Jackson HEALTH SYSTEM
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Section: Uncompensated Care

Subject: SFAN Patients

I. Purpose

It is the policy of Financial Assessment to verify patient eligibility in the South Florida AIDS Network (SFAN) by the patient presenting a Support Service Referral Form. The form includes the SFAN number and signature of the referring representative. The form will show a referral date of program eligibility and expiration date. SFAN financial classification I01 is valid for up to 6 months. The charity assessment classification is only valid for the period the patient is under the SFAN classification. The following services are covered under the Ryan White Part A program and require a certified letter:

- Psychosocial support services which include Pastoral and Mental Health
- Oral Care
- Outreach
- Food Services/Banks
- Insurance Services: AICP, Insurance Deductibles, drug co-pay
- Substance Abuse Treatment
- Transportation Passes/Voucher
- Prescription Drugs (Limited to specific medications) any medications not covered by the SFAN program is the patient responsibility, which may include other third party payer coverage
- Legal Services
- Outpatient Specialty Medical Services and Medical Services provided by non-JMH providers

II. Procedure

A. Financial Classification Process

1. Interview each patient to obtain financial information (including third party financial funding sources, such as Medicaid, Medicare, or other public assistance).

2. Patients without a funding source are financially assessed using the current Federal Poverty Guidelines (FPG) to determine the appropriate financial classification.

3. Assign financial classification as follows:

B. Miami-Dade County Residents – I01

1. The patient must provide documented proof of Miami-Dade county residency, and all other required documents to complete a charity financial assessment in accordance with the JHS Revenue Cycle 750 policy. If all required documents are not provided, the patient will be issued an I01 financial classification only.

2. Patients that provide all required documents for a complete charity assessment, assign the appropriate charity care code in the secondary position for those visits not related to SFAN. The charity plan code also expires on the same date as the SFAN code.

3. Patients that are financially assessed and fall above the Federal Poverty Guidelines of 300% will be issued an I01 and P31.

4. Case review date is set based on the expiration date provided on the SFAN referral. Some patients will have a case review date less than 6 months due to the time the referral is being presented for financial assessment.

5. No SFAN referral is to be accepted without an expiration date issued by the SFAN case manager.

C. Plan Code Usage
Code is also to be used as a secondary code to third party funding source, such as Medicaid, Medicare, or other commercial insurance payers.

III. References

Responsible Party: Corporate Director,
Revenue Cycle, Patient Access Services

Reviewing Committee(s): Not Applicable

Authorization: Department Head