Section: Uncompensated Care

Subject: Identifying Homeless Patients for Jackson Prime

I. Purpose

To establish guidelines for identifying homeless patients seeking financial assistance for medical services within Jackson Health System (JHS) in such a manner that ensures data and revenue integrity. Procedures will be executed in accordance with JHS administrative policies, Emergency Medical Treatment and Labor Act (EMTALA) guidelines, and all other regulatory mandates. Patients eligible for the Jackson Prime homeless classification must meet one of the following criteria:

- Recipient of Miami-Dade County emergency assistance
- Participant in a Miami-Dade County homeless program or shelter
- Participant in a Miami-Dade County Drug/Alcohol rehabilitation program
- Resident of a Public Health Trust funded nursing home, Assisted Living Facility (ALF), Skilled Nursing Facility (SNF), Population Health or Sex trafficking

II. Definitions

E11: The classification code assigned to an undocumented homeless individual residing in Miami-Dade County.

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.

J11: The classification code assigned to an individual identified as a homeless Miami-Dade County resident.

III. Procedure

A. Verification of Homeless Status
   1. The Enrollment Specialist or designee will determine the homeless status by obtaining one of the following documents:
      a. Miami-Dade County Homeless Verification Form.
      b. Jackson Health System Client Referral.
      c. Employment Verification form.
      d. Authorized Miami-Dade Homeless Public or Private Facility Verification Form.

   2. Enrollment Specialists are required to obtain a valid referral during the financial screening process.
      a. The issue date of the referral will be no greater than 15 days prior to the financial assessment date.
      b. Referrals greater than 15 days prior to the financial assessment date require administrative review and approval based on a case-by-case basis for retroactive coverage purposes.

   3. The Enrollment Specialist will proceed with completing the financial assessment in accordance with the JHS Revenue Cycle Uncompensated Care Policy No. 750 - Determination of Financial Assistance. This includes:

a. Determining insurance and income status (earned or unearned).
b. Obtaining valid photo identification, which includes but is not limited to government issued identification or a Shelter issued identification.
c. Completing a credit check and screening for all other expenses.

4. The patient is assumed to be a family unit of one unless the shelter/rehab demonstrates differently.

5. 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.
   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:
1. The Clinical Resource Management and Social Work division of JHS will provide a valid Client Referral Form for admitted patients identified as homeless and referred to a Miami-Dade approved homeless shelter program or to an approved JHS Discharge program facility.
   a. Forms will be submitted to Uncompensated Care within 24-48 hours of completion for timely follow-up and processing.

2. Patients with appropriate documentation will qualify for the Jackson Prime Homeless (J11/E11/J17) medical assistance program.

IV. References

42 U.S.C. § 254b - Primary Health Care Centers Miami-Dade Homeless Trust

JHS Revenue Cycle Uncompensated Care Policy No. 750 - Determination of Financial Assistance

Responsible Party: Chief Revenue Officer
Revenue Cycle Management

Reviewing Committee(s): JHS Policy and Procedure Committee

Authorization: Department Head