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Section Title	Standard Operating Procedure	Revised:	09/30/2026
SOP Title	Jackson Prime Determination	Supersedes:	12/15/2025

Purpose	Defines the procedure for determining eligibility for the Jackson Prime Program based on Miami-Dade County residency, household composition, income and immigration status. It is the policy of the Trust to maintain patient confidentiality and privacy.

Scope	To establish a standardized Financial Assessment process for evaluating and determining eligibility for unfunded patients who may qualify for assistance under the Jackson Health System Revenue Cycle Policy RCM 750 - Determination of Financial Assistance.

Definitions	**Boarder** is a person for whom payment is made for room and meals and who is not the spouse or partner of the landlord. **Charity Coverage**: is the program sponsored by Jackson Health Systems that provides free or discounted medical services to patients who are uninsured, underinsured, or medically indigent, and who lack the financial resources to pay for their care. The charity coverage is granted based on specific eligibility criteria—such as household income relative to the Federal Poverty Guidelines (FPG), family unit size, and residency status—ensuring that essential and emergency health services remain accessible to vulnerable populations independent of their ability to pay. **E11:** The classification code assigned to an undocumented homeless individual residing in Miami-Dade County. **E17:** The classification code assigned to an undocumented individual who requires Long Term Care and Early Discharge Program (EDP). **Early Discharge Program (EDP) Patient:** An Individual who get discharged to a contracted assisted-living facility, with associated expenses covered by Jackson Health System. **Emergency Periods:** Officially declared timeframes during which normal administrative procedures, verifications deadlines, or enrollment constraints are temporarily modified or waived. During emergency periods, Jackson Health Systems will implement flexible intake guidelines, extended timelines for document submission (such as providing proof of residency or support statements), or expanded temporary access to emergency care regardless of immediate documentation. **Extenuating Circumstances**: are defined as unexpected unavoidable, or severe situations that justify bending the rules. If a patient cannot meet the usual criteria, the Uncompensated Care manager may still approve an exception based on serious medical conditions or something unavoidable. **Family Unit,** for purposes of financial assessment, is defined as: • One or more persons residing together in the same household whose needs, income and assets are included in the household budget, excluding boarders and roomers. • Family unit members include the:

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- Applicant
- Legal spouse
- Domestic partner
- Partner's children
- Dependent children, stepchildren, adopted children, unrelated minor children for whom the individual has legal guardianship or custody.
- Legal guardian or natural parents of minor children, minor siblings.

Homeless Individual: An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is within an authorized Miami-Dade Homeless Trust supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in a Miami-Dade County licensed transitional housing program.

Immigration Status: is the official legal category in the United States. It shows the specific category or visa type under which a person was admitted, or the pending legal phase with the United States Citizenship and Immigration Services (USCIS), which defines the right to work, study, or stay in the country.

- Undocumented Immigrant Patient: is defined as a foreign-born person living in the country who entered the United States without inspection by U.S. Citizenship and Immigration Services (USCIS), or persons with non-immigrant visa who have remained in the United States beyond the time allowed by USCIS without adjusted status.
- Documented patient: a person who holds a lawful immigration status, permanent residency, or citizenship recognized by the federal government. It also applies to a United States (US) native born.

Institutional Care Program (ICP) Medicaid: is a specialized, long-term care Medicaid program designed to help individuals who require a nursing facility level of care pay for the costs of residing in a nursing home.

J07: The classification code assigned to approve patient under Conditional Eligibility for 30 days.

J11: The classification code assigned to documented or US citizens individuals identified as a homeless residing in Miami-Dade County.

J17: The classification code assigned to documented or US citizens individuals who require Long Term Care and Early Discharge Program (EDP).

Jackson Prime Program provides financial assessment to eligible Miami-Dade county unfunded or uninsured patients seeking financial assistance. The program is designed to provide access to health care services for individuals who are unable to afford the full cost of care.

Long Term Care Patient: An Individual who requires the highest level of 24/7 skilled nursing and custodial care with advance medical needs.

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	Medically Indigent Patient: is defined an individual whose household income and financial resources are insufficient to cover the cost of necessary medical care, who lacks adequate public or private health insurance coverage, and whose qualification is determined in accordance with established household size and Federal Poverty Guidelines (FPG) **Roomer** is a person who pays rent to live in a room inside someone else's house or property who is not the spouse or partner of the landlord.

Requirements	All Enrollment Specialists: • Must successfully complete updated training. Staff must participate in annual refresher training regarding updates to the Federal Poverty Guidelines (FPG), sliding-fee scales, and policy modifications. • Strict adherence to Health Insurance Portability and Accountability Act (HIPAA) regulations and patient data privacy standards when handling sensitive financial, personal, and tax documentation. • Standardized protocols for maintaining audit trails of all assessments conducted, notes entered, and determinations issued by Enrollment Specialists.

Responsibilities	All Enrollment Specialists are responsible for screening patients and strictly adhering to the guidelines outlined in this standard operating procedure (SOP).

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I. Procedure Steps

A. Identification
1. Request one of the following photo identifications (ID) for all patients.
   a. Driver's license
   b. Official Florida ID from a government agency.
   c. Other valid ID such as:
      i. School ID
      ii. Military ID.
      iii. Homeless Shelter ID
      iv. Employer ID
      v. Passport
      vi. Immigration documented ID card.
      vii. Naturalization certificate
      viii. Official international identification card.
   d. **Note**: An expired ID can still be evidence of identity.
   e. For Conditional Eligibility and Early Discharge Program (EDP) management, the Case Management and Social Work referral will serve as proof of identification in the absence of other forms of ID.
2. Use State-issued ID for registration purposes when multiple IDs are presented.

B. Funding Source
1. Inquire regarding any funding source.
2. If medical insurance is discovered, the patient does not meet the criteria for the Jackson Prime program, with the exception of Medicare A & B patients who require Dental benefits only, or Medicare patients whose benefits have been suspended due to being unlawfully present.
3. Medical insurance and other funding sources may include but are not limited to the following:
   a. Medical insurance
   b. Military/ Veteran's insurance
   c. Medicare
   d. Medicaid
   e. Medically Needy/Share of Cost Enrollment
   f. Workers' Compensation Authorization Letter
      i. Jackson Prime may be granted if service is non-related to worker's compensation.
   g. Health Maintenance Organization (HMO)/Managed Care

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h. Any other third-party medical coverage

4. Once a patient states and/or a verification system tool confirms that he/she has none of the above third-party coverage, continue screening.
5. Exception to the rule:
   a. Financial assessment and Jackson Prime discount are permitted for adult patients covered under traditional Medicare or Medicaid, including share of cost (SOC), in connection with JHS Dental clinic services and inpatient Miami-Dade residents with Automobile Insurance or Crime Victim application and no other secondary insurance.

C. Disclosure Statement
1. All patients applying for Jackson Prime care are required to sign a Disclosure Statement that includes perjury language prior to beginning the assessment.
   a. The Disclosure Statement is available at Jackson Health System's Financial Assistance
2. Various verification tools will be used to validate the patient's information including, but not limited to:
   a. Income:
      i. Paystubs,
      ii. Employment Verification form,
      iii. Third Party Support Statement.
   b. Employment:
      i. Employment Letter,
      ii. Employment Verification Statement
   c. Household composition:
      i. Birth Certificate,
      ii. Tax Return,
      iii. Marriage/Divorce decree,
      iv. Marital Attestation Form.
   d. Miami-Dade County residency:
      i. Utility bills,
      ii. US Government correspondences,
      iii. Declaration of Domicile.
   e. Immigration Status:
      i. Proof of immigration documents
   f. Insurance verification:
      i. Florida Medicaid Management Information System (FLMMIS),
      ii. Vendor insurance verifier
   g. Patient's ID.

D. Proof of Miami-Dade County Residency
1. The patient is required to provide verification of listed documents.
   a. To be considered a resident of Miami-Dade County, a patient must establish or maintain a physical living arrangement within Miami-Dade County.
2. The documentation will only be used to assess the patient and the patient's family unit as applicable for benefits.
   a. Physical Living arrangement
      i. The following document is required to prove residency before initial enrollment:
         (1) One document with the patient's name and address dated greater than 90 days and less than a year.

ii. The proof must be from a current, or previous, Miami-Dade County address where the patient is living.
iii. Acceptable proof may be from:
(1) A patient's spouse or legal partner, or
(2) A parent of a mutual child living in the same household.
iv. In cases where a patient is renting or leasing and utilities are included, the patient must provide a copy of:
(1) The original lease or a notarized letter from the landlord, including:
(a) Contact information,
(b) Stating the terms of the lease includes utilities.
(2) Verification of property ownership must be verified by the Enrollment Specialist at the Miami-Dade County property website.

b. Documentation to prove Miami-Dade County residency may include one of the following:
i. Florida driver's license.
ii. Department of Motor Vehicles (DMV) issued Florida identification card.
iii. Vehicle registration (accepted for 90 days only) in the name of the patient, spouse, or partner.
(1) Retail issued Personal ID cards are not accepted as proof of address.
iv. Mortgage statement.
v. Homestead property tax or Homestead Homeowner's Insurance policy
vi. Lease agreement.
vii. Property deed.
viii. Mobile home.
ix. Boat title and registration.
x. If renting, as mentioned on session D.2.a:
(1) Letter from landlord with supporting documentation to prove landlord proprietor or sublease of property.
(2) Current lease or rental agreement along with proof that the patient is up to date with payments may be used to prove current or over 90 days residency when applicable.
xi. Utility bills such as:
(1) Water,
(2) Electric,
(3) Telephone,
(4) Cellphone
(5) Cable.
xii. A letter from any government entity containing home address.
xiii. Proof of Miami-Dade County school enrollment for applicant, spouse/partner, or child in the home.
xiv. Recent historical record of Miami-Dade County residence documented through a county department's case record.
xv. Pay stubs, W2, or 1099 form for applicants and/or spouse/partner.
xvi. Patient face sheet from residing healthcare facility.
xvii. Jackson's Patient Access Tool verification results.
xviii. Notarized Declaration of Domicile along with other supporting documents such as:
(1) Bank and credit card statements,
(2) Hospital and doctor bills,
(3) Cellphone, and

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(4) Documents available on previous encounters within the hospital scanning system.

xix. On special circumstances, some of the supporting documents will be approved by the Uncompensated Care management team.
(1) **Declaration of Domicile will only be accepted if no other documentation is available**.

xx. US Post Office sent verification of address or address change mail.

xxi. Third party support statement with supporting documents.

3. Applicant's personal income tax is to be used for the purpose of verifying dependents in a household.

E. Proof of US Citizenship from all applicants:
1. Documentation may include:
   a. US passport (even if expired).
   b. US Birth Certificate.
   c. Voter's registration.
   d. Naturalization document.
2. If US citizenship documentation cannot be obtained, documentation may be provided by a notarized, written Personal Knowledge Affidavit, signed under penalty of perjury by the applicant and by two individuals with specific knowledge of the applicant's citizenship status who are also US citizens.
   a. Proof of citizenship is required.
   b. At least one of the individuals cannot be related to the applicant.
   c. Personal Knowledge Affidavits can be used in rare circumstances.

F. Proof of Income from applicants and spouse/partner
1. Gross income for last thirty days.
   a. This must include all income earners in the family unit as well as any dependent listed on the most recent income tax return.
   b. In cases where the spouse is no longer residing with the patient due to separation, an Attestation of Marital Status form is to be completed if no legal document is presented or available.
   c. Form is available online at Jackson Health System's Financial Assistance.
2. If self-employed, obtain Internal Revenue Service (IRS) Schedule C (Net Income) along with net income for last thirty days or complete Self Employment Income/Employment Verification Statement.
   a. Form is available online at Jackson Health System's Financial Assistance.
3. Signed letter from employer on company letterhead verifying gross weekly, bi- weekly, or monthly income.
4. Pension statement or check stub.
5. Social Security Benefit Verification letter.
6. Proof of rental income.
   a. Net income after IRS allowable deductions.
7. Unemployment Compensation income.
8. Worker's Compensation income.
9. Alimony income.
10. Insurance Annuity payments.
11. College Scholarships and Grants refund received in last 30 days.
12. Dividends interest income.

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13. Third-Party Support and Verification Statement.
    a. Form is available at Jackson Health System's Financial Assistance
    b. Notary stamp and signature are required.
14. If a patient is unemployed, he/she must complete an Employment Verification Statement form.
    a. Additionally, the same form is required from any adult in the family unit who is unemployed.
    b. Form is available at Jackson Health System's Financial Assistance.
15. Both incomes of persons with mutual minor children living in the same household are required at time of financial assessment.
16. Gambling and lottery winnings as income and support must be reviewed by management or designee.

G. Additional Important Patient Documentation required:
1. Patient will be asked to present General/Public Assistance documents such as:
    a. Miami-Dade County Public Welfare.
    b. Department of Children and Families (DCF) Notice of Case Action.
    c. Homeless shelter or rehab center referral.
    d. Public Housing agreement.
        i. Form is available at Jackson Health System's Financial Assistance
    e. Proof of application or benefit denials for:
        i. Unemployment compensation,
        ii. Medicaid,
        iii. Social Security,
        iv. Disability,
        v. Public assistance, etc.
    f. Proof of minor dependents such as, personal tax return along with birth certificate or legal guardianship or DCF Notice of Case Action
    g. Proof of an adult dependent such as personal tax return or legal guardianship.
    h. Bank statement(s).
    i. Marriage certificate, divorce court documents, or proof of other living arrangements.
    j. Social Security Card for all applicants. Undocumented patients unable to obtain a Social Security card from the Social Security office, must provide a JHS Personal Statement form.
2. Proof of payment by a third party for expenses like mortgage, credit cards or auto loan must be provided to complete the qualification of benefits.
3. Proof of payment includes one of the following:
    a. Canceled checks,
    b. Money orders,
    c. Bank statement, or
    d. Electronic payment by third-party payer.
4. Payment proof must be accompanied by the department's Third Party Support and Verification Statement available at Jackson Health System's Financial Assistance

H. Scanning Documents
1. All documentation included in a patient's financial assessment package must be legibly scanned into their financial assessment encounter within 24 hours of the case process completion.
    a. Failure to meet this timeline may result in disciplinary action.
2. Living Arrangement:

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   a. All living arrangement verifications using support status statements must be completed using the Third-Party Support and Verification Statement Form within thirty (30) days.
      i. This form includes the statutory perjury statement required by Florida Statutes 817.50 and 817.5685.
3. Supporters providing room and board to a patient must submit proof of address dated within 30 days.
   a. Failure to provide verification documentation within the 30-day window will result in case closure.
4. An applicant who wishes to exclude a person from his/her family unit based on the person being a roomer or boarder must verify the person's status as a roomer or boarder by providing a written statement from the person stating:
   a. He/she is a roomer or boarder.
   b. The amount of the payment.
   c. The payment is for a room or for room and meals.
   d. That the person is not the spouse or partner of the landlord.
5. A pregnant woman's unborn child/children are included in the family unit.
   a. Official verification must be provided via a physician's letter confirming the pregnancy and the estimated due date.
6. If the dwelling place includes more than one family unit or more than one unrelated individual, the income requirements are applied separately to each family unit or unrelated individual.
7. If applicant states married but spouse is not living in the home or with the family unit, the Jackson Attestation Marital Status form is required from the claimant attesting to marital circumstances.

I. Residency by Family Relationship
1. **Marriage**
   a. A patient who is married to a resident of Miami-Dade County assumes the residency status of their spouse.
      i. This rule applies to undocumented aliens, with the exception of a patient who has an active B1 or B2 visa.
   b. A marriage certificate will be requested.
   c. If a marriage certificate is not available, the patient must complete an Attestation of Marital Status Form, available online.
2. **Minors**
   a. When the parent or legal guardian meets the Miami-Dade County residency criteria the child is considered a resident.
   b. If the parent or legal guardian does not meet the Miami-Dade County residency criteria, the child is considered a non-resident.
   c. A birth certificate to prove the family relationship and Miami-Dade County residency documentation must be presented for parents of mutual child.
3. **Student**
   a. A student attending school away from home is considered a resident of the county in which his parents reside if he/she is claimed as a dependent for federal income tax purposes.
   b. Students, regardless of their residence, who are supported by a parent or other related person by birth, are considered to be residing with those who support them.

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J. Special Situations
   1. Hotel receipts and P.O. Box numbers are not acceptable proof of Miami-Dade County residency.
      a. In special situations, a hotel may offer on-going residency to patient.
      b. Miami-Dade County residency may be established with confirmed proof from hotel, (i.e., contract, rental agreement).
      c. The case must be presented to Uncompensated Care management for approval.
   2. Migrant workers and ex-offender patients present a special situation that may require the Uncompensated Care management intervention for proof of Miami-Dade County residency documentation.
   3. Airbnb is not acceptable proof of Miami-Dade County residency, as the platform is considered short-term accommodations.

K. Documented and Undocumented Patients
   1. Immigration status and Jackson Prime program
      a. The following is a list of immigration statuses that qualify for Jackson Prime program coverage (*source: Healthcare.gov):*
         i. Lawful Permanent Resident (LPR/Green Card holder).
         ii. Asylee.
         iii. Refugee.
         iv. Cuban/Haitian Entrant.
         v. Paroled into the US.
         vi. Conditional Entrant Granted before 1980.
         vii. Battered Spouse, Child and Parent.
         viii. Victim of Trafficking and his/her spouse, child, sibling or parent.
         ix. Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention Against Torture (CAT).
         x. Individual with Non-immigrant Status which includes:
            (1) Worker visas.
            (2) Student visas.
         xi. Temporary Protected Status (TPS).
         xii. Deferred Enforced Departure (DED).
         xiii. Lawful Temporary Resident.
         xiv. Administrative order staying removal issued by the Department of Homeland Security.
         xv. Member of a federally recognized Indian tribe or American Indian Born in Canada.
      b. Applicant for any of these statuses:
         i. Temporary Protected Status with Employment Authorization.
         ii. Special Immigrant Juvenile Status.
         iii. Victim of Trafficking Visa.
         iv. Adjustment to Lawful Permanent Residents (LPR) Status.
         v. Withholding of Deportation or Withholding of Removal under the immigration laws or under the Convention Against Torture (CAT).
      c. With Employment Authorization:
         i. Registry Applicants.
         ii. Order of Supervision.
         iii. Applicant for Cancellation of Removal or Suspension of Deportation.
         iv. Applicant for Legalization under Immigration Reform and Control Act (IRCA)
         v. Legalization under the Legal Immigration Family Equity (LIFE) Act.
      d. Documentation

i. To support Jackson Prime program applications, the following documents may be required or used, depending on the individual situation:
(1) Permanent Resident Card, “Green Card” (I-551).
(2) Reentry Permit (I-327).
(3) Refugee Travel Document (I-571).
(4) Employment Authorization Card (I-766).
(5) Temporary I-551 Stamp (on passport or I-94/I-94A).
(6) Arrival/Departure Record (I-94/I-94A).
(7) Arrival/Departure Record in foreign passport (I-94).
(8) Foreign Passport.
(9) Certificate of Eligibility for Nonimmigrant Student Status (I-20).
(10) Certificate of Eligibility for Exchange Visitor Status (DS2019).
(11) Notice of Action (I-797).
(12) Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR).
(13) Office of Refugee Resettlement (ORR) eligibility letter (if under 18).
(14) Document indicating withholding of removal.
(15) Administrative order staying removal issued by Department of Homeland Security.
(16) Alien number (also called USCIS number) or 1-94 number.

ii. Any patient with a valid B1, B2 Visa whose I94/I94W or I-20 is still in status does not qualify for Jackson Prime program.

2. Undocumented patient enrollment in Jackson Prime
   a. This applies to patients with or without USCIS issued documents.
      i. The forms or computer access are available at the Financial Assessment office or at Jackson Health System’s Financial Assistance,.

L. Inpatient Screening / Conditional Eligibility Determination
1. The Public Health Trust (PHT/Trust) will provide emergency health care to all Miami-Dade County residents independent of their ability to pay, including self-pay patients and medically indigent residents consistent with its mission to serve the residents of Miami- Dade County.
2. Inpatient Visits
   a. All inpatients must provide the required documentation (disclose statement, ID, proof of Miami-Dade County residency, Social Security, Immigration status, and income) and sign applicable forms to be evaluated for a financial assessment unless otherwise specified.
   b. Inpatients may complete the Jackson Prime classification screening process using either the electronic application or the paper drop-off method.
3. Conditional Eligibility Determination
   a. Patients requiring medical follow-up or management within 30 days of an emergency room visit or inpatient discharge may be conditionally eligible for Jackson Prime for primary or specialty care follow-up within 30 days.
      i. A Conditional Eligibility referral form must be submitted by the Division of Case Management or Population Health, validating medical necessity, 24-48 prior discharge.
   b. Employment Verification Form
      i. A Disclosure Statement to process the case
      ii. Patient ID (see Section A.1)
      iii. Proof of Miami-Dade County residency greater than 90 days and less than a year.

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c. Patients identified with potential income or assets that exceed the Jackson program guidelines will not be eligible.
d. At the time of determination, all referred patients must receive an official email detailing their case resolution.
    i. Whether the case is approved or denied, the communication must include clear instructions on how the patient can apply for a full financial assessment.
    ii. The referral team is also informed.
    iii. If the patient gets approved, it will be placed under J07 classification code for 30 days.
        (1) This classification does not qualify for retro coverage.

M. Homeless Individual
1. Determine homelessness status by obtaining the following documents:
    a. Miami-Dade County Homeless Verification Form with an issue date no greater than 15 days prior to the financial assessment date.
        i. Or, online verification of the Homeless Management Identification System.
    b. Disclosure Statement form
    c. Official Identification.
        i. Shelter-issued ID is allowed.
    d. Social Security.
        i. If no physical Social Security card available, the patient must provide a Jackson Personal Statement form.
    e. Immigration status.
        i. If no document available, the patient must provide a Jackson Personal Statement form.
    f. Jackson Health System Client Referral.
    g. Employment Verification form.
2. Applications completed online by an authorized homeless shelter or rehab program will be processed based on priority and are exempt from the Medicaid screening:
    a. Medicaid screening and employment verification are processed by the programs prior to the request for Jackson Prime medical assistance.
    b. JHS Approved Clinical Resource Management/Social Work Client Referrals
3. Applications completed on-line by an authorized homeless shelter, or rehab program, will be processed based on priority and are exempt from the Medicaid screening.
4. Patients eligible for the Jackson Prime homeless classification must meet one of the following criteria:
    a. Recipient of Miami-Dade County emergency assistance.
    b. Participant in a Miami-Dade County homeless program or shelter.
    c. Participant in a Miami-Dade County Drug/Alcohol rehabilitation program.
5. Homeless patients:
    a. Classification code J11 must be assigned when the patient is documented
    b. Classification code E11 must be assigned when the patient is undocumented.
    c. These classifications will be valid for 6 months, and do not qualify for renewal benefits as well as retroactive coverage.
    d. Doubling-up and marginal housing are not recognized as homeless status by Jackson Health System.
    e. Referrals remain valid for 15 days and should not be given directly to the patient

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N. Early Discharge Program/Long Term Care (EDP/LTC)
   1. Unfunded patients discharged to a contracted Assistance Living Facility (ALF) or JHS Long Term Care Facility (LTC) are entitled to a Jackson Prime application review.
   2. The Care Transition Coordinator will submit a referral form (Attachment A) along with the Letter of Agreement to initiate the review for The Early Discharge Program (EDP) and Long Term Care patients upon admission.
   3. If approved, the Jackson Prime classification will be valid for 12 months from approval date unless the patient becomes ineligible for the program.
      a. The patients must be under classification code J17 for patients who are documented, or classification code E17 if the patient is undocumented.
   4. These classifications qualify for up to 240 days of retroactive coverage on open balance accounts.
      a. This excludes patients who held active B1 or B2 visas during the dates of service.
   5. The Long-Term Care will be responsible for the annual review request.
   6. The Care Transition Coordinator will be responsible for the EDP annual review request.
   7. If immigration status and photo identification are unavailable, the Case Management referral form along with attestation will serve as proof.
   8. For eligible patients, the Medicaid Eligibility team must complete a financial screening for government programs prior to the inpatient discharge.
   9. Following discharge, the Long-Term Care Medicaid Eligibility team must promptly apply for Institutional Care Program (ICP) Medicaid on behalf of qualifying patients.
      a. This application must secure coverage for room and board and associated care cost.
   10. Upon a patient's ICP Medicaid approval or death, the facility's Medicaid Eligibility representative must notify the Financial Assessment team to discontinue Jackson Prime benefits
   11. If the patient is 65 years of age or older, and meets the immigration criteria, the Financial Assessment department will award the Jackson Prime card for 90 days while the (ICP) Medicaid application is finalized.

O. Emergency Periods and Renewal of Charity Coverage
   1. Emergency Periods and Renewal of Charity Coverage:
      a. During emergency periods declared by the facility, local, state, or federal government, the Chief Revenue Officer or designee has authority to extend charity care case review dates to ensure continuity of care.
   2. Intermediate Reviews for Other Financial Assistance Programs
      a. Periodically, patients may qualify for other financial assistance programs, i.e., drug replacement or disease specific grants, which may require the following on a more frequent basis:
         i. Re-verification of income,
         ii. Citizenship, or
         iii. Other criteria.
      b. In those instances, when notified by the program, the Uncompensated Care department will:
         i. Initiate the request for documentation,
         ii. Assess eligibility in accordance with the specific program guidelines,
         iii. Notify the program, and
         iv. Scan supporting documentation.

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P. Appeals
1. Patients have the right to appeal their assessment within sixty (60) calendar days of receiving their financial assessment denial letter.
   a. The Appeals Form is available at Jackson Health System's Financial Assistance
2. The appeal must be submitted in writing and faxed or mailed to the Jackson Eligibility Management Administrator or designee.
3. A patient can request an appeal for the following reasons:
   a. The initial denial was based on inaccurate information
   b. The patient believes that the calculation is inaccurate.
   c. Miscommunication between the patient and the Enrollment Specialist or designee caused incomplete or inaccurate data to be recorded on the application.
4. The appeal response will be communicated to the patient within fifteen (15) business days of the receipt stamp.

Q. Re-evaluations
1. Patients may request a re-evaluation after thirty (30) days due to status change(s) below.
   a. Reasons that justify the patient requesting a re-evaluation include:
      i. Family income has changed significantly.
      ii. The number of dependents has changed.
2. Immigration status.
   a. A new Jackson Prime benefit resulting from re-evaluation affects only future encounters, therefore, bills incurred after the initial benefit, but prior to the new Jackson Prime benefit, shall be discounted based on the patient's initial classification.
3. If the patient's income, insurance, immigration status, residency, 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 the Public Health Trust by scheduling a re-evaluation.
4. Patients/Representatives and the JHS eligibility designee are required to sign and date all documents and forms in the assessment packet.

R. Application and Drop-off Method
1. Patients may apply for a new or renewal of Jackson Prime benefits by visiting the Financial Assistance page at Jackson Health System's Financial Assistance.
2. Dropped-off application packets may take up to 15 calendar days to process.
3. Required documents provided by the patient for New or renewal applications must be current.
4. Jackson Prime applicable forms must be completed and signed upon approval.

S. Renewals
1. Renewal applications will be processed on a digitized automated platform.
2. Jackson Prime members who are eligible for renewal and provided all required documentation during their last enrollment period can self-attest that their information has not changed.
3. Patients must sign a statement confirming that all provided information is truthful.
4. Upon submission of all required documentation, a system-generated approval status will be provided.
5. Patients who do not meet criteria for auto-renewal will be routed to an Enrollment Specialist to finalize the assessment.
6. Renewals may be processed using some existing documents provided in the initial enrollment period along with proof of some current documents as follows:
   a. Patients have the opportunity to renew Jackson Prime benefits using a renewal extension method for a two-year period.

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b. The method is available to patients who renew no later than six months after the expiration of Jackson Prime benefits.
c. This method is available for J02/E02, J03/E03, and J04/E04 Jackson Prime classifications with the exception of patients under the Pharmacy Assistant Program (PAP) which is only for one year.
d. These classifications qualify for up to 240 days of retroactive coverage on open balance accounts.
    i. This excludes patients who held active B1 or B2 visas during the dates of service.
e. Patients must provide at time of renewal application:
    i. Governmental Picture Identification (Referred to Procedure, Section A)
    ii. Current household income for the last 30 days.
        (1) If the patient or adult household member is unemployed, each adult individual must provide a signed Employment Verification Statement Form as applicable.
    iii. One current proof of address dated within 45 days.
        (1) Refer to Section D. Proof of Miami-Dade County residency above.
    iv. Signed Jackson Prime Renewal application.
        (1) Renewal application is used to validate status on some previously provided documents from the patient, i.e.:
            (a) Miami-Dade residency,
            (b) Family unit size,
            (c) Marital status,
            (d) Third party support, and
            (e) US residency/citizenship status.
        (2) Any change discovered relating to these items must be accompanied by supporting documentation.

7. JHS staff will generate the following verification on each renewal application:
    a. Medicaid verification on Florida Medicaid Managed Information System (FLMMIS) and Patient Access Tool (PAT).
    b. Person address verification (PAT).
        i. If the person's address is discovered to be out of the county at any time between enrollment periods, then the requirements in Section D. Proof of Miami-Dade County Residency above to prove county residency apply.
    c. Any other prescribed web verification used in the department for patient qualification purposes as needed.
8. JHS Enrollment Support will scan patient-provided documents required for renewal and verification printouts in their cases.
9. JHS Enrollment Specialist will reference the initial classification encounter Financial Identification Number (FIN) in renewal case notes.

T. Follow up to Notification of Pending status and Non-Compliance
1. A patient who is unable to provide all required documentation will be classified with a self-pay plan code and will receive a Notification of Pending status.
    a. The Enrollment Specialist will note in the applicable system(s) the additional documents required and scan the partial documentation presented into the imaging system.
    b. The pending list of documents will be explained and provided to the patient.
    c. The Enrollment Specialist will review the previously submitted documentation, accept the documented missing information, and complete the financial assessment.

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2. Refusal by the applicant to sign any form in the Jackson Prime package or refusal to cooperate with departmental policies will disqualify the applicant from the Jackson Prime benefit.
3. The Enrollment Specialist will:
   a. Update the computer system(s) notes,
   b. Advise the patient regarding their Jackson Prime application status, and
   c. Issue a pending documents letter if applicable.
4. A patient that is categorically eligible for Medicaid or Grant and refuses to apply, or does not comply by DCF or Grant, is no longer eligible for the Jackson Prime program.

U. Online Portal Jackson Prime applications
1. Electronic applications are available for patients seeking Jackson Prime benefits.
2. Electronic signatures submitted by patients with an online application are valid for all signature requirements on financial assessment forms.

V. Jackson Prime Program Resources
1. Jackson Prime required documents can be found at: Jackson Health System's Financial Assistance
   a. In certain 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.
      i. The brochure is also available at Jackson Health System's Financial Assistance
   c. Personalized assistance can be received if needed with one of our representatives.
   d. On-site assistance is available for patients who have no access to electronic devices.
   e. A physical copy of the Financial Assessment application and forms are available upon request.
2. Applicable copays have been established by financial classification as indicated in Jackson Health System Fees.
   a. The fee schedule is available at Jackson Health System's Financial Assistance
3. The following patients are considered exceptions and are not required to pay Jackson Prime copays if no income or other medical insurance exists.
   a. Residents of Miami-Dade Sponsored Rehabilitation Centers.
   b. Residents of Public Health Trust funded nursing homes/Assisted Living Facilities (ALFs).
   c. Residents of government sponsored Homeless Assistance Facilities.
4. **Exceptions to the above policy and procedures criteria may be granted if extenuating circumstances exist**.
   a. Any and all exceptions to the criteria must have the approval of the department manager or higher authority.

II. References

Florida Statute 817.50 - Fraudulently obtaining goods or services from a health care provider; false reports of a communicable disease, 2025
https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0800-0899/0817/Sections/0817.50.html

Florida Statute 817.5685 Unlawful of the personal identification information of another person.
Statutes & Constitution :View Statutes : Online Sunshine

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Jackson Health System Revenue Cycle Policy No. RCM 750 - Determination of Financial Assistance

Providers Guide to the Hill-Burton Uncompensated Services Regulations, November, 2015, U.S. Department of Health & Human Services.https://www.hhs.gov/civil-rights/for-individuals/hill-burton/index.html

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III. Attachments

A. Population Health/Patients for Conditional Prime Eligibility Referral

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Population Health / Patients for Conditional Prime Eligibility Referral

Patient Name: _____ MRN: _____

DOB: _____ Date Requested: _____ Patient Phone #: _____

Case Manager: _____ Treating Provider Name: _____

Location of Patient: (select one) Community _____ ED _____

Inpatient: _____ Thrive: _____

(If applicable) Patient's Current Payor Plan: _____ Date of Last F/A: _____

Supporting Information: _____

_____

_____

_____

Other Pertinent Information: _____

_____

FOR FINANCIAL ASSESSMENT USE ONLY	Date Received:	MRN:

Classification: _____ Effective Date: _____ Expiration Date: _____

Income attestation: _____ Patient Identification: _____

FLMMIS: _____

Address verification: _____ Thrive: _____

Approved: _____ Denied: _____

Denial reason: _____

Approval(s)

Responsible Party	AVP, Revenue Cycle Management
Reviewing Committees	Chief Operations Officer Council