

**JACKSON ELIGIBILITY MANAGEMENT  
POLICY & PROCEDURE MANUAL**

SECTION: Financial Assessment

SUBJECT: DETERMINATION OF FINANCIAL  
CLASSIFICATION FOR JACKSON  
PRIME PROGRAM**POLICY:**

It is the policy of the Public Health Trust and Jackson Eligibility Management to provide a Financial Assessment to unfunded patients seeking financial assistance. Unfunded patients will be interviewed for a potential funding source including federal, state, county and/or charity care. Patients who are potentially eligible for 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. Patients/Representatives and the JHS eligibility designee are required to sign and date all forms in the assessment packet. It is the policy of the Trust to maintain patient confidentiality and privacy.

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). Some classifications may be retroactively applied to the JHS open balance patient account for 240 days prior to the initial Jackson Prime assignment date. Classifications beyond 120 day retroactive period must be approved by an Associate Administrator, Vice-President or designee. 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:

1. County residency and citizenship/immigration status
2. Patient's family unit size
3. Family unit gross income in relation to current Federal Poverty Guidelines.

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. Patient is responsible for applicable fees per encounter. Eligible patients will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care.

**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:

1. The patient's financial assessment appointment letter will summarize the required documents. In special situations, additional documents may be required.
2. 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>.

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3. 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>.
4. All patient forms used in Financial Assessment are available online at <http://www.jacksonhealth.org/patients-financial-assistance.asp>
5. Printable application to the Jackson Prime program is available online at <http://www.jacksonhealth.org/patients-financial-assistance.asp>

**Re-evaluations**

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.

Patients may request a re-evaluation due to any status change(s) below:

1. Family gross income
2. Change in the number of dependents
3. Residency status

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.

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.

**Appeals**

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>.

**Renewals**

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.

**Procedure**



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The procedure for financial classification is outlined in Financial Assessment Policy #750 Procedure for Determination of Financial Classification.

Approved by: Myriam Torres, VP Revenue Cycle