

Jacksonville Area Legal Aid, Inc.

A Wealth of Justice for Those Who Have Neither

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June 10, 2020

Randall C. Jenkins, Esq.
Office of General Counsel
UF Health
PO Box 112735
Gainesville, FL 32611-2735
jenkinsr@ufl.edu

Re: Reconsideration of Charity Care Application for [REDACTED] ([REDACTED])

Via Electronic Mail

Dear Mr. Jenkins:

I represent Mr. [REDACTED], a former patient of UF Health Jacksonville (UFHealth). Currently, UFHealth is charging Mr. [REDACTED] \$61,159.28 for an inpatient admission to the hospital that occurred from January 19, 2020 to January 22, 2022 to treat Mr. [REDACTED]' heart attack. Mr. [REDACTED] applied for financial assistance but UFHealth determined him ineligible on the basis of earned income received in the four weeks prior to his heart attack. As set forth below, Mr. [REDACTED]' circumstances justify UFHealth's reconsideration of his eligibility for financial assistance. Where necessary, I am available to ensure that, in UFHealth's reconsideration of Mr. [REDACTED]' eligibility, it is provided all the information required to make an appropriate determination of his eligibility.

Since 2018, Mr. [REDACTED] has received Social Security Disability Insurance (SSDI) benefits through the Social Security Administration (SSA) due to a disability. On January 19, 2020, Mr. [REDACTED] was admitted to UFHealth after he suffered a heart attack. Prior to his heart attack, Mr. [REDACTED] was on a nine month trial employment period with the SSA. During the trial period, an SSDI recipient may attempt to return to the workforce while continuing his or her receipt of benefits for a disability. Mr. [REDACTED] was employed by [REDACTED] and earned approximately \$4,000 per month in addition to \$1100 per month in SSDI benefits. Unfortunately, Mr.



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█████ was unable to return to work after his heart attack and transitioned out of the SSDI work trial period. As a result, his income for the foreseeable future is limited to \$1100 per month in SSDI benefits.

When Mr. █████ was admitted to UFHealth, a Patient Financial Assistance employee visited his hospital room and helped him fill out a paper Medicaid application. The employee then informed Mr. █████ that she would file the Medicaid application on his behalf. After discharge, Mr. █████ contacted the hospital to determine the status of the Medicaid application. UFHealth informed him that the application he filled out in his hospital room was never submitted to DCF. On February 13, 2020, Mr. █████ sought the assistance of non-profit organization, Barnabas Center, who assisted him with filing a new Medicaid application.

On February 19, 2020, DCF approved Mr. █████' February 13th Medicaid application and enrolled him in the Medically Needy program with a share of cost in the amount of \$807 from February 2020 and ongoing. DCF denied Medicaid enrollment for January 2020 on the basis that Florida has eliminated retroactive Medicaid eligibility for non-pregnant adults.¹ Had UFHealth filed a Medicaid application on behalf of Mr. █████ in January 2020 as it represented to him during his inpatient stay, Mr. █████ would have had Medicaid to cover the entirety of the medical bill at issue.

When Mr. █████ learned he would not have Medicaid coverage retroactive to January 2020 for his inpatient stay, he visited UFHealth to apply for its Financial Assistance Program (FAP). Unfortunately, UFHealth denied Mr. █████' FAP application on the basis that, in the four weeks prior to his hospital stay, he received approximately \$5,000 in income which exceeded the FAP allowable income limit of 200% of the Federal Poverty Limit.

As previously stated, we request that UFHealth accept a new FAP application for Mr. █████ regarding the current charges for his January 2020 inpatient stay.² In determining Mr. █████' eligibility for the FAP, we ask that, rather than use the income Mr. █████ received in the month the medical services were rendered, UFHealth instead

¹ Fla. Stat. §409.904(12).

² Pursuant to 26 C.F.R. §1.501(r)-1(h)(3), a nonprofit hospital provider of charity care must accept and process an application for financial assistance within 240 days of after the date that the first post discharge billing statement was issued to the patient. To our knowledge, the first time Mr. █████ received a bill for the January 19 to January 22 inpatient stay was on March 28, 2020.

use Mr. [REDACTED]' income at the time of this new determination.³ In doing so, UFHealth will determine that Mr. [REDACTED] is, in fact, eligible for financial assistance in regards to the \$61,159.28 bill because Mr. [REDACTED]' only income for the foreseeable future is \$1100 in SSDI benefits and, therefore, his income falls well below the 200% FPL income limit for UFHealth's FAP.

There are other issues here that I am sure you are aware of - UFHealth's obligation to reasonably discharge its promise to timely submit the Medicaid application completed at admittance; UFHealth's affirmative obligation to properly screen patients for Medicaid eligibility, and UFHealth's requirement to refrain from reporting this alleged debt going forward without also confirming the debt as disputed by the patient.

We sincerely appreciate your attention to this matter. If you have any questions about this letter or specific instructions about how Mr. [REDACTED] should submit a new application for the FAP, please direct correspondence to Katy DeBriere to Jacksonville Area Legal Aid, 126 W. Adams St., Jacksonville, FL 32202 or via e-mail at: katy.debriere@jaxlegalaids.org. You can also reach me by phone at: 904-356-8371, x. 333.

Sincerely,

/s/Katy DeBriere

Katy DeBriere
Attorney for Mr. [REDACTED]

³Under the Standard Terms and Conditions of Florida's Section 1115 Demonstration Project, providers that receive Low Income Pool funding must administer a "charity care program [that] adheres to the principles of the HFMA [Healthcare Financial Management Association]." Florida Managed Medical Assistance Demonstration, Project No. 11-W-0020614, Approved August 1, 2017 through June 30, 2022.

The HFMA guidance regarding charity care states that a provider should consider an individual applicant's financial circumstances at times other than the time the medical service was rendered because of "the special circumstances surrounding healthcare services (notably, EMTALA regulations requiring the provision of emergency care before discussing patient financial information), combined with the potential for medical indigence that develops after the time of service, make it more appropriate for the provider to define a window of eligibility for their charity care policy..." Healthcare Financial Management Association, *Valuation and Financial Statement Presentation of Charity Care, Implicit Price Concessions and Bad Debts By Institutional Healthcare Providers*, Principles and Practices Board Statement, June 2019, pg. 6-7.

Furthermore, pursuant to Florida's Agency for Healthcare Administration's Health Care Responsibility Act handbook, the income to be considered for a charity care application is the income the patient's household receives "at the time of the determination." AHCA, *Florida Healthcare Responsibility Act Handbook*, Ch. 5, §12.