

March 31, 2025

JHS-Audit-PublicRecords, [JHS-Audit-PublicRecords@jhsmiami.org](mailto:JHS-Audit-PublicRecords@jhsmiami.org)

Dear Friend,

This is to request copies of the public records below.

**Definitions:**

- The term “J card holder” refers to individuals who have a Jackson Care Card as described in the Jackson Financial Assistance Policy on the Jackson Health System website at <https://jacksonhealth.org/patient-tools/financial-assistance/>.
- The term “coverage” means that the J card holder’s charge for prescribed services is limited to the maximum co-payment for the applicable J card code as specified in the JHS Fees document on the Jackson Health System website at <https://storage.googleapis.com/jackson-library/financials/2016-jackson-health-system-co-pay-fees.pdf>.
- The term “non-emergent care” means treatment that does not meet the legal definition of emergency care under the federal law Emergency Medical Treatment and Labor Act (a condition requiring immediate medical attention to prevent serious harm, disability, or death).

**Records requested include:**

1. All documents, including but not limited to Jackson Health System (JHS) policies, manuals, and internal guidelines, that describe the procedure(s) used by Jackson Health System in:
  - 1) Making coverage decisions for non-emergent services prescribed for J Card holders, as described in Revenue Cycle Policy No. RCM 100 created 9/22/2017 at page 3, paragraphs 5 & 6; and
  - 2) All policies, including those created subsequent to 9/22/2017, which relate to coverage and billing procedures for prescribed non-emergent services for J Card holders, including records, criteria, guidelines, or procedural documents that outline the eligibility, application process, and conditions under which services are covered for J card holders.
2. A complete list or description of non-emergent care, including medical procedures, services, or treatments that, pursuant to RCM 100 at page 3, paragraph 5 “may be deferred indefinitely until suitable payment arrangements can be made,” in addition to those listed at the end of paragraph 5.

3. A description of the appeal process by which a patient and/or their prescribing physician can challenge the decision that the prescribed service/ treatment “may be deferred indefinitely until suitable payment arrangements can be made.”

Thank you so much for your help on this. Please do not hesitate to call me if you have any questions.

Sincerely,

s/ Miriam Harmatz

Miriam Harmatz, Esq.

cc: Gabriel, Cheryl T <[Cheryl.Gabriel@jhsmiami.org](mailto:Cheryl.Gabriel@jhsmiami.org)>; Pouncy, Ashlee <[Ashlee.Pouncy@miamidade.gov](mailto:Ashlee.Pouncy@miamidade.gov)>