



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.07
Page Number: 1 of 6

Effective Date: 08/01/02
Revised Date: 10/12/07
Approved By:

TITLE: APPEAL OF FINANCIAL ASSISTANCE DETERMINATION

PURPOSE: This policy defines the process for appealing a patient's financial assistance determination. [Key words: appeal, financial assistance]

POLICY STATEMENT:

Clients who disagree with the findings of the financial assistance interview are entitled to appeal the District's decision. Clients are entitled to appeal any portion of the findings, inclusive of residency, income calculation, or any other information used to make the financial assistance determination.

POLICY ELABORATION:

I. DEFINITIONS:

- A. Appeal: The formal process by which an applicant for financial assistance from the HCHD tax fund may lodge a disagreement with the outcome of the financial determination process.

II. GENERAL GUIDELINES:

- A. Each client, whether approved or denied for financial assistance, or pended to provide additional information, shall be given written notice of his right to appeal the department's decision. Such notice shall consist of the appropriate address, phone number, and fax number for filing appeals and for communication concerning appeals, and notice of the availability of HCHD policies regarding eligibility for financial assistance. This notice shall also include a statement that free representation may be available and shall list contact information for agencies willing to offer pro-bono legal assistance with appeals. See Form



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E1005, “Notification of Denial for Financial Assistance,” Form E1071, “Notification of Financial Assistance Classification and Right to Appeal,” and Form 1070, “Request to Appeal Financial Assistance Classification.”

- B. Clients who disagree with the financial assistance determination while they are in an Eligibility Center should be encouraged to speak with the onsite Patient Eligibility Services Manager.
- C. Managers should discuss the situation with the client, and should call Patient Eligibility Services Administration for assistance or clarification if necessary. If the Manager is unable to resolve the situation to the client’s satisfaction, the client should be notified that he may appeal the classification.
- D. Requests for appeals may be submitted via Form E1005, Form E1071, or Form E1070, “Request to Appeal Financial Assistance Classification.” Forms E1005 or E1071 are provided to the client at the conclusion of the eligibility determination interview. Form E1070 may be obtained by contacting Patient Eligibility Administration by phone, fax, mail, or from the District’s internet site.
- E. The client should complete the appeals request within 65 days of the date the financial assistance determination was made and send it to the Appeals Committee, in care of Patient Eligibility Administration. Appeals will be accepted by mail, fax, or in-person delivery. The client may attach any documentation relevant to the eligibility process. The client will be given an opportunity to present his case to the committee in person.
- F. Written records of all appeals documents shall be retained by the department for three years from the date of the appeal decision. See Eligibility Policy 1.08, “Records Retention.”



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III. RECEIPT AND REVIEW OF APPEALS:

- A. Appeals will be date-stamped and logged into the tracking database upon receipt. A copy of the date-stamped appeal request shall be provided to the client upon request. A letter of acknowledgement shall be mailed to the patient within 2 business days of the receipt of the appeal.
- B. The Director of Patient Eligibility Services, or designee, will review each incoming complaint to determine the accuracy of the financial assistance determination. If the Director determines that an error was made, the financial classification will be revised accordingly and a written response will be sent to the client within 14 days of the receipt of the complaint.
- C. Appeals unresolved by the initial review shall be forwarded to the Committee for review at the next regularly scheduled meeting. The Director will provide the client written notice that the appeal has been scheduled for hearing with the time, date, and place of the hearing. The notice shall encourage the client to provide evidence to the Appeals Committee prior to the hearing.
- D. The department shall provide the client or representative an opportunity to review the documentation used by HCHD to support the financial assistance determination by providing a copy of that documentation to the client or representative at least 7 days prior to the hearing. Documents may be hand-delivered or mailed to clients with addresses within Harris County. Documents shall be mailed to all other addresses.



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- E. The department shall resolve all appeals within 60 days of the date the appeal was received. This timeframe may be extended by 30 days in extraordinary circumstances. In such cases, the department will provide written notice to the client or representative, including the nature of the extraordinary circumstances.

IV. COMMITTEE MEMBERSHIP:

- A. The Committee will be comprised of the following members:
1. Director or designee of Patient Eligibility Services (non-voting member)
 2. Executive Administrator
 3. Director-level representative from Patient Business Services
 4. Director-level representative from LBJ and BT appointed by the facility's administrator
 5. Director-level representative from the Community Health Program
 6. Administrative Director of Social Services
 7. Representative from County Attorney's Office (only when a client is represented by an attorney)



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- B. Committee members are appointed for a term of two years. The committee members shall elect a chairperson who shall conduct all hearings. A quorum of four voting members must be present for appeals hearings.

V. COMMITTEE HEARING:

- A. The Committee will meet once a month to review appeals. The client has the option to present his/her case to the committee in person with any additional information relevant to the financial assistance determination process. The client may choose to have a representative represent him/her at the hearing. Clients shall be allowed to ask questions of any witness. An interpreter will be provided if the patient's primary language is not English.
- B. Clients are not required to attend the hearing in person. No appeal shall be denied due to the client's failure to attend the hearing. If the client chooses not to attend the hearing, or arrives late, the committee will proceed based on the evidence submitted prior to the hearing.
- C. The Director of Patient Eligibility Services, or designee, shall present the District's position of the case with relevant policy support, the documentation provided by the client at the time of the interview, and any additional information relevant to the client's appeal.
- D. Committee members will review the evidence, ask questions of the client or other witnesses, and will deliberate to determine whether eligibility policy was followed. Committee members may not authorize changes to written policy.



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- E. The Committee is bound by Federal and state laws and regulations and by HCHD's published policy and procedures. No other rule, policy, or procedure may be used by the Committee during deliberation.

- F. Committee members may not consider in its deliberations or decision, any evidence not produced in the appeal hearing, including any report of formal or informal investigation by any HCHD employee or agent not offered as evidence during the hearing.

- G. Neither the Director of Patient Eligibility Services, or designee, or any member of the Harris County Attorney's office may take part in, or be present during, the deliberations or voting of the committee.

- H. Written notification of the Committee's decision will be provided to the client within 14 days of that decision, but no longer than 60 days from the date the appeal was received (90 days when the department has requested an extension as described in item III. E. above). The written notice will advise patients of the right to further appeal to the County Court of Harris County, and will cite Texas Health and Safety Code section 281.071(e).

REFERENCES/BIBLIOGRAPHY:

Texas Health and Safety Code, Section 281.071(e)
Eligibility Policy 1.08, "Records Retention"
Form E1005, "Notification of Denial for Financial Assistance"
Form E1070, "Request to Appeal Financial Assistance Determination"
Form E1071, "Notification of Financial Assistance Classification and Right to Appeal"

OFFICE OF PRIMARY RESPONSIBILITY: Patient Eligibility Services
Administration

281.071. Payment and Support

(a) The administrator shall inquire into a patient's circumstances and the circumstances of the patient's relatives legally responsible for the patient's support if the patient is admitted to district facilities from the county in which the hospital is located. If the administrator finds that the patient or the patient's relatives are liable for the patient's care and treatment in whole or in part, the administrator shall issue an order directing the patient or the patient's relatives to pay to the district treasurer a specified amount each week in proportion to the financial ability of the patient or the patient's relatives to pay.

(b) A patient or the patient's relatives may not be required to pay an amount greater than the actual per capita cost of maintenance.

(c) An administrator may collect an amount owed under this section from the estate of a patient, or the relatives legally responsible for the patient's support, in the manner provided by law for the collection of expenses of the last illness of a deceased person.

(d) If the administrator finds that the patient and the patient's relatives are not able to pay in whole or in part, the district shall without charge supply the care and treatment to the patient.

(e) A county court of the county in which a patient's hospital is located shall hear and determine the ability of the patient or the patient's relatives to pay under this section if there is a dispute over this ability or if there is doubt in the mind of the administrator over this ability. The court shall hear witnesses and issue any order that may be proper.

(f) An appeal from an order of the county court must be made to a district court in the county in which the district is located.

Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989.