



OFFICE OF THE  
INSPECTOR GENERAL  
MIAMI-DADE COUNTY

CHRISTOPHER R. MAZZELLA  
INSPECTOR GENERAL

ALAN SOLOWITZ  
DEPUTY INSPECTOR GENERAL

PATRA LIU  
ASSISTANT INSPECTOR GENERAL  
LEGAL COUNSEL

October 31, 2003

Mr. Marvin O'Quinn, President  
Public Health Trust  
West Wing Room 117  
1611 NW 12<sup>th</sup> Avenue  
Miami, FL 33136-1005

**FILE COPY**

Dear Mr. O'Quinn:

As you may be aware, on April 23, 2003, the Office of the Inspector General (OIG) issued a Draft Report of Investigation regarding a non-resident of Miami-Dade County living in Guatemala who was badly burned and was transported to Jackson Memorial Hospital (JMH) for treatment. This patient was transported via air ambulance, as his admission to JMH was pre-arranged. As a non-resident of Miami-Dade County, a deposit was required prior to admission but in this case, it was waived. Responses to the Draft Report were received on May 16, 2003 from Mr. Ron Ruppel on behalf of the Public Health Trust (PHT) and on May 21, 2003 from Mr. Larry Handfield, as chair of the PHT Board of Trustees. A Final Report relative to that matter has not yet been issued.

As a follow-up to that draft report, the OIG initiated an audit and review of similar occurrences of non-resident admissions for non-emergency treatment. The OIG's review covers the period from January 1, 1999 to April 29, 2003.


Attached please find a copy of this Draft Audit Report, which is being provided in accordance with the Board of County Commissioners' mandate of advance notification. This Draft Audit Report is being provided simultaneously to both you, as president of the PHT and to Mr. Handfield, as chairperson of the PHT Board of Trustees. The OIG requests the PHT's response to this Draft.

As this is a draft audit report, the OIG contends that it is exempt from public records. Should the PHT have any concerns regarding the content of this audit report prior to it being made public, specifically as it relates to patient medical privacy rights under state or federal law, the PHT should expressly state its concerns in its response to the draft. Additionally, while patient-identifying information has been purposefully excluded should PHT staff wish to review our audit work files, we would be happy to coordinate an examination of our work files.

The OIG respectfully requests that we receive your response by November 14, 2003. If you wish, you may provide your response by fax to (305) 579-2656.

Please do not hesitate to call should you have any questions.

Yours truly,

  
Christopher Mazzella  
Inspector General

  
Acknowledgment of Receipt or Proof of Service 10/31/03  
Date  
SHARON C. HILL (ASSISTANT TO MR. O'QUINN)

cc: Mr. Larry R. Handfield, Esq., Chairperson, Public Health Trust

**Public Health Trust Response to Office of the Inspector General Comprehensive Audit Report of  
JMH Non-Resident Non-emergency Admissions  
for the Period of 01/01/99 – 04/29/03**

Executive Summary:

In review of the audit report, the Public Health Trust has identified several areas in which we want to clarify the findings of the audit. **All of the cases identified by the OIG relate to care provided prior to the implementation of the revised Policy 195 adopted in July, 2003 by the PHT.** Most notably:

- The audit identifies 26 cases as non-emergency that were actually emergency admissions covered under Federal EMTALA regulations and State laws mandating hospitals provide emergency care regardless of a person's nation of origin and ability to pay.
- The audit does not address the fact that a large share of the balances identified, **more than \$11 million are still in the collection process** and have been turned over to Miami-Dade Finance Department.
- The audit looked at patient care provided by Jackson Memorial Hospital (JMH) beyond the date range in the original sample. This analysis does not consider the Hospital's responsibility under EMTALA rules, compliance with PHT Policy 403 (Continuity of Care), and community standards of care. Both the legal risks of not providing care, and the ethical / quality of care issue of delaying care dictates the provision of continued care to non-residents. These issues often conflicted with strict adherence with Policy 195 in the past.
- The audit considers contractual adjustments as "outstanding balances." These adjustments, particularly in relation to package pricing of international patients, are standard in the industry, including Medicare's Prospective Payment System, and reflect market principals consistent with hospital business practices.

The Public Health Trust's management does concur that policies and processes needs to be improved and will undertake:

- The Public Health Trust revised Policy 195, Non-Miami-Dade County Resident Inpatient Hospitalizations and Outpatient Services in July 2003. The revised policy tightens the process relating to non-emergency admissions of Non-Residents and requires sign off by the president and Chairman of the Board for admission of a non-emergent non-Miami-Dade residents.
- The Public Health Trust will assume administrative control of the intake, and initial screening of JHS hospital patients, of the International Health Center and develop stronger procedures relating ongoing care required by these patients in relation to Policy 195 for this program. We will not allow elective admission for patients who have not met their previous financial commitment for care previously provided. In addition, we will improve the process to more accurately estimate the cost associated with the existing condition.
- The Public Health Trust is researching international collection firms that specialize in Health Care accounts to assist in efforts for non-residents that have returned to their home countries. We intend to begin using an international collection firm / firms in the next six (6) months to increase our return on collections for this population.
- The Public Health Trust will review its' existing policy 195 in relation to policy 403 (Continuity of Care), EMTALA regulations, and community standards of care to address potential conflicts and strengthen these policies to ensure compliance.

**Public Health Trust Response to Office of the Inspector General Comprehensive Audit Report of  
JMH Non-Resident Non-emergency Admissions  
for the Period of 01/01/99 – 04/29/03**

Background

On April 23, 2003, the Office of the Inspector General issued a report on its investigation of a non-resident patient from Guatemala who was admitted and treated through the JMH's Burn Unit from July 2000 to April 2001. Subsequent to the release of that report and its findings, the OIG conducted a review of "other circumstances relating to non-resident admissions and the accumulated balances incurred by these patients." This subsequent review focused on admissions from 01/01/1999 through 04/29/2003.

It must be noted that the PHT addressed the issue of care to non-residents at the July 2003 Board meeting – a revised policy 195 was put in place which tightens the process relating to non-emergency admissions of Non-Residents. The revised policy requires approval by the president and/or Chairman of the Board for the admission of a non-emergent non-resident. **All of the cases identified by the OIG relate to care provided prior to the implementation of the existing Policy 195 which was implemented on July, 2003.**

Based on their review, the OIG identified 68 cases of admissions to JMH in which it has questions regarding adherence to policy and procedures. The OIG's findings are summarized in three categories:

1. Free services provided by JMH to non residents (4 cases).
2. Patients managed through the International Health Center (30 cases).
3. Other self-pay, non residents (34 cases).

Based on the findings of the OIG, the management of JMH provides the following response:

**1. EMTALA / Emergency Admissions** Upon our review of the 68 cases, we identified 26 cases accounting for \$3.5 million in identified charges that involved emergency hospitalizations. Based on EMTALA guidelines established at both the Federal (42 USC, Section 1395(d)(d)) and state level (Florida Statute 395.1041), a hospital must provide emergency care to a patient regardless of the "person's race, ethnicity, religion, national origin, citizenship, age, sex, ... insurance status, economic status, or ability to pay for medical services..."(F.S. 395.1040 (3)(f)) Furthermore, the same Florida law states that "Legislature further recognizes that appropriate emergency services and care often require follow-up consultation and treatment in order to effectively care for emergency conditions"(F.S. 395.1041(1)). This part of the law extends the treatment beyond the initial E.R. setting to include any necessary follow up treatments.

Cases in all three categories identified by OIG fall into this category.

## 2. Time span of Audit in relation to Ongoing Collection Efforts

The analysis conducted by the OIG stated its focus was from January, 1999 through April 2003, however, several of the accounts and accumulated charges they reviewed extend to as early as 1997. JMH attempted to collect on all of the accounts pursuant to its policy and procedures. Due to the age of some of the accounts reviewed by OIG, accounts were turned over to collection agencies pursuant to our policies. After completing our collection attempts, these accounts were turned over to the Miami-Dade Finance Department for final collection efforts. We identified \$11 million that has been turned over to the Miami-Dade Finance Department.

On the opposite extreme, several of the cases reviewed were still open, active accounts due to the recent nature of treatment, 26 accounts involved care in 2003, and seven (7) of those cases involve care since July of 2003 (several months past the targeted date of the OIG evaluation). In these cases, active efforts to collect outstanding balances remain underway, pursuant to JMH policy.

## 3. Residents Inappropriately Identified as Non-Residents

The OIG identified 34 cases as "Other self-pay, non residents based on their analysis. In review of the cases, JMH staff determined that nine (9) of these cases actually were Miami-Dade County residents, accounting for nearly \$500,000 in charges. As is common in dealing with both E.R. and elective admission in our community, many indigent residents do not have all necessary documentation required to demonstrate their residency status when they first arrive seeking health services. In subsequent visits, these patients will bring the necessary documentation (i.e. rent stub, utility bill) and are reclassified as Miami-Dade residents. The JMH's existing patient information system does not automatically update prior visit history with the new resident status, requiring manual updating. **JMH's new patient information system, scheduled for implementation during 2004, will resolve this issue. Staff training on current policy will also reinforce the need to manually update patient status in the account history to more accurately reflect residency status.**

## 4. Continuity of Care

OIG does not address the issue of continuity of care as it relates to the provision of both emergency and non-emergency care. In the majority of cases identified, OIG focused on follow-up care to patients treated by JMH. As stated in the EMTALA rules under 1. above, and in compliance with our own Policy 403 on Continuity of Care, and community standards of care, JMH faces the ethical burden of providing necessary follow-up care to non-residents who receive emergency care but remain in Miami-Dade County. Both the legal risks of not providing care, and the ethical / quality of care issue of delaying care until a person requires more expensive emergency care dictates the provision of care to non-residents. These issues often conflicted with strict adherence with Policy 195 in the past. At least 10 cases fall into this category.

## 5. International Health Center Patients

The OIG identified 30 patients from our International Health Center (IHC) program within its analysis. The International Health Center patients access JMH through package pricing of services. These packages cover the projected cost of the treatment anticipated and patients are required to pay the discounted package price up front before seeking treatment. All of the patients identified as IHC patients paid their necessary package price prior to admission, pursuant with JMH policy.

However, the uncertainty in health care can result in complications in some cases requiring additional care beyond what was anticipated in the discount package prices as well as requiring possible follow up care. Liability concerns combined with continuity / quality of care issues often dictate the provision of care to these patients beyond the amount of the original package price. Collecting unpaid balances for services (beyond the original package price) from these patients, many who have returned to their home countries, is a prolonged process.

OIG identified a subset of patients with the IHC group that had foreign insurance coverage or letters of guarantee from foreign governments. Again, in these cases, collections were made, in many instances in the contractually agreed upon amounts. However, collections from international insurance firms and / or governments are complicated processes that can take prolonged periods to resolve.

The time span of the audit does not allow for the completion of the collection process for outstanding balances for these cases. Furthermore, **JMH has already identified the need to engage a firm specializing in international collections, and is beginning the process of selecting a firm or firms to address this issue.**

## 6. Contractual Adjustments

OIG questions the use of discounted pricing for these patients. It is important to understand that the IHC must price competitively with other providers. The issue of the total amount charged for cases clouds the issue of outstanding balances. While JMH bills patients based on its established charge master, the actual discounted price is never less than the cost of this care. Furthermore, "Generally Accepted Accounting Principles" define hospital revenue to exclude contractual adjustment, recognizing that hospitals traditionally discount services from the "charged" amount.

We must also note that contractual adjustments were often identified by OIG as "outstanding balances." Through their findings, we have identified a procedural change that is necessary relating to how we account for our contractual adjustments for the IHC patients. For all other commercial accounts, the adjustment occurs at the time of billing. For IHC accounts, these adjustments are made manually. **We are modifying our procedures to reflect IHC adjustments at the time upfront payments are posted.**

JMH reserves the right to develop package pricing / contractual discounts, consistent with market principals and business practices of the hospital industry in meeting the competitive nature of the health care market place.

## **7. Transplant Patients**

OIG identified 15 patients who received organ transplants at JMH. Procedures for approval of transplants, due to the regional nature of the service, are handled independently from other elective admissions. Appropriate procedures were followed with these admissions.

In all cases identified by the OIG, monies were collected for the transplant services provided. It must be noted that the complexity of these procedures can require ongoing and prolonged care. Again, the issues of quality of care provided, continuity of care, risk / liability and the ethical issue of discharging a patient requiring care to their county / country of origin conflict with strict adherence to policy 195.

## **8. Patients Sponsored by the JMH Foundation**

While the OIG did not establish a subset for this population, 4 of the patients identified by the OIG were sponsored by the JMH Foundation, a private, fund raising corporation that supports the JMH. Payment for all outstanding balances for these patients were made in accordance with policy and agreements with the Foundation.

### **Patient Specific Details**

A case by case response is provided to OIG separate from this summary. OIG did categorize four cases as “Egregious” and 10 cases as “Significantly Notable.”

For the four cases qualified as Egregious (those also qualified as “free care”), one case was an emergency admission covered under EMTALA, and one case was funded in part by Medicaid – all four cases were approved pursuant to the Policy 195 then in place.

Of the 10 “Significantly Notable” cases, five (5) involved international insurance carriers, one involved payment from the Medicaid program of another state, two(2) were emergency admissions covered under EMTALA, two(2) were transplant patients.

### **Management Response / Plan of Action**

The Public Health Trust’s management does concur that policies and processes need to be improved and has undertaken the following:

- The Public Health Trust revised Policy 195, Non-Miami-Dade County Resident Inpatient Hospitalizations and Outpatient Services in July 2003. The revised policy tightens the process relating to non-emergency admissions of Non-Residents and requires sign off by the president and Chairman of the Board for admission of non-emergent non-Miami-Dade residents.
- The Public Health Trust will assume administrative control of the intake and initial screening of JHS hospital patients, of the International Health Center and develop stronger procedures relating ongoing care required by these patients in relation to Policy 195 for this program. We will not allow elective admission for patients who have not met their previous financial commitment for care previously provided. In addition, we will improve the process to more accurately estimate the cost associated with the existing condition.
- The Public Health Trust is researching international collection firms that specialize in Health Care accounts to assist in efforts for non-residents that have returned to their home countries. We intend to begin using an international collection firm / firms in the next six (6) months to increase our return on collections for this population.
- The Public Health Trust will review its’ existing policy 195 in relation to policy 403 (Continuity of Care), EMTALA regulations, and community standards of care to address potential conflicts and strengthen these policies to ensure compliance.



OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
1	1/27/01-4/11/02	NO	ER/EL	YES	NO	EMT, BD, DADE RES	Initial visit generated in the ER on 1/27, which was not reflected in the Period of Treatment capture in the report but the charges were reflected as outstanding charges. Pt provided documentation to prove Miami Dade County Status. The account has been adjusted to reflect the patient correct classification.
2	12/10-04/05/98 04/05-04/08/98	YES	ER EL/ER	YES	NO NO	EMT, BD	Both admissions JMH followed Corporate Policy, the Initial admission initiated in the ER subsequent admissions coded as (EL) should have been on system and reservation as (EM) none of the balances apply as elective.
3	6/18-10/01/01 10/01-10/26/01 10/2-10/30/01	YES	EL/IHC EL Pkg	YES	YES	EXC LOS, BD CC	Initial admission received a IHC Pkg Quoted which patient paid as per agreement, based on the medical information received by the foreign physician to the UM Physician. The Patient condition was worst than stated, patient exceeded days due to acute care needed at the time of transfer, which resulted in exceeding days. Both admission currently in collections.
4	37 outpatient accts 2002 49 outpatient accts 2003 8 inpatients		ER/EL		NO	EMT, BD,	Patient originated as a non-resident admitted thru the ER, the Administrator of Transplant authorized the admission. On various admissions funding had been established and obtained The Bahamian Ministry letter would only cover some medication for post transplant only. The Transplant cost authorization was obtain and documented. The subsequent visits for outpatient were part of the transplant admission
5	1/10-1/15/01 12/01-2/13/02 2/13-2/22/02 2/22-3/06/02 3/6-4/12/02 7/27-8/22/02 10/29-11/14/02 11/30-11/30/02 12/13-12/31/02 outpatients visits	YES	EL/IHC EM/ER EL EL/IHC EL/IHC EL EL EL EL	YES	NO YES NO	EXC LOS, BD CC	IHC Package deposit paid as per agreement. This patient was admitted as private Insurance. paid per policy benefits, benefits exhausted and balances being pursued by collection agency Rehabilitation admission on 2/13 due to transplant acute admission 2/22 patient paid agreement and adjustment made per contract. 3/6 Admission IHC Package patient paid per agreement patient exceeded stay by 30 days. 7/27 post transplant related service. 10/29 collection of deposit obtained at the time of admission based on two day stay. All the rest were clinic related visit related to transplant procedure
6	5/24-7/19/00	YES	EL/IHC	YES	YES	EXC LOS, BD	Patient had a IHC Package which payment was made based on Plan DRG 01 Patient exceeded the length of stay due to complications, patient is in collections for the portion which patient is responsible (\$102,000.00). Once payment is received adjustments for 155,240.06 will be made.

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- Internantional Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
7	2/5-2/7/03	YES	EL/IHC	YES	YES	EXC LOS,BD	Patient exceeded the length of stay based on the IHC Package agreement, deposit made based on Plan DRG. IHC pursed patient for collection of additional payment due to complications. Payment received from IHC on 5/29\$ 32,000.00 and adjustment was completed of 138,798.68 .
8	5/6-5/22/02	YES	EL/IHC	YES	YES	EXC LOS, BD	Patient exceeded length of stay based on DRG provided for Cardiology Package Price which total amount which patient is responsible \$32,500.00 which collection efforts from IHC were pursed once payment is received an adjustment of 100,476.55 will be completed to account
9	2/25-3/13/00	YES	ER	YES	NO	EMT, BD	Payment reflected in Synopsis was not a part of Period of Treatment. Patient visit generated thru the ER which a deposit was made for encounter
10	4/11-5/11/01	YES	EL/IHC	YES	YES	EXC LOS, BD	IHC package deposit made as per agreement patient exceeded time frame due to complications, physician advised of agreement and payments
11	Apr-99 8 outpatient visits 5 Inpt visits	YES	EL/IHC	YES	YES NO	CC, BD	Transplant case patient paid deposit requirements for transplant of \$150,000.00 . All of the payments applied and adjustments made . The outpatients visits are subsequent and related to transplants continuum of care.
12	12/19-12/28/02	YES	ER EL	YES	NO YES	EMT, BD	Initial Visit initiated in the ER, payment received and adjustment completed Balance outstanding related to charges posted after adjustment completed.
13	2/20-3/06/02	YES	EL/IHC	YES	YES		Patient came thru IHC,deposit and proper payment made for procedure Payment from IHC received on 5./29/03 posted on 6/03 and adjustment completed.
14	1/30-2/7/03	YES	EL/IHC	YES	YES		IHC package paid according to the agreement all adjustments, completed timely, in system. Account has a zero balance.
15	4/1-5/14/03 5/23-5/27/03 6/16-6/30/03 7/3-7/7/03 Outpatient Visits	YES	EL ER EL UR	YES	YES NO NO NO	BD, CC	Patient transplanted the Greek Gov. provided guarantee letter for services. Acutal Balance shown is without outlier adjustment. Outpatient accounts are continued treatment out of the time frame of audit. Letter of Greek Government approval until 8/05/03 all were International Insurance Accounts.
16	9 ER Inpts/Outpts 7 inpatients 98 outpatients visits	YES	ER	YES	No	BD, CC	All admission initiated in the ER setting All admission were coded with insurance provided by patient Current collection efforts are in process with the Insurance Company for payments \$130,810.37 represent ER Visits 33,898.04 are outpatients total charges in collections and Inpatient accounts in collection 165,552.36

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- International Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
17	2/16-4/17/00 4/17-5/17/00 9/26-9/28/00 12/7-12/20/00 1/24/02-2/27/02	YES	Transfer REHAB EL EL EL	YES	YES	EMT, EXC LOS BD	Patient originally was a transfer. A deposit obtained, patient insured funds exhausted. Admissinn generated on 2002, exceeded by 34 days adjustment not completed A large portion of the amount captured in the report
18	4/09-05/25/03 05/02-09/12/03	YES	outpatients	YES	YES YES	BD, CC	All outpatient represents continuum of care
19	1/15-1/28/02 1/02/02-01/06/02 11/02/01-11/23/01 10/14/01-10/25-01	YES	EL ER ER ER	YES	NO YES YES YES	BD	Pt funded by foundation which payment was received on one admission and posted The patient is responsible for the other admissions has been forwarded to collection agency
20	3/19-5/3/00	YES	EL	Yes	Yes		As of 9/20/03 account has a zero balance. Last payment posted 9/16/03 Adjustment completed timely . Delay in payment was due to the Saudi Arabian Gov. and the process in disbursement from their government. Payment was anticipated to be paid . The internal process was followed and account had been sent to agency.
21	2/20-3/4/03 5/29-6/25/03 8/6-8/26/03	YES YES YES	EL ER ER	YES	YES NO NO	BD	The initial admission 2/20 was sponsored by the JMH Foundation and pymt has been received and applied to a different date. The admission dated 8/6/03 was also sponsored by the JMH Foundation which a UB 92 was submitted on 9/03. The remaining episodes represent outpatient visits which have been forward to a collection agency for further collection efforts.
22	1/22-3/7/03	YES	EL/IHC INS	YES	NO	BD	Patient has internantional insurance in the Netherlands which a letter of guarantee of payment was provided at the time of reservation. On the reservation it is noted patient Insurance provider. A disc was extended to the Insurance co and a UB-92 has been forward for payment.
23	9/04-11/05/01	YES	EL	YES	NO	BD	Payment received 9/15 final balance represents 20% discount approved by administration
24	10/10/02-10/28/02		EL	YES	NO	BD	Payment received from insurance company in Sept 03 applied and pending adjustment to be completed, dates captured also reflect outpatient and pretesting dates.
25	2/24/97-10/7/99	YES	ER EL	YES YES	NO	EMT, BD, CC	Patient originally admitted in the ER on 1997 patient is multi veseral transplant. The Italian Government sponsored patient due to transplant needs. Patient needed continuum of care. Account sent to collection for continuous efforts

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM- Emergent  
 UR- Urgent  
 IHC- Internantional Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
26	10/18-10/21/02	YES	EL	YES	YES	BD	Patient provided insurance information at the time of admission noted in reservation. Insurance Co.name and verification of benefits provided from insurance company. Account forward to agency for further collection efforts.
27	4/14-05/15/03	Yes	EL/IHC	YES	YES	EXC LOS, BD	Patient had a IHC Package which exceeded the original amount payment still pending from patient for the 17 days @1800.00=30600.00. An adjustment will be completed at that time
28	4/12-4/25/01 4/9-4/10/01 2/12-2/22/02 outpatients	YES	EL EL EL EL	YES	YES		Payment received and adjustment completed per agreement with the Foundation on the two admissions that were sponsored by Foundation. All adjustments were completed based on Foundation agreement, all outpatient accounts are in a collection agency
29	12/2/-12/30/02 2/19-2/21/03	YES	EL	YES	YES		Patient sponsored by Foundation, adjustment made at different timeframes to the different episodes from 1/14/03-5/03
30	10/4-10/12/02	YES	EL	YES	YES		Patient sponsored by Sassoon Heart Foundation in which a set price was quoted based on the DRG.A guarantee payment letter was provided adjustments were completed based on a written contract agreement
31	1/10-3/12/99 3/25-3/30/99	YES	EL	YES	YES		Deposit received on 1/14/99 \$199,970. The Final Payment was received on May 2003 and applied on 6/03. The outstanding balance of \$29.80 represents late charges posted after adjustment completed.
32	12/6/99-12/18/00	YES	EL	YES	YES		Patient paid deposit required for procedure, Settlement of \$150,000.00 arranged with attorney. Monies Applied and adjustments completed.
33	9/3-9/4/98 3/1-3/2/02 3/4-3/8/02	YES	EL/JMH PKG EL/JMH PKG EL/JMH PKG	YES	NO		Patient quoted cardiology package price for all three admissions, payments were made based on the contracted price and the DRG provided by physician. Payments applied and adjustments made accordingly
34	12/11-3/14/01 4/1-4/4/01 4/12-4/12/01 4/15-4/21/01 4/25-4/28/01 5/18-6/29/01 7/10-7/19/01	YES	EL UR EM EM EM EM	YES	NO NO NO NO NO NO	BD, CC	Patient transplant on 2/04/01 patient provided insurance information. Total of \$435,777.57 was made by Insurance Provider and Contractual adjustment made based on agreement. Benefits exhausted. A package price entered in which patient paid \$198,613.00 for service 12-11/9-30-01. remaining balance were adjustment applied to package agreement.
35	8/16-12/15/02	Yes	EL	Yes	Yes	BD, CC	Bill sent to the Greek Consulate on 1/08/03 providing instructions for Reimbursement of outstanding charges of \$1,100,704.00. An adjustment of \$546,730.26 will be completed to this account based on the outlier and agreement set on the transplant. The Amount that is being research by the accounting area *\$668,000.00 , which might represents duplication of charges.

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- International Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
36	10/13-12/22/98 12/25-12/28/98 1/14-1/15/99 2/7-2/8/99 3/31-4/1/99 4/22-5/2/99 8/11-8/22/99 2/10-3/01/00 4/18-4/23/00 10/19-11/07/00 11/24-12/13/00 12/26-01/19/01 01/21-02/06/01	YES	ER UR UR UR UR EL EL UR EM EM EM EL EL	YES	NO NO NO NO NO YES YES NO NO NO NO NO	EMT, BD, CC	This patient originally admitted thru the ER patient had outstate Medicaid which payments have been made and applied towards the different accounts. All subsequent visits also were approved by out of state Medicaid. Those in which payments are pending have been forward to a agency for further collection efforts. Those admission that patient was transferred to this hospital were approved by the transplant department and out of state Medicaid sponsored due to patient need of medical complications and the need of continuum of care.
37	4 ER Inpts Admissions 22 EL Admission outpatients visits	YES YES	ER EL	YES YES	NO Yes	EMT, BD, CC CC, BD	Patient originally approved for transplant on 6/98. Pt paid the appropriate deposit, patient unable to received transplant at that time and adjustment made by the transplant administrator at that time. Admission for 8/99 originated from the ER due to patient condition Patient's account currently are in agency for further collection efforts. Patients currently mail payments in which are applied to the outstanding balances
38	5/14-5/30/02 9/11-9/19/02 4/13-4/23/03 4/25-5/29/03 6/1-6/23/03 8/19-9/17/03	YES YES YES YES YES YES	ER ER ER ER ER ER	YES YES YES YES YES YES	NO NO NO NO NO NO	EMT, BD, CC	The admission was declared Urgent by physician after various ER visits
39	1/25-4/21/01	YES	ER	YES	NO	EMT, BD, EX LOS	Patient admitted with original coded of a package gamma knife but after physician review physician determine patient did not need gamma service and transfer to a long term facility. Approval from administration on file
40	6/2-7/5/99 7/8-7/27/99 15 OUTPATIENTS	YES NO	ER EL	YES NO	NO NO	EMT, BD, DADE RES	Patient initial admission came thru the ER. Rehab admission approved by an administrator other admission patient coded as a Self Pay

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM- Emergent  
 UR- Urgent  
 IHC- International Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
41	3/15-4/21/00	YES	EL	YES	YES	EXC LOS, BD	Patient quoted a cardiology package price which patient paid in full. Patient exceeded LOS due to complications. A second admission scheduled immediately due to medical condition unable to obtain package price amount due to patient final condition.
42	1/27-2/19/00	YES	EL	YES	YES	BD	Deposit collected at the time of admission. Account forward to an agency for further collection efforts.
43	3/1-3/5/98 3/17-3/28/98 5/27-5/27/98 5/7-5/11/98 6/7-6/10/98 6/30-7/3/98 1/27-2/8/01 2/19-2/20/01 2/27-3/14/01	YES YES YES YES YES YES YES YES YES	ER ER ER ER ER EL EL ER EL	YES YES YES YES YES YES YES YES YES	YES          	EMT, BD EMT, BD EMT, BD EMT, BD EMT, BD BD BD EMT, BD BD	Initial visit initiated in the ER, subsequent visit also were generated in the ER. Those in which patient needed outpatient visit were related to the need of Continuum of Care
44	10/6-10/10/01 10/19-12/01	YES YES	ER EL	YES	NO	EMT, BD BD, CC	Patient visit originated in the ER due to medical complications, patient required a second procedure.
45	08/24/99-6/09/01	NO	ER	YES	NO	BD, Dade Res	Patient was a Miami Dade County Resident never presented documents requested in order to properly classify. Finally patient presented proof.
46	1/22/03-2/07/02	NO	ER	YES	NO	EMT	Patient had Emergency Medicaid which covered the admission in question.
47	1/9-2/7/03 04/03-08/03	YES YES	ER OUTPATIENTS	YES YES	NO NO	EMT, BD	Admission initiated in the ER, no payment has been received. Forward to collection agency. The outpatient account have also been forward to agency.
48	9/11-9/25/00 9/25-9/28/00 10/12-10/20/00 10/20-11/09/00 11/09-11/20/00	NO	EL EL EL EL EL	YES	NO NO NO NO NO	BD	Patient quoted a package price on two admissions for rehab services. Subsequent visit patient had Medicare which was not coded in the system.

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- International Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
49	11/3-11/20/02	YES	EM	NO	YES	EMT, BD	Patient Broward County Resident transferred to Jackson due to Medical Condition accepted by the on call Physician. Patient had an Emergency Medicaid with her county, an application was completed and submitted.
50	1/27/02-2/11/02 2/11/02-3/02/02	YES	ER	YES	NO	EMT, BD	Patient original visit originated in the ER. The subsequent visit SR.V.P. approved the admission. Fund would be open by the family to pay towards medical services
51	1/22-2/17/99 3/6-3/13/99 3/19-3/29/99 various outpatients	YES YES YES	ER EL EL	YES NO NO	YES YES YES	EMT, BD, CC	Initial Visit generated in the ER. Subsequent visit due to continuum of Care due to Medical treatment. Patient later presented proper documentation to prove his Miami Dade County status. All accounts currently in agency for further collection efforts
52	11/19-12/3/99	YES	ER	YES	NO	EMT,BD	Patient transferred from UMHC. Patient account forward to collection agency to pursue collection efforts
53	3/31-4/18/03	YES	EM	YES	YES	EMT,BD	Patient transfer from Baptist Hospital due to medical condition and accepted by the Physician on call for that service
54	2/5-2/11/03 1/23-1/29/03 15 outpatients	NO	EL	YES	YES	BD, DADE RES	Admission 2/5/03, patient did not provide proof of Dade County Resident. Later on patient provided the proper documentation to prove his Miami Dade County Status. All subsequent visits were coded as Dade Resident and forward to agency for further collection efforts
55	7/22-09/08/00	YES	ER	YES	NO	EMT,BD	Patient was a transfer and from Cedars Medical Center. Approved by physician of treatment.

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- Internantional Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT

OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
56	6/8-6/11/01 7/2-7/4/02 6/7-6/7/00 7/8-7/8/99	YES YES NO NO	EL EL ER ER	YES YES N/A N/A	YES YES NO NO	BD BD,EMT,DADE RES	Patient originated as a Non-Resident. Later on the patient presented documentation to provide Miami Dade County Resident status, all subsequent visits were coded as Dade County resident. Adjustments reflected are part of the Dade County Charity Care .
57	6/13-6/14/99 6/17-6/24/99 1/20-1/31/00 2/29-3/2/00 3/7-3/9/00 VARIOUS OTPTS	YES YES YES YES YES	ER ER EL ER ER	YES YES YES YES YES	NO NO YES NO NO	EM, BD EM,BD EM, BD EM, BD EM, BD	Initial visit initiated in the ER setting. Subsequent visits also initiated in ER only one admission was elective due to the medical treatment and continuum of care. Patient later presented proper documentation to prove Miami Dade County status currently all accounts in agency for further collection efforts.
58	3/1-3/16/00	EM	YES	YES	YES	EM, BD	Patient transferred from Palmetto due to Medical condition. Approved and accepted by Medical Physician on call for service
59	5/21-6/6/02 7/2-7/15/02 7/21-7/26/02	YES	EM ER ER	YES	NO NO NO	EMT, BD EMT, BD EMT, BD	Original admission originated as a transfer from our facility Jackson South, ER transfer to main campus. Subsequent admissions were ER admissions
60	09/11-09/11/02 12-6/18/03 08/20-08/20/02 08/28-09-04/02	YES YES YES YES	ER ER ER EL	YES YES YES YES	NO NO NO YES	BD, EMT BD, EMT BD, EMT BD	Initial visit initiated in the ER , patient transfer to a different service within the hospital1 setting but related to ther ER admission. Patient later classified as a Dade County Resident
61	08/31-09/14/00	YES	EM	NO	YES	DD, EMT	Patient transferred from Hialeah Hospital due to medical complications accepted to JMH by Medical Physician on call for service
62	3/09/00-06/02/03	YES	EL	YES	Yes		The patient originally was a liver transplant, an agreement was research for a normal flat outlier of 25% discount of the total charges and additional 5% was extended and approved by tranplant administrator at that time which is stated in the contract. All outpatient visit are concurrent with admission

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- Internantional Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT



OIG RESPONSE LOG  
 OUT OF COUNTY NON-EMERGENCY (ELECTIVE) ADMISSIONS  
 01/01/99-4/29/03

REF. NO.	PERIOD OF TREATMENT	NON-RESIDENT	ADMISSION TYPE	POLICY 195	WITHIN REPORT RANGE	JMH CASE CATEGORY	COMMENTS
63	1/24/03-05/03/03	YES	EL	YES	YES		Final Payment received on 9/15. Amount outstanding in HBOC system represents final adjustments to be made
64	10/12/98-7/02/03	YES	ER outpatient	YES	NO	EMT, BD CC	First visit initiated thru the ER on 10/12/98. The subsequent visit were for outpatient. For which patient pays her co pay for visit. On 8/7/01 patient was able to provide documentation regarding her Miami Dade County Status.
65	04/03/03-05/15/03	YES	EL	YES	NO		Patient funded thru JMH Foundation, letter of guarantee on file adjustment completed to account based on agreement with foundation outpatient charges also were reflected
66	2/9-2/21/03 39 outpatient visits	YES	EL	YES	NO		Patient sponsored by the Foundation, an agreement was obtained from administration for a flat fee. The Foundation has paid a large part of the outstanding amt. Current collection efforts to obtain funds for the remaining amount underway.
67	10/9-10/28/02 5/1/03	NO NO	EL ER	N/A N/A	NO NO	BD,EMT,DADE RES	First visit 10/09/02 transfer from other facility as "Dade Res" during admission. Classification changed. On 4/09/03 patient reclassified as Dade County Res. Patient was coded Dade County Resident for all subsequent visit based on all the information provided to the Hospital. Adjustments reflected on the accounts are charity care adjustments.
68	07/3-7/23/01 9 outpatient	YES	EL	YES	YES		Patient admitted and authorization for transplant on 7/3/01 worked with patient due to prior agreement. Patient paid all outstanding balances. Accounts current in zero balance

Admission Type:  
 EL- Elective  
 ER- Emergency  
 EM-Emergent  
 UR-Urgent  
 IHC- Internantional Health Center

CC: CONTINUUM CARE  
 EXC LOS: EXCEEDED LENGTH OF STAY  
 BD: BAD DEBIT  
 EMT: EMTALA  
 DADE RES: INITIAL NON-RES  
 RE CLASS AS DADE RESIDENT