



**HARRIS COUNTY
HOSPITAL DISTRICT**

**PATIENT ELIGIBILITY
SERVICES
OPERATIONS MANUAL**

Policy No: 1.42
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Effective Date: 08/01/02
Approved By:

TITLE: REVOCATION OF FINANCIAL ASSISTANCE CLASSIFICATION

PURPOSE: To establish guidelines for revocation of the financial assistance classifications assigned to a patient.

POLICY STATEMENT:

Financial assistance classifications may be revoked or changed when it is discovered that the classification was assigned in error or was based on incorrect information.

POLICY ELABORATION:

I. DEFINITIONS:

A. Significant Error: An error made during the financial assistance interview that results in a change to the applicant's assigned financial classification or affects the duration of that classification.

II. CHANGES RESULTING FROM ROUTINE AUDITS

A. The Patient Eligibility Services department conducts routine audits of financial assistance applications to determine whether adequate documentation was provided by the applicant and to ensure that the interviewer has correctly interpreted the applicant's information according to current eligibility policy.



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B. In the event the audit reveals a significant error resulting in the need to change the duration of the classification or to change the level of financial assistance, steps will be taken to revoke or update that classification. The auditor shall send written correspondence (“notice of intent”) to the patient covering the following items:

1. the nature of the error,
2. the intent to revoke the assigned financial assistance classification or duration of the classification,
3. the effective date of the revocation which shall not be less than 14 calendar days from the date of the letter (when fraud has been determined, the revocation date may be retroactive to the date of financial assistance classification), and
4. notice of the right to appeal the revocation.

This notice shall be mailed to the applicant via certified and regular mail.

C. After 14 days have elapsed and the patient has not declared an intent to appeal the decision, the auditor shall update the eligibility system to record the revocation. The auditor will place comments in the system to indicate the reason for the revocation.



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III. FRAUDULENT APPLICATIONS

- A. An eligibility interviewer who believes an applicant for financial assistance has provided suspicious information shall copy the eligibility documentation and complete Form 4201, "Referral for Inquiry," documenting the reason for suspicion.
- B. Completed forms and supporting documents will be forwarded to the Assistant Director of Patient Eligibility Services, Administrative Functions.
- C. The Assistant Director or designee will investigate the case and make a recommendation regarding the accuracy of the information submitted. The department will maintain a confidential file of all investigative activity. This file will be retained in accordance with department record retention guidelines.
- D. In the event the department determines that an applicant has submitted false information or failed to provide complete information, a notice of intent will be provided to the client in accordance with section I.A. above.
- E. After 14 days have elapsed and the patient has not declared an intent to appeal the decision, the applicant's financial assistance classification will be revoked retroactively to the beginning effective date of that classification. All services rendered to the client from the beginning effective date will be billed to the patient at 100% of charges.



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- F. Applicants found to have fraudulently obtained a financial assistance classification will be barred from reapplying for assistance for six months from the date of the revocation.

IV. APPEALING A REVOCATION DECISION

- A. If the patient elects to appeal the revocation and notifies the department within 14 days of the date of the mailing of the notice of intent, the assigned classification will remain in effect until the appeal is resolved.
- B. If the appeals request is received after 14 days from the date the notice was mailed, the department will proceed with adjusting the applicant's financial assistance classification pending the outcome of the hearing.
- C. Appeals of revocation decisions will be heard by the Eligibility Appeals Committee.

REFERENCES/BIBLIOGRAPHY:

County Indigent Health Care Act
Form HCHD 4201 "Referral for Inquiry"
Eligibility Policy 1.07, "Appeal of Financial Assistance Classification"
Eligibility Policy 1.08, "Record Retention"

OFFICE OF PRIMARY RESPONSIBILITY: Patient Eligibility Services
Administration