TITLE: **COMMUNICATION TO PATIENT REGARDING FINANCIAL ASSISTANCE DETERMINATION**

PURPOSE: To define the documents and information to be shared with the client regarding the assigned financial assistance classification.

POLICY STATEMENT:

Each client applying for financial assistance will receive written communication regarding the assigned level of financial assistance, payment requirements, and notice of right to appeal the assigned classification.

POLICY ELABORATION:

I. CLIENTS APPROVED FOR FINANCIAL ASSISTANCE

A. Each client approved for financial assistance shall receive a copy of the forms described below. A separate package of forms shall be provided for each member of a family applying for eligibility.

B. Notice of Financial Assistance Classification and Right to Appeal. HCHD form E1071, "Notice of Financial Assistance Classification and Right to Appeal" describes the patient's assigned financial assistance classification, the patient's responsibilities for reporting changes in information, and appeal rights. This form shall include the following information:

1. Client's name;

2. Selected Primary Treatment Location (PTL);

3. Financial Assistance Classification;

4. Reason for financial assistance classification if the assigned assistance level is less than 100%;

5. Financial assistance classification expiration date;

6. Notice of the availability of eligibility determination policies for review;

7. Notice of the right to appeal the assigned classification within 65 days of the date of determination;

8. Notice of the appropriate address, phone number, and fax number for filing appeals;

9. Notice that free representation may be available;

10. Policy for reporting changes in information; and

11. Names, locations, and phone numbers of District facilities.

C. HCHD Payment Schedule. Eligibility form E1000 "HCHD Payment Schedule" describes payment amounts for each financial assistance classification. This schedule will include the following information:

1. Client's name;

2. Minimum deposit or copayment requirements for outpatient clinic visits, take-home pharmacy, central supply, inpatient, and day; surgery services; and

3. Information about physician billing.

II. CLIENTS DENIED FINANCIAL ASSISTANCE

A. Denial Letter: Clients denied financial assistance shall receive a copy of Eligibility form E1005, “Notification of Denial for Financial Assistance.” This document shall provide the following information:

1. Client’s name;

2. Reason for the denial of financial assistance;

3. Notice of the availability of eligibility determination policies for review;

4. Notice of the right to appeal the assigned classification within 65 days of the date of determination;

5. Notice of the appropriate address, phone number, and fax number for filing appeals; and

6. Notice that free representation may be available.

III. CLIENTS WITH APPLICATIONS PENDED FOR FURTHER INFORMATION

A. Pending Letter: Clients whose applications are pended for additional information shall be provided with a copy of Form E1100, "Notification of Pending Eligibility Status". This form shall contain:

1. Client's name;
2. List of missing verifications;
3. Methods for returning the missing items;
4. The timeframe within which items must be returned;
5. That no appointment is necessary to return items;
6. That management assistance is available;
7. That a new application may be filed at any time; and
8. The right to appeal the request for additional information.
9. Applications not completed within the timeframe given will be denied.

IV. EXPLANATION OF FORMS

A. At the conclusion of the interview, the eligibility interviewer shall complete the forms described above and shall review the contents with the client. Both the client and the interviewer shall sign each form. Original forms shall be given to the client and copies attached to the client's eligibility package.

REFERENCES/BIBLIOGRAPHY:

Form E1000, "HCHD Payment Schedule"
Form E1005, "Notification of Denial for Financial Assistance"
Form E1071, "Notification of Financial Assistance Classification and Right to Appeal"
Form E1100, "Notification of Pending Eligibility Status"

OFFICE OF PRIMARY RESPONSIBILITY: Patient Eligibility Services Administration