



**HARRIS COUNTY  
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY  
SERVICES  
OPERATIONS MANUAL**

Policy No: 1.40  
Page Number: 1 of 5

Effective Date: 08/01/02  
Revised Date: 8/23/05  
Approved By:

**TITLE: ELIGIBILITY AUDIT FUNCTION**

**PURPOSE:** To define the role of the eligibility audit function.

**POLICY STATEMENT:**

Applications for financial assistance and supporting documents are subject to an internal review by the Eligibility Audit department. While HCHD would prefer that no errors be made during the eligibility determination process, it is recognized that errors are inevitable. The Department strives for an overall accuracy rate of 95% or higher.

**POLICY ELABORATION:**

**I. ROLES AND RESPONSIBILITIES**

- A. The Eligibility Audit staff is responsible for reviewing a sample of eligibility documentation submitted by eligibility interviewers. The Eligibility Audit staff is responsible for reviewing a sample of eligibility documentation submitted by eligibility interviewers. The focus of the audit is two-fold: to review for interviewer accuracy, and to verify that the support provided by the client substantiates the assigned financial assistance application.
- B. Center managers are responsible for reviewing the audit reports and providing counseling and feedback to interviewers as necessary. Managers are also responsible for ensuring the overall accuracy rate for their area of responsibility is 95% or higher.



**HARRIS COUNTY  
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY  
SERVICES  
OPERATIONS MANUAL**

Policy No: 1.40  
Page Number: 2 of 5

Effective Date: 08/01/02  
Revised Date: 8/23/05  
Approved By:

- C. The eligibility interviewer is responsible for reviewing his/her own errors and is also responsible for maintaining an acceptable accuracy rate of 95% or higher.
- D. Auditors will complete reports and define error trends in the interviewing process in an effort to decrease errors and increase the overall accuracy rate. Troubled areas will be consistently monitored and departmental information sessions will be conducted by the Auditors to eliminate common errors.

**II. SELECTION OF AUDIT SAMPLE**

- A. Eligibility interviewers are required to submit completed eligibility packages to the Eligibility Audit staff on a daily basis.
- B. Auditors will review the incoming packages against the interviewer's daily log (Form 280150) and the system to ensure that all documents have been received. Managers will be notified of any missing packages. Missing documents must be submitted to Audit within 3 business days of the notification.
- C. Each department performing eligibility interviews is assigned to a specific auditor. A random sample of work from all interviewers will be selected for review.



**HARRIS COUNTY  
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY  
SERVICES  
OPERATIONS MANUAL**

Policy No: 1.40  
Page Number: 3 of 5

Effective Date: 08/01/02  
Revised Date: 8/23/05  
Approved By:

**III. ERROR CLASSIFICATION**

A. Errors are subdivided into the following categories.

1. Identification: Any error made with information presented for identification. Refer to Eligibility Policy 2.01, "Providing Proof of Identity."
2. Citizenship: Any error made with information presented for citizenship. Includes the issuance of eligibility to an otherwise ineligible resident based on INS status. Refer to Eligibility Policy 3.10, "Ineligible Residents."
3. Household Composition: Any error made with information presented for household composition. Refer to Eligibility Policy 4.01, "Verifying Household Composition."
4. Residency: Any error made with information presented for residency. Also includes issuance of eligibility to an ineligible non-Harris County resident. Refer to Eligibility Policy 3.01, "Proof of Residency Requirements."
5. Income: Any error made with information presented for income. Includes assigning the incorrect financial classification and using exempt income. Refer to Eligibility Policy 5.01, "Overview of Income Requirements," and 5.10, "Verifying Income."



**HARRIS COUNTY  
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY  
SERVICES  
OPERATIONS MANUAL**

Policy No: 1.40  
Page Number: 4 of 5

Effective Date: 08/01/02  
Revised Date: 8/23/05  
Approved By:

6. Third Party Coverage: Any error made with information presented for third party coverage. Also includes the issuance of an otherwise ineligible applicant based on an out-of-network health plan, failure to obtain third party information for a covered applicant, and failure to refer a potentially eligible applicant to a third party agency. Refer to Policy 6.01, "Applying for Third Party Resources."
7. System Errors: Includes any errors that are entered or not entered into the system, which may or may not cause the patient to have difficulties when presenting for medical treatment.

All categories include failure to receive signature for a manager override for information not presented according to policy.

#### **IV. CALCULATING ACCURACY RATES**

- A. Eligibility accuracy rates will be calculated according to department procedure.
- B. Errors found on the eligibility will be notated and corrections made in the system. A copy of the eligibility package will be returned to the center manager.



**HARRIS COUNTY  
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY  
SERVICES  
OPERATIONS MANUAL**

Policy No: 1.40  
Page Number: 5 of 5

Effective Date: 08/01/02  
Revised Date: 8/23/05  
Approved By:

- C. Each error will also be recorded on form E1411, "Center Error Assessment Log." Daily reports will be summarized on form E1410, "Audit Summary Report," and will be provided to the manager of each center. These reports will also show the number of eligibility packages submitted by each employee and the number audited.
  
- D. Employees with accuracy rates below 95% are subject to disciplinary action.

**REFERENCES/BIBLIOGRAPHY:**

Eligibility Policy 2.01, "Providing Proof of Identity"  
Eligibility Policy 3.01, "Proof of Residency Requirements"  
Eligibility Policy 3.10, "Ineligible Residents"  
Eligibility Policy 4.01, "Verifying Household Composition"  
Eligibility Policy 5.01, "Overview of Income Requirements"  
Eligibility Policy 5.10, "Verifying Income"  
Eligibility Policy 6.01, "Applying for Third Party Resources"  
Form E1410, "Audit Summary Report,"  
Form E1411, "Center Error Assessment Log"  
Form 280150, "Daily work log by interviewer"

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