

ADMINISTRATIVE COMPLAINT

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RE: JACKSON HEALTH SYSTEM'S VIOLATION OF HILL-BURTON COMMUNITY SERVICE OBLIGATION

COMPLAINANT

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Florida Legal Services, Inc. ("FLS") is a nonprofit organization that provides civil legal assistance to low-income individuals and serves as a statewide support center for local legal aid and legal service programs. The Miami Advocacy Office of FLS works with local consumers and advocates on issues impacting county residents' access to health care. They are filing this complaint on behalf of their clients, all of whom reside in Miami-Dade County and who are described below. Their clients' situations exemplify the problems of other indigent county residents who have sought care at Jackson Health System (JHS).

INSTITUTION AGAINST WHICH COMPLAINT BEING FILED

Jackson Health System
1611 N.W. 12th Avenue
Miami, FL 33136-1096

Jackson Health System (“JHS”) is a nonprofit academic medical system governed by the Public Health Trust (“PHT”),¹ which acts on behalf of the Miami-Dade Board of County Commissioners.² JHS consists of its main hospital, Jackson Memorial Hospital and multiple primary care and specialty care centers.³

JURISDICTION

The community service assurance requirement imposed on hospital facilities bound to the Hill-Burton Act, codified at 42 C.F.R. § 124.601, is managed by the Department of Health and Human Services (“HHS”).⁴ The Secretary of Health and Human Services may receive complaints regarding a hospital facility’s noncompliance with its community service assurance requirement when such a complaint is received in the Office of the Regional Health Administrator for the Region of HHS in which the facility is located.⁵ JHS is located in Florida, which is in Region 4 of HHS.⁶ JHS is a Hill-Burton facility.⁷

¹ “About Jackson Health System,” Jackson Health System, last accessed June 13, 2014, <http://www.jacksonhealth.org/about.asp>.

² *See generally* Miami-Dade County, FL. Code Ch. 25A, accessed June 2, 2014, https://library.municode.com/HTML/10620/level2/PTIICOOR_CH25APUHETR.html; “About Jackson Health System,” Jackson Health System, last accessed June 13, 2014, <http://www.jacksonhealth.org/about.asp>.

³ “About Jackson Health System,” *supra* n. 1.

⁴ *See* 42 CFR § 124.606(a)(1) (2013) (“The Secretary [of Health and Human Services; *see* 42 CFR § 124.602] periodically investigates the compliance of facilities with the requirements of this subpart, and investigates complaints”).

⁵ 42 CFR § 124.606(2)(i).

⁶ HHS Region Map, Department of Health and Human Services (June 19, 2006), last accessed June 3, 2014, available at <http://www.hhs.gov/about/regionmap.html>.

⁷ *See* “Hill-Burton Facilities Obligated to Provide Free or Reduced-Cost Health Care,” Health Resources and Services Administration, <http://www.hrsa.gov/getthehealthcare/affordable/hillburton/facilities.html> (last accessed June 19, 2014).

PRELIMINARY STATEMENT

Section 124.603(c)(2) of the Hill-Burton Act's community service assurance regulations obligates participating hospital facilities to "take **any necessary steps** to insure that admission to and services of the facility are available to beneficiaries of the governmental programs specified in paragraph (c)(1) of this section **without discrimination or preference because they are beneficiaries of those programs.**"⁸ These governmental programs may include state, local, or federal third-party payors.⁹ JHS has a charity care program which qualifies as a "government program." The program receives funds from the county, the State of Florida, and the federal government. These funds originate from a half-cent county sales tax,¹⁰ county referendums,¹¹ State of Florida Disproportionate Share funds,¹² federal and state Low Income Pool revenue,¹³ and other sources.

JHS's charity care program is embodied in several documents, some of which are online while others are not. Most elements of the program are contained in Policy and Procedure Manual 750, entitled "Determination of Financial Classification," which is not on-line. The other policy provided to counsel (also not on-line) that relates to the charity care program is Code 207,

⁸ 42 CFR § 124.603(c)(2) (emphasis added).

⁹ 42 CFR § 124.603(c)(1).

¹⁰ "Financial Statements, Supplementary Information and Schedules," Jackson Health System (September 30, 2012) at 47, last accessed June 13, 2014, available at <http://www.jacksonhealth.org/library/financials/final-audited-financial-statements.pdf>.

¹¹ See, e.g., Daniel Chang, "Miami-Dade voters approve \$830 million for Jackson Health System," Miami Herald (November 5, 2013), last accessed June 19, 2014, available at <http://www.miamiherald.com/2013/11/05/3734016/miami-dade-voters-approve-830.html>.

¹² See "Financial Statements, Supplementary Information and Schedules," *supra* note 10.

¹³ *Id.*

entitled "Miami-Dade County Resident Hospitalization and Outpatient Services".¹⁴ There is a brochure which is on-line, regarding how to apply for financial assistance, entitled *Financial Assistance for Medical Care*.¹⁵ There is an almost identical brochure (same title, same format, same pictures) which is not available on-line.¹⁶ The only difference is that the brochure which is not available on-line states: "Not all services offered at Jackson Health System are covered by the JHS CareCard. For services covered, only JHS facility costs are included, and not the physician's bill."¹⁷ A document entitled "Jackson Health System Fees," which specifies the fee based on a charity or "J" class coding system for various services.¹⁸ A J02 code has the smallest fees, with J03 and J04 codes respectively, requiring higher fees.¹⁹ The "J" plan codes are based on the federal poverty level (FPL).²⁰ The federal poverty level is determined based on the household size and income.²¹ Thus, eligibility for the JHS charity program rests on verification related to proof of county residency, household size and income.

¹⁴ Ex. 1, JHS Policy 207 and Policy 750 (Note: Two versions of Code 750, i.e. a clean copy first provided to counsel and a strike version prepared in response to an April 2014 meeting and correspondence, are attached. It is unclear which is currently used).

¹⁵ Ex. 2, *Financial Assistance for Medical Care*, JACKSON HEALTH SYSTEM, (April 12, 2013) <http://www.jacksonhealth.org/community.asp>.

¹⁶ Ex. 3, Brochure titled *Financial Assistance for Medical Care* which is not available on-line.

¹⁷ *Id.*

¹⁸ See Ex. 4, JHS Fees, <http://www.jacksonhealth.org/library/financials/patient-fees-12.pdf>.

¹⁹ *Id.*

²⁰ Ex. 5 (J classification corresponding to FPL)

²¹ See Ex. 4; see also "2014 Poverty Guidelines," Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (2014), last accessed August 23, 2014, available at <http://aspe.hhs.gov/poverty/14poverty.cfm>.

DISCUSSION

JHS has violated its community service assurance obligation by failing to take the necessary steps to insure admissions and services to persons eligible for the JHS charity care program without discrimination.²² While 42 C.F.R. § 124.603(c)(2) does not specifically define what constitutes “any necessary steps,” it is well-established that access to any governmental program requires fundamental procedural due process, including notice and appeal rights and excludes arbitrary and capricious practices and unduly burdensome verification requirements. As set forth below, JHS’ policies and practices cause beneficiaries²³ of its charity care program to be denied admission and services as compared to patients with other forms of coverage.

The Miami Advocacy Office of FLS and other local consumer advocates have repeatedly requested that JHS remove systemic barriers to its charity care program and implement policies and procedures that would, instead, serve to ensure that low income county residents receive the benefit of the charity care program. As a result of this process, there have been some improvements. However, the improvements promised initially in April 2014 in response to egregiously long waits for financial classification appointments and delaying clinic appointments pending financial classification are still not included in current written and transparent policies

²² See CFR § 124.603(c)(2); see also 42 CFR § 124.603(a)(1) (“In order to comply with its community service assurance, a facility shall make the services provided in the facility or portion thereof constructed, modernized, or converted with Federal assistance under title VI or XVI of the Act available to all persons residing (and, in the case of facilities assisted under title XVI of the Act, employed) in the facility’s service area without discrimination on the ground of race, color, national origin, creed, or any other ground unrelated to an individual’s need for the service or the availability of the needed service in the facility”).

²³ For purposes of this complaint, “beneficiaries” refers to residents of the facility’s service area who are eligible for the JHS charity program. See 124.603(a)(2); 124.603 (c)(1)ii.

(despite repeated requests), the promised improvements are arbitrarily applied, and negotiations regarding other problematic and discriminatory barriers have reached an impasse.²⁴

1. Lack of Adequate Notice

JHS fails to provide adequate notice regarding the availability of its charity care program. While the legislation establishing the Hill Burton Program and the statute's implementing regulations²⁵ did not elaborate upon the types of notice (or publication), necessary for informing individuals of a facility's charity care program, Congress did so in the Patient Protection and Affordable Care Act ("ACA"). The ACA specifically requires tax exempt hospitals such as Jackson to "widely publicize" their charity care programs. *See* 26 U.S.C. § 501(r)(4)(A)(v). This is entirely consistent with Hill-Burton's goal of ensuring adequate non-discriminatory access to care. *See* 42 U.S. C. § 291. The IRS, which is the Agency authorized with implementing regulations defining what constitutes compliance with the new law has proposed four measures for publication of the policy: 1) through the hospital's website; 2) through paper distribution; 3) through conspicuous public displays in the facility; and 4) through community notices designed to reach those patients who most likely require financial assistance.²⁶

JHS has not complied with either the statute or the proposed regulations. Neither the online brochure (nor any other postings on the JHS website), nor the brochure that is not online,

²⁴ *See, e.g.*, Exhibit 6, FLS July 23 letter, FLS August 6 letter (attaching April 14 letter), JHS August 13 letter, FLS August 22, 2014 letter.

²⁵ *See* 42 U.S.C. § 291; 42 C.F.R. § 124.601 *et seq.*

²⁶ *See* Additional Requirements for Charitable Hospitals, Prop. Treas. Reg. § 1.501(r), 77 Fed. Reg. 123 (proposed June 26, 2012) (to be codified 26 C.F.R. § 1.501(r) 4(b)(5)(i). <http://www.gpo.gov/ fdsys/pkg/FR-2012-06-26/pdf/2012-15537.pdf>.

nor code 750 or Code 207, contain the application form or the full charity care policy. Further, JHS fails to post conspicuous public notices about the availability of the charity care program. A survey of JHS's major service areas – its emergency room, waiting room, and other areas – demonstrates a lack of notice regarding its financial assistance policy.²⁷ Finally, JHS fails to notify eligible patients of the availability of a charity care program in its billing procedure.²⁸ As a practical matter, JHS's continued failure to publicize its financial assistance program in a minimal (much less "wide") manner, means that low-income uninsured Miami-Dade residents in need of health care often do not know about or even apply for financial assistance.²⁹

2. Arbitrary, Unreasonable and Capricious Practices.

JHS also fails to take the steps necessary to ensure admission and services by subjecting charity care beneficiaries to unduly burdensome as well as arbitrary and discriminatory verification procedures, inadequate appeal rights, discriminatory delays, and unreasonable billing practices.³⁰

For example, many indigent county residents, including a number of people such as Jacqueline Samuels and Mary McNeil (described below) lost their full time employment and employer insurance during the recession. They have only been able to find part-time jobs and their incomes are far below the poverty line. Their expenses exceed their income, which triggers

²⁷ See Ex. 7, G. Louis declaration.

²⁸ See Ex. 8, L. Ayerdis declaration

²⁹ *Id.* at ¶ 4 (attorney assisting low income individuals who received treatment at JHS stating that these patients were never told about the Charity Care program or provided with an application and that the first time they learned of the program was when they sought legal assistance.)

³⁰ 42 C.F.R. § 124.603(a)(1).

questioning from JHS intake workers about how they are paying their bills and who they can approach to provide them with assistance. They are then required to provide notarized verification from anyone providing even infrequent or diminimus financial help.³¹ For a variety of reasons (including the understandable reluctance on the part of many to sign the affidavit), this practice can create a barrier. While JHS has a legitimate purpose in identifying and verifying income, there is a need for careful training of intake workers to e.g. only require the notarized form if the amount and frequency of the assistance could impact the J code determination. There is also a need to inform the person who is providing assistance regarding the fact that signing the affidavit in no way legally obligates the individual for the cost of the applicant's care at JHS. As noted in the cases of M. McNeil and J. Samuels, these verification requirements are arbitrarily applied and have caused delays and denials in obtaining charity care as compared to residents of the facility's service area who are eligible for another form of coverage, e.g., Medicaid, Medicare, Federal Marketplace insurance.

Another example of JHS' discriminatory policies and practices concerns low income county residents who are enrolled in Florida's "medically needy" program.³² JHS has had a policy of denying medically needy enrollees an opportunity to apply for financial assistance, regardless of the individual's poverty. This policy was based on the inaccurate premise that "enrollment in medically needy" constitutes a form of insurance, thus rendering the individual ineligible for JHS charity care. As a practical matter, however, enrollment in the medically needy program is not at all equivalent to having Medicaid or any other form of insurance. It is important to note that when low income parents enroll their children in Medicaid through the Department of Children and Families (DCF), DCF simultaneously enrolls the parent in the

³¹ See Ex. 9, Third-Party Verification Form

³² See Fla. Stat. 409.904(2).

“medically needy program,” regardless of whether or not the parent wants to be enrolled. Individuals enrolled in medically needy have a share of cost (SOC), which operates like a deductible. For example, a single parent with one child and an income of \$1000/month (which is less than 100% FPL, but over the \$453 per month income limit for the parent to receive Medicaid) has a share of cost (SOC) of \$613 per month (\$1000 minus \$387, the medically needy income level). Thus, she must incur bills of \$613 before she qualifies for Medicaid for a single calendar month.

FLS and other advocates argued that these low income medically needy enrollees should be eligible for the charity care program based on their poverty level. In 2012, JHS purportedly agreed to change their policy and treat these indigent individuals as if they “qualified for a J code.” However, as with many complex policies, the “devil is in the details.” The Medically Needy program is complicated and subject to confusion and misunderstanding both on part of intake workers and consumers. While agreeing to charge a copay based on the J code, JHS still insisted on “billing the patient for the remaining balance.”³³ This policy thus creates unaffordable medical debt and discriminates against indigent county residents who are enrolled in medically needy. Put another way, a county resident below 100% FPL but without a child on Medicaid, would not be enrolled in medically needy and would simply get a J02 card and not be billed for the cost of the covered service beyond the relevant J code charge.³⁴

Another significant example of JHS’ failure to ensure services and access is the fact that charity care patients are charged amounts far in excess of what they should be charged based on

³³ See Ex. 6, FLS letter of 7/23/14; JHS letter of 8/13/14; FLS letter of 8/22/14. Note also that the JHS 8/13 letter only pertained to J02 codes and made no provision to limit copays for other low income J code card holders.

³⁴ See Ex. 4.

their J code. For example, Ms Samuel, who was classified as a J03 received a medically necessary outpatient procedure at a JHS facility. Based on the JHS Fee Schedule, she should have been responsible for no more than \$200.³⁵ However, after paying the encounter fee she was then billed over \$4000 from the anesthesiologist, who then turned the bill over to a collection agency.³⁶ Allowing this billing practice for care rendered at JHS facilities to J card patients utterly undermines the integrity of the charity care program. While JHS has granted case by case exceptions and asked the physician to withdraw the collection action (after interjection by counsel), JHS has not responded to FLS requests to change this policy system wide and only contract or employ physicians who accept the J code charge as the patient's full responsibility for payment.

IMPACT OF JHS HILL BURTON VIOLATIONS ON COUNTY RESIDENTS

1. Ms. Mary McNeil.

Mary McNeil is a 59 year old Miami-Dade county resident who lives with her 22 year old son. After working for over 30 years as an accounting clerk at the Miami Herald she was laid off in 2009. She receives approximately about \$270 per month pension and during the school year she works part-time as a cross guard earning about \$600 per month. She has high blood pressure and problems with her eyes and teeth and has not seen a doctor or received her medication for high blood pressure since she lost her employer based insurance in 2009. Ms. McNeil had thought she would be covered under the ACA, but when she went to an enrollment fair on March 15, 2014, she found out she was in the "coverage gap." In other words, because her income was

³⁵ *Id.*

³⁶ *See* Ex. 10, Collection Agency Bill for JHS service to J card holder

below 100% FPL she was not eligible for assistance buying insurance in the Marketplace. She is not eligible for Medicaid because she does not have minor children and is not disabled.³⁷

In March 2014, undersigned counsel advised her that she was eligible for a J02 classification at JHS and advised her how to get a Jackson CareCard. Ms. McNeil called JHS immediately but was not given a financial assessment appointment for over 3 months. At that time she was told that since she had received some financial help from a friend, she either needed to have a notarized document from the friend or that he would need to come in for the rescheduled appointment. At the time of her rescheduled appointment, her friend was ill and could not attend. JHS told her that she would have to postpone her appointment and the next available appointment was not for another three months. She is concerned that the lack of medication for her blood pressure is damaging her eyes. And while JHS has said that they have changed their policy to allow people to proceed with scheduling a medical appointment and getting a classification the same day as the medical appointment,³⁸ this is still not part of the JHS written policy, and it is being applied in an arbitrary manner. Ms. McNeil, for example, was told she could not schedule the appointment to see a doctor and get a prescription until after she received the financial classification.

2. Ms. Jaqueline Samuel

Jacqueline Samuel is a 50 year old woman who lives with the two youngest of her four adult sons in Miami-Dade County. She works part-time as a custodian for Miami-Dade College,

³⁷ See "Florida Coverage Gap Population," Miami Herald, last accessed July 2, 2014. <http://media.miamiherald.com/smedia/2014/04/11/19/26/15IjKv.S0.56.pdf>

³⁸ See, Ex, 6 FLS 4/14/14 letter summarizing 4/1 meeting, JHS August 13 letter and FLS August 22 reply.

making about \$10,000 per year. The last time she had health insurance was in June of 2010 when she was laid off from her full-time position as an assistant manager for a group home.

Ms. Samuel was diagnosed with End Stage Renal Disease and had a cephalic vein transposition procedure (to enable dialysis) on March 17, 2014, at Jackson North Medical Center. She was required to pay an encounter fee before she could receive the outpatient procedure.

Ms. Samuel initially applied for financial assistance at JHS in June 2013. She received a J03 classification which was still in effect at the time of her procedure.³⁹ And even though she paid the J code encounter fee to JHS, Ms. Samuel was issued a bill for \$4,524 from an anesthesiologist for the March 2014 procedure. Even based on an erroneous J03 classification, her bill should have been no more than \$200.⁴⁰

Through May 2014 Ms. Samuels had been seeing her nephrologist on a monthly basis and receiving monthly blood tests and medications. Ms. Samuel's J03 card expired on June 24, 2014, and on June 25, she brought all of the required documentation for a renewal. As discussed above, she lost her full time employment and has only been able to find part time work. She bought a house while she was working full time and is now behind in her mortgage payments. Because her income is now less than her expenses, the Jackson intake financial assistance staff asked, "Don't you have anyone who can help you?" She told them that sometimes one of her older sons or two friends who live in St. Kitts help from time to time. She was then given

³⁹ Because her income is below 100% FPL, she should have received a J02 classification but did not receive notice of her right to appeal.

⁴⁰ See Ex. 4.

several copies of the “Third-Party Support and Verification Statement”⁴¹ and told she must have her son and friends sign, notarize, and bring them back. She told JHS’s financial assistance supervisor that she was unable to get her friends to sign the form because they were too far away, and it would be too costly to send it, have it notarized and sent back. She asked to speak with a supervisor who told her she could not be helped without the notarized forms. She was denied renewal without any written notice of the reason for denial. She was unable to see her doctor, with whom she had an appointment, or get her medication.

In late July, Ms. Samuel requested legal assistance from FLS regarding both her urgent need for the J card renewal so that she could resume her treatment and for assistance regarding the collection action that had been started against her. Because her need for care was so urgent, undersigned counsel requested immediate assistance.⁴² Pursuant to the attorney’s request, a new appointment was immediately scheduled. Within less than a week, she was given a J02 classification. Notably, she was not asked to produce the affidavits from friends who had helped her, as previously demanded by JHS prior to legal intervention.⁴³

⁴¹ See Ex. 9.

⁴² See Ex. 6, email exchange between undersigned counsel and JHS August 7 and 12, 2014.

⁴³ JHS also agreed to ask the anesthesiologist to withdraw the collection action against Ms. Samuel. JHS however, has not responded to FLS’ request to change this policy for others. See Ex. 6, letters of April 14, August 6, August 7, August 13, August 22, 2014; *Compare also*, the brochure that is not on-line stating that the charity care program does not cover physician bills for services at JHS facilities Ex. 3 with brochure that is on-line and does not include this statement, Ex. 2.

3. L.Q.

L.Q.⁴⁴ is a 57 year old single woman living on her own in Miami-Dade County. She is self-employed making less than \$700 per month. She has liver and spinal problems and an undiagnosed gastrointestinal problem.

In 2011, she sought care at the Baptist Hospital emergency room. Among other tests, she had a scan of her neck and was advised on discharge to seek care at a neck and spine clinic. She has been attempting to see a specialist through Jackson since that time.

While L.Q. receives help through JHS's Charity Care program, she has experienced ongoing barriers, including delayed appointments for specialists, misclassification of her charity care status, and improper billing. Initially she was classified as a J03, but was able to get her classification corrected and is now classified as a J02. However, she was billed at the J03 level for three visits when she was wrongly categorized as a J03. In addition, she was billed \$50 for the primary care doctor even though she is classified as a J02 and thus should not be charged for primary care.⁴⁵ She is currently receiving bills for services when she was misclassified as a J03.

When undersigned counsel met L.Q. in December 2013, she said she had been attempting to get an appointment for a year. However, each time she made an appointment, it was cancelled without notice, and she had to reinstate the appointment multiple times. She finally went to a primary care doctor in May 2014 who referred her to a gastroenterologist. However, this appointment date was not scheduled until five months later in October 2014.

⁴⁴ Because these complaints are being shared with the press and L.Q. does not want her name to be public, she is being identified in this complaint by her initials only. However, upon JHS' request, counsel will share her name and contact information.

⁴⁵ See Ex. 4.

On or about August 4, 2014, she saw her primary care physician who said he was ordering an MRI of her neck and advised her that she would be called. Despite multiple phone calls and efforts to attempt to find out what happened to her MRI appointment, she has still not received an appointment for her MRI as of August 21, 2014. Her primary care doctor also told her that she would be referred to an ENT, but the next available appointment was not until five months later, January 22, 2015.

4. E.M.⁴⁶

E. M., a resident of Miami-Dade County, earns approximately \$450 per week for herself and her son. Because the households' income is less than 150% FPL, she should be eligible for a J03 classification,⁴⁷ which entitles her to a significant discount on health services.⁴⁸ However, after seeking care at JHS for back pain in 2012 and receiving an injection for her pain, E. M. never received notice of the charity care program while she was at JHS or upon discharge from the emergency room. (She was not admitted.) Instead, she received a bill for \$1,674.80 and agreed to a payment plan. When JHS subsequently demanded payment in full, Ms. M sought legal assistance where she first learned about JHS's charity care program. Prior to receiving this information, E.M. was completely unaware of JHS's charity care program. JHS was contacted and a request was made for a retroactive application of charity care to E.M.'s bill because she received no notice about the program. JHS has ignored this request, and E.M. is still being billed.

⁴⁶ E.M.'s complaint has been previously shared with JHS officials, and undersigned counsel will do so again upon JHS' request or a request by OCR. However, because this complaint is being shared with the press and EM does not want her name to be public, she is being identified in this complaint by her initials only.

⁴⁷ See Ex. 4, Ex. 5.

⁴⁸ *Id.*

RELIEF REQUESTED

1. HHS find that JHS is violating 42 CFR § 124.603(c)(2) by failing to take the steps necessary to insure that admission to and services of the facility are available to beneficiaries of the JHS charity care program without discrimination.
2. HHS order JHS be ordered to adopt written policies ensuring that staff processing requests for medical care appointments no delay in scheduling charity care patients after patients with other forms of insurance.
3. HHS order JHS to provide applicants with timely access to the charity care program and that policies related to financial classification time standards, including the JHS stated policy as of April 2014 applicants can receive financial classification the same day as medical appointments and that clinical appointments not be delayed pending the financial classification, be incorporated in the JHS financial assistance program's written policies and posted on the JHS "Financial Assistance" web page,

<http://www.jacksonhealth.org/library/financials/patient-fees-12.pdf>.
4. HHS order JHS to take all steps necessary to ensure that J card holders receiving care and treatment at JHS facilities be charged no more than the charges enumerated on the JHS Fees Schedule. *See* Exhibit 4. This includes only contracting with physicians who agree to adopt the same billing schedule as JHS. It also includes either amending current contracts to that effect or taking other measures necessary to ensure that J card holders are not charged more than the fees on the JHS Fee Schedule. Thus, for patients with a J02 classification receiving specialty care, the physician would not bill the patient more than \$40. For a J03 classification, the physician bill would be limited to \$70.

5. HHS order JHS to engage in time limited negotiations with OCR and advocates who represent low income county residents seeking JHS charity care in order to develop written financial assistance program policies, consumer brochures and intake staff scripting and training related to the access barriers caused by the medically needy and verification issues identified in this complaint.
6. HHS order that JHS to publicize its charity care program in the manner proposed by the IRS complaint for compliance with 26 U.S.C. § 501(r)(4)(A)(v), i.e.: 1) through the hospital's website; 2) through paper distribution; 3) through conspicuous public displays in the facility; and 4) through community notices designed to reach those patients who are most likely require financial assistance.

Respectfully submitted, this 25th day of August, 2014



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