57,090	$76,120	$95,150	$100,000	$100,000	$100,000
8 PEOPLE	$42,380	$63,570	$84,760	$100,000	$100,000	$100,000	$100,000

- FAMILY SIZE: FOR EACH ADDITIONAL FAMILY MEMBER OVER 8 MEMBERS, ADD $4,160 TO INCOME. PATIENTS WITH FAMILY INCOME OVER $100,000 WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE, REGARDLESS OF FAMILY SIZE.

- 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		