



Section: Uncompensated Care

Subject: Determination of Financial Assistance

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I. Purpose

It is the policy of the Public Health Trust (PHT) to provide a screening to patients, a patient’s guarantor, or healthcare proxy seeking financial assistance for medically necessary services. This Financial Assistance Policy (FAP) is designed to ensure the PHT provides necessary medical care to individuals regardless of their ability to pay in alignment with the requirements of Internal Revenue Service (IRS) 501(r), ensuring equitable access to healthcare services. The remainder of the policy provides more information on how to apply for financial assistance, eligibility guidelines, and coverage limitations.

This policy covers services at the following locations:

- Jackson Memorial Hospital
- Jackson North Medical Center
- Jackson South Medical Center
- Jackson West Medical Center/Jose Milton Memorial Hospital
- Jackson Health System/Urgent Care Centers
- Jackson Health System/Primary Care Centers
- Jackson Health System/Ambulatory Care Clinics
- Jackson Medical Group (JMG)

II. Definitions

Amounts Generally Billed (AGB) is used to determine the financial assistance co-pay amounts. Jackson Health System (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 or 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.

Federal Poverty Guidelines (FPG) 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 (Children’s Health Insurance Program (CHIP) coverage.



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Jackson Financial Assistance Program Financial assistance provided to patients who do not meet the residency criteria for the Jackson Prime program and who meet the charity specific guidelines. Provided to patients after services are rendered on an episodic basis.

Jackson Prime A Jackson Health System (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.

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. Patients may qualify for one of the following programs:
 - a. Jackson Prime:
 - i. This program is solely for residents of Miami-Dade County with incomes up to 300% of the Federal Poverty Limit (FPL).
 - b. Jackson Financial Assistance:
 - i. This program is available for those patients who are uninsured and have met financial and eligibility criteria established in this policy. This may include any of the following conditions:
 - (1) Medicare or Medicaid benefits are exhausted.
2. The patient or responsible party must not be able to pay for the patient's medical care.
 - a. The ability to pay is determined by using the Federal Poverty Guidelines (FPG).
 - i. The federal government updates these guidelines annually.
 - b. The ability to pay is also determined by examining assets and awaiting litigation results for pending third party liability claims.
3. When asked, JHS will determine if the patient or responsible party has the ability to pay.
 - a. This examination, or screening, for financial assistance is free of charge.
4. Financial assistance will not be available when a patient or responsible party elects to pay at the self-pay package discounted rate that only applies when payment is made before service or discharge.
 - a. Financial assistance will not be granted to any non-resident of Miami-Dade County for non-emergent, medically necessary care that is available by their local safety net facility.
 - b. If no safety net provider exists for that patient, financial assistance will be determined on a case-by-case basis.
5. Financial assistance will not be given for medical care unless it is medically necessary.
 - a. Programs where financial assistance will not be granted include, but are not limited to:
 - i. Elective cosmetic procedures.
 - ii. Transplants.
 - iii. Bariatric procedures.
 - iv. Balances payable by insurance or other third parties such as:



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- (1) Medicare,
 - (2) Medicaid,
 - (3) Automobile insurance,
 - (4) Worker's compensation, or
 - (5) Other liability coverage.
6. JHS may perform credit checks to determine the patient's or responsible party's ability to pay.
 - a. JHS will gather information about a patient's or other responsible party's income.
 - b. The result will determine their eligibility for:
 - i. Financial assistance.
 - ii. The amount of the discount they will receive.
 - iii. The amount they will be required to pay.
 7. JHS will provide financial assistance counseling upon request, without additional charge, before or after the patient receives services.
 8. This Financial Assistance Policy only applies to services provided by JHS at its facilities and services provided by JHS employed physicians.
 9. Patients or responsible parties who qualify for financial assistance (non-Jackson Prime) and do not reside in Miami Dade County will be approved only for each date of service.
- B. Jackson Prime Eligibility (Miami-Dade County Resident Medical Assistance Program)
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.
 - a. All patients interviewing for Jackson Prime care are required to sign a Disclosure Statement that includes perjury language prior to beginning the assessment.
 - b. The Disclosure Statement is available at <https://jacksonhealth.org/patient-tools/financial-assistance/>.
 4. If a Jackson Prime benefit is determined, the financial assessment classification will be applicable for two years, unless the benefit is a grant, homeless classification, or JHS contracted facility. Refer to related financial assessment policies:
 - a. JHS Revenue Cycle Policy No. 920 - Identifying Homeless Patients for Jackson Prime.
 - b. JHS Revenue Cycle Policy No. 921 - SFAN Patients.
 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 Director, Vice-President or designee.
 - a. Patient's eligibility criteria are determined by:
 - i. County residency and citizenship/immigration status.
 - ii. Patient's family unit size.
 - iii. Family unit gross income in relation to current Federal Poverty Guidelines.
 8. A plan code classification will be issued using a sliding fee scale.
 - a. 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.



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10. Eligible patients will not be charged more than amounts generally billed (AGB) for emergencies or other medically necessary care.
11. JHS will provide a written statement to patients or responsible parties when they qualify for Financial Assistance.
12. Patient Resources:
 - a. 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:
 - i. The PHT brochure “Financial Assistance for Medical Care” is available in all registration and clinic arrival areas for the patient’s review.
 - (1) The brochure is also available online at <https://jacksonhealth.org/patient-tools/financial-assistance/>
 - ii. Applicable copays have been established by financial classification, as indicated in Jackson Health System Fee Schedule.
 - (1) The fee schedule is also available online at <https://jacksonhealth.org/patient-tools/financial-assistance/ce.asp>.
 - iii. All patient forms used in Financial Assessment are available online at <https://jacksonhealth.org/patient-tools/financial-assistance/>
 - iv. Printable application to the Jackson Prime program is available online at <https://jacksonhealth.org/patient-tools/financial-assistance/>
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.
 - i. 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.
14. Appeals
 - a. Patients have the right to appeal their assessment within sixty (60) calendar days of receiving their financial assessment determination.
 - (1) The Appeals Form is available at <https://jacksonhealth.org/patient-tools/financial-assistance/>.
15. Renewals/Audits
 - a. Patients enrolled in the Jackson Prime program are subject to annual audits to assess their continued eligibility for the program.
 - b. Patients may apply for renewal of Jackson Prime benefits by scheduling a financial assessment appointment.
 - i. Documents requested for renewals must be uploaded to the financial assistance portal or submitted to a designated location within the specified timeframe.

C. Jackson Financial Assistance Program Eligibility (JFAP)

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.
 - a. This excludes patient cost share balances after insurance payment.
2. The following criteria are used when JHS considers the request:

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- 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 emergencies or other medically necessary care.
3. 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 FPG (Federal Poverty Guidelines) qualified programs such as Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent.
 - i. Therefore, such patients are eligible for charity care when payment for services is not made by the programs.
 - ii. Patient account balances resulting from non-reimbursed charges are eligible for full charity write-off.
 - iii. Specifically included as eligible are charges related to the following:
 - (1) 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.
4. 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.
 - i. 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 financial need.
 - ii. This screening process utilizes public record data and includes estimates for:
 - (1) Income,
 - (2) Household size,
 - (3) Family liquidity, and
 - (4) Asset levels.
 - iii. 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.
 - i. Notification of the filing may come from collection agencies working the accounts.
 - ii. 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.
 - i. 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.



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- ii. 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.
 - i. JHS is not required to notify the patient of the free care decision.

IV. References

JHS Revenue Cycle Policy No. UCP 750 – Jackson Prime Determination
 JHS Revenue Cycle Policy No. UCP 920 – Identifying Homeless Patients for Jackson Prime
 JHS Revenue Cycle Policy No. UCP 921 – SFAN Patients

Responsible Party: Chief Revenue Officer
 Jackson Health System

Reviewing Committee(s): JHS Policy and Procedure Committee

Authorization: Division / Department Head