



Centered in Care  
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Procedure #: LDF 5001 Financial Screening Procedure for JPS  
Connection Program Eligibility  
Originating Department: Finance Revenue Cycle  
Effective Date: 07/07/2020  
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## 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 nonimmigrant, 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. **Retroactive Eligibility Coverage** – Retroactive eligibility for a sponsored patient means that the coverage of benefits for an applicant may date back for a full three months prior to the month in which the application sponsorship is filed.
- VII. **JPS Connection Participant** - Any patient who has been enrolled in JPS Connection.
- VIII. **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 1325 S. Main St. Fort Worth, TX 76104. 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 1325 S. Main St Fort Worth, TX 76104)
- Download online at [www.jpsconnection.org](http://www.jpsconnection.org) or request by email (send request to [www.enroll@JPSHealth.org](mailto:www.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.



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In addition to completing an application, a membership responsibility form, and the IRS 4506T (Request for Transcript of Tax Return) form, 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 applicant (and spouse if applicable), such as recent pay stubs, unemployment insurance payment stubs, award letters, or sufficient information on how patients are currently financially supporting themselves
- In some cases, information on available assets or other financial resources.

External, public sources like credit scores may also be used 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 our financial counselors either at our Eligibility Centers by calling 817-702-1001 or in person.

- Eligibility Center – Fort Worth 1325 S. Main St. Fort Worth, TX
- Eligibility Center – Arlington 1030 W. Arkansas Ln St 214 Arlington, TX

Information regarding hours and additional 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 patients must review, initial, 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. Retroactive eligibility may be available to an applicant who did not apply for assistance until after they received care, either because they were unaware of financial assistance or because the nature of their illness prevented the filing of an application.
  - a. Retroactive eligibility is available when there is an unpaid medical bill for a service provided within (3) three full months immediately before the month of application providing the individual meets all the eligibility criteria. An applicant does not need to be eligible in the month of application (or current month) to be eligible for one or more months of retroactive eligibility.
  - b. The individual requesting retroactive eligibility must meet all of the requirements for sponsorship, both financial and non-financial.
- XVI. JPS applies discounts based on financial screening retroactively to any charges incurred within (3) three full months immediately before the month of application providing the individual meets all the eligibility criteria.
- XVII. 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.
- XVIII. Financial screening may be repeated as needed to address potential eligibility changes.
- XIX. Expired Financial Codes - When a patient presents for an ambulatory appointment with an expired financial code, 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 the financial code.
  - b. Schedule an appointment for financial screening and continue to see the physician as full pay with the intention of applying for retroactive coverage.



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## **NOTES AND ATTACHMENTS:**

LDF 5000 JPS Connection Program Policy

LDF 7300 Discount for the Uninsured Patient

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)