



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 1 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

TITLE: RECEIPT AND PROCESSING OF APPLICATIONS

PURPOSE: To set forth guidelines for receiving and processing applications for financial assistance.

POLICY STATEMENT:

All clients applying for financial assistance from the HCHD tax fund are required to submit a completed application to an authorized eligibility location. All applications received will be processed according to the guidelines set forth in this policy.

POLICY ELABORATION:

I. DEFINITIONS

- A. Completed Application: Consists of Form 280478, "Application for Financial Assistance" and all supporting documents needed to verify identity, residency, household composition, and income.
- B. Incomplete Application: An application for assistance that is not fully completed and/or does not contain the verifications needed to make a determination regarding financial assistance.

II. PROVISION OF APPLICATIONS

- A. The Application for Financial Assistance is available at all eligibility centers, outreach locations, at the Eligibility Correspondence office, and on the District's internet site. An application will be mailed or faxed to a client upon request.



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 2 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

- B. Applications shall be made readily available upon request. No appointment is needed to obtain an application. An application will be given to each patient who requests financial assistance or subsidized health care.
- C. The application form shall contain additional questions that a client may be required to complete based on his situation. It shall also include a list of the verifications needed to complete the application process.

III. RECEIVING APPLICATIONS

- A. All persons who want to apply for financial assistance must complete and submit Form 280478, "Application for Financial Assistance."
- B. Applications may be submitted in person to any eligibility center, or the Eligibility Correspondence office during the hours of operation, Monday through Friday. Applications will be accepted at eligibility outreach sites at any time an eligibility counselor is present.
- C. Applications will also be accepted by mail or fax at the Eligibility Correspondence office.
- D. An application must contain, at a minimum, the client's name and address. Applications which do not contain this information will not be accepted.
- E. All applications and supplemental verification materials will be date-stamped on the date received. This date and the application number shall be entered into the department's tracking database.



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 3 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

- F. A date-stamped receipt (Form E1010) shall be provided. The receipt shall contain a listing of all forms and verifications submitted by the patient. When an application is received by mail or fax, a receipt shall be mailed or faxed within 1 business day of the receipt of the application by the Eligibility Correspondence department.
- G. Applications for new patients received by mail or fax at the administrative offices shall be forwarded to the closest eligibility center based on the patient's zip code. The application shall be sent to that center within 1 business day of receipt. Applications for renewing patients will be processed at the Eligibility Correspondence office.

IV. SCHEDULING APPOINTMENTS

- A. Only patients applying for eligibility for the first time are required to attend a face-to-face interview. Renewing patients may complete the eligibility process by mail or fax.
- B. The patient shall be issued an appointment for an eligibility interview no later than 10 calendar days from the requested date. Clients requesting assistance shall be prioritized in the manner described in Eligibility Policy 1.02, "Prioritization of Clients Seeking Eligibility Services."
- C. When applications are provided by the patient in person, the appointment date and time shall be provided to the patient at the time the application is submitted.



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 4 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

- D. New patients who mail or fax in applications will be notified of the appointment date and time by phone, whenever possible. When a phone number is not provided, the appointment date and time shall be mailed to the client. Phone or mail confirmations of appointments shall be completed within 1 business day of the receipt of the application.

V. ELIGIBILITY INTERVIEWS

- A. At the appointed date and time, the patient will arrive at the assigned eligibility center to complete the eligibility process. An eligibility interviewer shall review the patient's application and submitted verifications along with any other additional verifications the patient brings to the interview.
- B. For renewing patients who elect to renew their eligibility classification via mail or fax, the eligibility interviewer shall review the patient's application and supporting documents received.
- C. At the conclusion of the interview or review, the interviewer shall make a determination regarding financial assistance. All decisions shall be made based on published eligibility policies and procedures.

VI. APPROVED APPLICATIONS

- A. If the application for assistance meets the criteria for approval, the interviewer shall enter the information into the computer system to determine the correct financial assistance classification.
- B. The interviewer shall assign an expiration date in accordance with Eligibility Policy 1.05, "Duration of Financial Assistance Classification."



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 5 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

- C. The interviewer shall also explain to the client the financial assistance classification and provide the patient with a copy of Form E1071, "Notification of Financial Assistance Classification and Right to Appeal," and Form E1000, "HCHD Payment Schedule," in accordance with Eligibility Policy 1.04, "Communication to Patient Regarding Financial Assistance Classification." At the conclusion of the interview, the patient will be issued the appropriate HCHD medical financial assistance card.
- D. For patients renewing by mail or fax, the interviewer will complete these forms and mail them to the client along with the HCHD financial assistance card.
- E. The disposition of the application and the date approved shall be entered into the department's tracking database.

VII. PENDED APPLICATIONS

- A. When an incomplete application is received, and no additional verifications are provided at the time of interview (when required), the interviewer shall pend the application for 14 days to allow the patient sufficient time to obtain and provide the missing information.
- B. The interviewer shall provide the patient with a copy of Form E1100, "Notification of Pending Eligibility Status" in accordance with Eligibility Policy 1.04, "Communication to Patient Regarding Financial Assistance Determination."



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 6 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

- C. The interviewer shall retain in a file the original application along with copies of the verifications provided and the letter provided to the patient. The interviewer shall also record the date the application was pended in the department's tracking database.
- D. No denial of eligibility for financial assistance shall be made during the 14-day pending period.
- E. Missing information may be provided in person, or by fax or mail. No appointment is needed to drop off missing information, and no further interview is necessary. The eligibility interviewer may contact the patient by phone to clarify information when necessary.
- F. Pended patient files will be retained at the eligibility center for a period of 14 days from the pending date. At that time, if the patient has not provided the missing information, the eligibility interviewer shall deny the application for assistance. Notice shall be provided to the patient within the Pending Letter.
- G. Applications denied for failure to provide requested information may be reopened for 60 days from the date of denial. To reopen an application, the patient must provide the requested information along with income proof for the most recent 30 days. The patient has the right to appeal this denial if he feels the requested information was provided within the appropriate guidelines.
- H. In the event the patient provides the requested information and further review indicates the need for additional verifications, or if the patient fails to provide all the requested information,



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 7 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

the interviewer shall “repend” the application for an additional 14 days. An additional letter meeting the criteria in item B. above shall be provided to the patient. The “repend” date shall be entered into the tracking database, and files will be retained as outlined in item F. above.

- I. Closed pended files shall be forwarded to the Eligibility Audit staff.

VIII. DENIAL OF FINANCIAL ASSISTANCE

- A. When a review of the application and verifications indicates the patient is ineligible for financial assistance, the patient fails to provide the information necessary to satisfy a pended application, or fails to follow through with the application process of a third party agency, the interviewer shall deny the application for assistance.
- B. The patient shall be provided with a copy of Form E1005, “Notification of Denial for Financial Assistance,” indicating the reason for denial and describing appeal rights in accordance with Eligibility Policy 1.04, “Communication to Patient Regarding Financial Assistance Determination.”
- C. The date and reason for denial shall be entered into the department’s tracking database.
- D. The application, verifications provided, and copies of communications to patient shall be forwarded to the Eligibility Audit staff.



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 8 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

IX. TIMELINESS OF APPLICATION PROCESSING

- A. The department's tracking database will include the following dates for each application issued:
1. Date the application was requested or request for financial assistance was made;
 2. Date application was provided to patient;
 3. Date application was received;
 4. Interview date (when required);
 5. Pended date (and repended date, where applicable)
 6. Completion date (date application and all supporting forms are received)
 7. Decision date (date the application is approved or denied).
- B. The department will monitor the following timeframes:
1. Timely interviews. This is defined as an appointment date issued within 10 calendar days of the date of verbal request or the date an application is received. Interviews are not required for patients renewing eligibility.
 2. Timely decisions regarding pending applications. This is defined as a written decision being issued with the Pending Letter.



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.01
Page Number: 9 of 9

Effective Date: 08/01/02
Revised Date: 10/24/05
Approved By:

3. Timely decisions regarding all other applications. This is defined as a written decision being issued before the 14th day after receipt of a completed application.
- C. The department shall measure each item described in Section B on a monthly basis and shall achieve a 97% compliance rate for each item.
- D. Failure to achieve a 97% compliance rate shall result in the reassignment of Eligibility staff to interviewing duties until the compliance rate is achieved.

REFERENCES/BIBLIOGRAPHY:

Form 280478, "Application for Financial Assistance"

Form E1000, "HCHD Payment Schedule"

Form E1005, "Notification of Denial for Financial Assistance"

Form E1010, "Receipt of Application"

Form E1071, "Notice of Financial Assistance Classification and Right to Appeal"

Form E1100, "Notification of Pending Eligibility Status"

Eligibility Policy 1.02, "Prioritization of Clients Seeking Eligibility Services"

Eligibility Policy 1.04, "Communication to Patient Regarding Financial Assistance Classification"

Eligibility Policy 1.05, "Duration of Financial Assistance Classification"

OFFICE OF PRIMARY RESPONSIBILITY: Patient Eligibility Services
Administration