



**HARRIS COUNTY  
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY  
SERVICES  
OPERATIONS MANUAL**

Policy No: 1.03  
Page Number: 1 of 3

Effective Date: 08/01/02  
Revised Date: 2/23/07  
Approved By:

**TITLE: RETROACTIVE APPLICATION FOR FINANCIAL ASSISTANCE**

**PURPOSE:** To define the process and time period for applying for financial assistance from HCHD after services are rendered.

**POLICY STATEMENT:**

Patients who receive services from HCHD prior to establishing eligibility for financial assistance may apply for retroactive benefits.

**POLICY ELABORATION:**

**I. DEFINITIONS:**

- A. Resident: A person is a resident if the person's primary home or fixed place of habitation to which the person intends to return after a temporary absence is located in Harris County, Texas.
- B. Completed Application: A completed application consists of the signed, completed application for assistance, all required verifications, and completed supporting forms (where applicable).
- C. Retroactive Assistance: Retroactive assistance means that a patient's assigned financial assistance classification covers a defined period prior to the date of application.



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**II. ELIGIBILITY FOR RETROACTIVE ASSISTANCE**

- A. Harris County residents who receive services from HCHD and who owe all or part of the charges for services rendered are eligible to apply for retroactive financial assistance.
- B. A patient may only apply for retroactive assistance the first time services are provided by HCHD or when their prior financial assistance classification expired no more than 30 days before the date of service.
  - Example: Patient's eligibility expired 12/31/05 and patient received services 1/20/06. Patient's balance may be retroactively covered if eligibility is confirmed.
- C. An eligibility brochure outlining the application requirements will be made available to all admitted patients, emergency center patients, and first-time clinic patients who do not have third party payers and who have not applied for financial assistance prior to the time of service.

**III. APPLYING FOR RETROACTIVE ASSISTANCE**

- A. Eligibility appointment staff will ask every client who calls for an appointment whether they have an outstanding medical bill with HCHD that needs to be covered. Prior service will be verified using the accounts receivable system. Clients with outstanding bills will be given an appointment within 10 calendar days of the requested date, but no later than the 30<sup>th</sup> day after discharge.



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- B. To be considered for retroactive coverage, the patient must submit a completed application to an authorized HCHD eligibility determination location within 30 days from the date of service. Applications may also be mailed to the Eligibility Correspondence department.
- C. If the client's application is pended for missing information, retroactive coverage may be granted beyond the 30<sup>th</sup> day from services as long as the client provides the missing information within the timeframe specified.
- D. Once retroactive coverage has been granted, Patient Financial Services will adjust the patient's account balance to reflect the assigned financial assistance classification.

**REFERENCES/BIBLIOGRAPHY:**

Eligibility Policy 1.01, "Receipt and Processing of Financial Assistance Applications"  
Eligibility Policy 1.02, "Prioritization of Clients Seeking Financial Assistance"

**OFFICE OF PRIMARY RESPONSIBILITY:** Patient Eligibility Services  
Administration