



Section: Financial Assessment

Subject: Determination of Financial Assistance

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I. Purpose

This Financial Assistance Policy will define when financial assistance will be provided.

It is the policy of the Public Health Trust and Jackson Eligibility Management to provide a Financial Assessment to any patient or person responsible for the patient’s care seeking financial assistance/charity.

Patients may fall into one of the following programs:

- Jackson Prime
- Jackson Financial Assistance

The patient or responsible party must not be able to pay for the patient’s medical care.

The ability to pay is determined by using the Federal Poverty Guidelines (FPG). The federal government updates these guidelines annually. The ability to pay is also determined by examining assets and awaiting litigation results for pending third party liability claims.

When asked, Jackson Health System (JHS) will determine if the patient or responsible party has the ability to pay. This examination, or screening, for financial assistance is free of charge.

Financial assistance will not be available when a patient or responsible party elects to pay at the self-pay package rate that only applies when payment is made before service or discharge.

Financial assistance will not be given for medical care unless it is medically necessary.

The rest of this Financial Assistance Policy provides more information about how a patient or person responsible for a patient may ask for financial assistance. It describes when a patient will be considered eligible to receive financial assistance. Additionally, it defines the amount of financial assistance provided when meeting the requirements of this policy.



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II. Definitions

AGB	Amounts Generally Billed is used to determine the financial assistance co-pay amounts. JHS will conduct a look back analysis which will include all past claims that have been paid in a twelve-month period. This includes Medicare, Medicaid Commercial and managed care plans (including patient co-insurance, copayments and deductibles). The AGB is calculated by dividing the sum of the payments by the total charges billed. That percentage is then multiplied by the total charges for each patient encounter to arrive at the AGB per encounter. The AGB per encounter is then used to create a co-payment amount that is lower than the actual AGB.
FPG	Federal Poverty Guidelines. A measure of income issued every year by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits, including savings on marketplace health insurance, and Medicaid and CHIP coverage.
Jackson Financial Assistance	Financial assistance provided to patients that are not enrolled in the Jackson Prime program and who meet the charity specific guidelines. Provided to patients after services have been rendered.
Jackson Prime	A JHS financial assistance program designed to meet the medical needs of Miami Dade County residents that includes integrated case management protocols. Patients are generally pre-screened financially before services are provided and receive a Jackson Card.
JHS	Jackson Health System
Medicaid	A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, like nursing home care and personal care services.
Presumptive Charity System	An automated software tool that predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. The tool provides estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.

III. Procedure

A. General Eligibility Criteria

1. JHS may perform credit checks to determine the patient's or responsible party's ability to pay. JHS will gather information about a patient's or other responsible party's income. The result will determine their eligibility for financial assistance, the amount of the discount they will receive and the amount they will be required to pay.
2. JHS will provide financial assistance counseling upon request, without additional charge, before or after the patient receives services.



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3. This Financial Assistance Policy only applies to services provided by JHS at its facilities and services provided by JHS employed physicians.
4. Patients or responsible parties who qualify for financial assistance (non-Jackson Prime) and do not reside in the Miami Dade County will be approved only for each date of service.

B. Jackson Prime Eligibility

1. Patients who are potentially eligible for the charity discount, Jackson Prime, and reside in Miami-Dade County are required to complete and sign the Jackson Prime and Grant Programs application and submit documentation proving eligibility.
2. Patients will be screened for Medicaid eligibility and other government programs in order to participate in the Jackson Prime financial assistance program.
3. Patients must complete the application process prior to evaluation for Financial Assistance. All patients interviewing for Jackson Prime care are required to sign a Disclosure Statement that includes perjury language prior to beginning the assessment. The Disclosure Statement is available at <http://www.jacksonhealth.org/patients-financial-assistance.asp>.
4. If a Jackson Prime benefit is determined, the financial assessment classification will be applicable for one year, unless the benefit is a grant or homeless classification (refer to related financial assessment policies # 908, 920, & 921).
5. Some classifications may be retroactively applied to the JHS open balance patient account for 240 days prior to the initial Jackson Prime assignment date.
6. Classifications beyond 240-day retroactive period must be approved by an Associate Administrator, Vice-President or designee.
7. Patients who are currently funded with private medical insurance, but received service as self-pay prior to the insurance effective date, may request a case review for possible Jackson Prime discount from the Associate Administrator, Vice-President or designee. Patient's eligibility criteria are determined by:
 - a. County residency and citizenship/immigration status
 - b. Patient's family unit size
 - c. Family unit gross income in relation to current Federal Poverty Guidelines.
8. A plan code classification will be issued using a sliding fee scale. Jackson Prime co-payments are based on gross income and are capped at 300% of the Federal Poverty Guidelines.
9. Patient is responsible for applicable fees/co-payments per encounter.
10. Eligible patients will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care.



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11. JHS will provide a written statement to patients or responsible parties when they qualify for Financial Assistance.
12. Patient Resources:
The following resources are provided to assist the patient in understanding the documentation necessary for the financial assessment and requirements of other potential funding sources:
 - a. The patient's financial assessment appointment letter will summarize the required documents. In special situations, additional documents may be required.
 - b. The PHT brochure "Financial Assistance for Medical Care" is available in all registration and clinic arrival areas for the patient's review. The brochure is also available online at: <http://www.jacksonhealth.org/patients-financial-assistance.asp>.
 - c. Applicable copays have been established by financial classification, as indicated in Jackson Health System Fee Schedule. The fee schedule is also available online at: <http://www.jacksonhealth.org/patients-financial-assistance.asp>.
 - d. All patient forms used in Financial Assessment are available online at <http://www.jacksonhealth.org/patients-financial-assistance.asp>
 - e. Printable application to the Jackson Prime program is available online at <http://www.jacksonhealth.org/patients-financial-assistance.asp>
13. Re-evaluations
 - a. If the patient's income, insurance, or family size significantly changes within the annual rating period, for a continuous four-week period or more, it is the patient's responsibility to notify Jackson Prime Financial Assessment Department by scheduling a re-evaluation appointment.
 - b. Patients may request a re-evaluation due to any status change(s) below:
 - i. Family gross income
 - ii. Change in the number of dependents
 - iii. Residency status
 - c. The new Jackson Prime classification will be applied to future encounters only. Therefore, bills incurred after the initial benefit was determined, but prior to the new Jackson Prime benefit, shall be discounted based on the patient's initial classification.
 - d. All information and the individuals involved in the assessment process will neither be reported nor referred to USCIS or any law enforcement or customs agency.
14. Appeals
 - a. Patients have the right to appeal their assessment within sixty (60) calendar days of receiving their financial assessment rate. The Appeals Form is available at <http://www.jacksonhealth.org/patients-financial-assistance.asp>.



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15. Renewals

- a. Patients may apply for renewal of Jackson Prime benefits by seeking pre-authorized drop-off service or by scheduling a financial assessment appointment. Appointments may be scheduled through the JHS centralized scheduling telephone line. Documents provided for renewals must be current. A new Jackson Prime application and applicable forms must be completed and signed upon benefit renewal.

C. Jackson Financial Assistance Eligibility

1. A patient or responsible party may request financial assistance for any incurred debt greater than \$100 up to 240 days following the first post-discharge billing statement. This includes account balances after insurance payment. The following criteria are used when JHS considers the request:
 - a. Patient or responsible party may qualify for 100% discount if the following applies:
 - i. The patient or responsible party has a total household income of less than or equal to 300% of the FPG (Per the most current published Federal Poverty Guidelines); or
 - ii. The patient or responsible party has a catastrophic balance due which exceeds 25% of their annual household income, but only if the annual household income is less than 4 times the FPG for a family of 4.
 - iii. Eligible patients will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care.
2. JHS may use an abbreviated financial assistance approval process for patients or responsible parties on accounts that meet the following criteria:
 - a. Patients, who are eligible for FPL-qualified programs such as Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for charity care when payment for services is not made by the programs. Patient account balances resulting from non-reimbursed charges are eligible for full charity write-off.

Specifically included as eligible are charges related to the following:

 - Exhausted benefits
 - b. The patient is deceased and no estate has been filed with the court of the patient's county of residence, after one year from the date of death.
 - c. Patients that have been approved for Victims of Crime program coverage.
3. Presumptive Charity via Current Electronic Screening Software Tool
 - a. JHS recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, JHS utilizes an automated, predictive scoring tool provided by our third party vendor to assess patients for



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financial need. This screening process utilizes public record data and includes estimates for income, household size, family liquidity and asset levels. It has been calibrated from the analysis of patients receiving free care through JHS' traditional application process.

- b. If a patient does not qualify based on information returned from the presumptive screening model, the patient may still provide requisite information and be considered under the traditional assistance application process.
- c. Patients who have filed for bankruptcy are also to be screened via the automated system for possible writing off of their balances. Notification of the filing may come from collection agencies working the accounts. Their notification to JHS will trigger the Presumptive Charity screening via Current Electronic Screening Software Tool and not be limited to \$5,000 and higher balances on the accounts.
- d. The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows JHS to screen all uninsured patients, (including patients outside of the Miami-Dade service area), with balances of \$5,000 or higher for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy, including instances where documentation is not available from the patient.
- e. When electronic enrollment is used as the basis for presumptive eligibility, the highest discount of full free care will be granted for eligible services for retrospective dates of service only. JHS is not required to notify the patient of the free care decision.

IV. References

The procedure for this policy is outlined in Financial Assessment Policy #750 Procedure for Determination and Administration of Financial Assistance.

Responsible Party: Corporate Director of Patient Access
Revenue Cycle

Corporate Director of Business Office
Revenue Cycle

Reviewing Committee(s): Not Applicable

Authorization: Vice President of Finance