

**WINNIE-STOWELL HOSPITAL DISTRICT
INDIGENT HEALTHCARE
POLICY & PROCEDURE STATEMENT**

Subject: Indigent Care Program
Level: Organization
Authorization: Board of Directors
Effective: Date: February 18, 2015

I. MISSION STATEMENT: To attend to and balance the healthcare needs of the community with fiscal responsibility.

II. PURPOSE: To establish rules and procedure that will identify *any* qualified resident of Winnie-Stowell Hospital District (WSHD) who qualifies for the Indigent Care Assistance Program (ICAP).

III. POLICY:

- A. The WSHD is liable for health care services as provided by the Texas Constitution and the statute creating the District.
- B. The WSHD is the payor of last resort pursuant to Section 61.060(c) of the Health and Safety Code (i.e., Indigent Healthcare Act) and is not liable for payment or assistance to an eligible resident in the hospital's service area if any other public or private source of payment is available.
- C. If another source of payment does not adequately cover a health care service a public hospital provides to an eligible resident of the hospital's service area, the hospital shall pay for or provide the health care service for which other payment is not available.

IV. DISCLAIMER: In the event that any provision of this Policy and Procedure Statement is more restrictive than Chapter 61 of the Texas Health and Safety Code, it is the intent of the WSHD for Chapter 61 to supersede this Statement.

IV. ELIGIBILITY:

- A. Citizenship: A person applying for WSHD ICAP must be one of the following:
 - 1. A natural born citizen
 - 2. A naturalized citizen; or
 - 3. A Sponsored Alien. A "sponsored alien" means a person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C. Section 1101 et seq.) and who, as a condition of admission, was sponsored by a person who executed an affidavit of support on behalf of the

person. See Tex. Health & Safety Code Section 61.008(c).

4. Documented Alien: A documented alien that has a green card and has had the status for at least five (5) years from their legal entry date into the United State.
5. Legally Admitted Alien: An alien legally admitted for permanent resident who is:
 - a. An honorably discharged U.S. Veteran, or
 - b. U.S. active duty military personnel, or the spouse, or
 - c. Minor unmarried dependent child of an honorably discharged U.S. Veteran or U.S. active duty military personnel.

B. Residence Eligibility

1. A person must live in the WSHD when the person applies.
2. A person lives in the WSHD if the person's home or fixed place of habitation is located in the District and he intends to return to the District after any temporary absences.
3. A person with no fixed residence or a new resident in the District who declares intent to remain in the WSHD is also considered a District resident.
4. A person does not lose his residency status because of a temporary absence from the WSHD. No time limits are placed on a person's absence from the District.
5. An applicant who is absent from the WSHD for more than 180 days must re-apply for eligibility;
6. A person cannot qualify for ICAP from more than one hospital district or county simultaneously; or
7. Persons Not Considered Residents:
 - a. An inmate or resident of a state school or institution operated by any state agency;
 - b. An inmate, patient, or resident of a school or institution operated by a federal agency;
 - c. A minor student primarily supported by his parents whose home residence is in another District, county or state;
 - d. A person who moved into the WSHD solely for the purpose of obtaining health care assistance.

e. A person who maintains a residence or homestead elsewhere.

C. Verifying Residency: A resident of the WSHD must submit a minimum of two of the following documents as proof of residents within the WSHD

1. Mail addressed to the applicant, his spouse, or children;
2. Texas driver's license or other official identification;
3. Rent, mortgage payment, or utility receipt;
4. Property tax receipt;
5. Voting record;
6. School enrollment records;
7. Statement from a landlord, a neighbor, or other reliable source; or
8. Three (3) consecutive months of receipts in the name of the applicant for:
 - a. Utility bills;
 - b. Rent/mortgage payments;
 - c. Lease agreements;
9. No medical or hospital bills, invoices, nor claims may be used to prove/verify a residence.

D. Financial Eligibility

1. Services shall be provided to those residents of the WSHD who have a gross yearly income less than or equal to **150% of the Federal Poverty Income Level**, and who are not eligible for Medicare, Medicaid or any other health care assistance and/or reimbursement programs.
2. Winnie-Stowell Hospital District may request that the applicant verify his/her gross yearly income by supplying any of, but not limited to the following:
 - a. IRS Forms 1040, W-2, etc.;
 - b. Wage and Earnings Statement(s);
 - c. Last three (3) consecutive pay checks stubs for everyone in the household;
 - d. Social Security Remittance; and

- e. Workers Compensation Remittance
- 3. The income of all WSHD ICAP household members is considered in determining financial eligibility.
- 4. Any applicant filing for ICAP who is not employed is expected to be actively seeking employment. If unable to work due to disability, he/she is expected to apply for disability or Medicaid benefits during the 180-day period of eligibility.
- 5. Failure to provide information necessary to complete a financial assessment may result in a negative determination. However, an application may be reconsidered upon receipt of the required information.
- F. Applicant's Fiscal Year: The fiscal year is defined as the twelve (12) month period beginning with the applicant's acceptance into ICAP.
- G. Eligibility Renewable: An applicant once accepted into ICAP, services will be provided for twelve (12) full months or the dollar caps set forth in Section 8. Each applicant will be responsible for reapplying for benefits as required under this policy.

V. SERVICES

- A. Winnie-Stowell Hospital District ICAP shall provide for inpatient services, only at the hospital and/or skilled nursing facility within the boundaries of the WSHD or owned by the WSHD. The services to be provided ICAP are the basic services required by Section 61.028 of the Indigent Health Care Act that include the following:
 - 1. Physician services include services ordered and performed by a physician that within the scope of practice of their profession as defined by state law.
 - 2. Annual physical examinations once per calendar year by a physician or a physician assistant. Associated testing, such as mammograms, can be covered with a physician referral.
 - 3. Immunizations when appropriate.
 - 4. Medical screening services include blood pressure, blood sugar, and cholesterol screening.
 - 5. Laboratory and x-ray services ordered and provided under the personal supervision of a physician in a setting other than a hospital (inpatient or outpatient).
 - 6. Family planning services or preventive health care services that assist an individual in controlling fertility and achieving optimal reproductive and general health.

7. Medically necessary Skilled Nursing Facility (SNF) services ordered by a physician, and provided in a SNF that provides daily services on an inpatient basis.
8. Prescriptions. This service includes up to three prescription drugs per month. New and refilled prescriptions count equally toward this three prescription drugs per month total. Drugs must be prescribed by a physician or other practitioner within the scope of practice under law.
9. Rural Health Clinic services must be provided in a freestanding or hospital-based rural health clinic by a physician, a physician assistant, an advanced practice nurse, or a visiting nurse.
10. Medically necessary inpatient hospital services provided in an acute care hospital to hospital inpatients, by or under the direction of a physician, and for the care and treatment of patients.
11. Medically necessary Outpatient hospital services must be and provided in an acute care hospital to hospital outpatients, by or under the direction of a physician, and must be diagnostic, therapeutic, or rehabilitative. Outpatient hospital services include hospital-based ambulatory surgical center (HASC) services.

D. Winnie-Stowell Hospital District ICAP shall provide for prescription medications purchased from contract providers within the boundaries of the WSDH (See VIII D. Prescription Drug Information).

E. Winnie-Stowell Hospital District ICAP shall not provide, nor be financially responsible for any other services no matter where nor by whom provided.

VI. APPLICATION PROCEDURE

A. The applicant shall be responsible for the completion and submission of an ICAP application. This application needs to be submitted to WSHD's Agent:

Sherrie Norris
CICHP Coordinator
Chambers County
P. O. Box 1997,
Winnie, Texas 77514
Ph: 409-296-1003
Fax 409-267-6488
sherrie@wshd-tx.com

B. An application will be considered complete only if it includes the following information:

1. The applicant's full name; physical address, mailing address;

2. The applicant's social security number;
3. Proof of income for the past three months to determine gross income;
4. The names and income of all other household members and their relationship to the applicant;
5. Information about all medical insurance, and hospital or health care benefits that household members may be eligible to receive;
6. Complete accurate information about the applicant and other household members gross income including all assets, property, and equity value of any vehicles or property;
7. Employment status of all individuals in household;
8. List of financial resources of all household members;
9. The applicant's signature and date completed;
10. List of qualified dependents; and
11. All needed verifications as requested, including authorizations to release information.

C. Incomplete Information

1. Incomplete applications, in any form or fashion, will be denied.
2. Denied applications may be appealed at any time a change in circumstances or conditions justify a re-determination of eligibility.
3. Person who intentionally misrepresents information to receive benefits that are not entitled to receive shall be responsible, to the fullest extent of the law, for the cost of those services received.

VII. APPEALS PROCESS

- A. Applicants have the right to appeal a denial of their application or eligibility.
- B. All appeals must be in writing and filed within ninety (90) days of a denial.
- C. In the event that the District and the Applicant cannot resolve the appeal, the District or its Agent, Jessica Langowski with the Chambers County Indigent Health Care Department, must submit a Form 106, Eligibility Dispute Resolution Request, within ninety (90) days to the Texas Commission on Health and Human Services Commission.

- D. Appeals shall be submitted to the WSHD or the Agent of the WSHD, Jessica Langowski with the Chambers County Indigent Health Care Department and state the reason(s) why the applicants should be considered eligible.
- E. The Chair of the Board of Directors of WSHD or his/her appointed designee serve as the Hearing Officer.
- E. The Hearing Office shall have the authority to hold an evidentiary hearing, or decide the case from the case file and documentation provided including any and all documents presented with the appeal.
- F. The Hearing Officer's decision is administratively final and non-appealable.
- G. Appellant will be notified in writing of the decision.
- H. Copies of all hearing decisions will be maintained for a period of one (1) year in the WSHD office.

VIII. MAXIMUM HOSPITAL DISTRICT LIABILITY

- A. To the extent the WSHD is financially able to do so, the maximum amount paid by WSHD to a ICAP recipient (“Client”) for each Client’s fiscal year for health care services provided by all assistance providers, including hospital care is:
 - 1. \$30,000; or
 - 2. The payment of 30 days of hospitalization or treatment in a skilled nursing facility, or both, or \$30,000, whichever occurs first, if the WSHD provides hospital or skilled nursing facility services to the resident.
- B. For claim payment to be considered, a claim should be received:
 - 1. Within 95 (ninety-five) days from the approval date for services provided before the household was approved or
 - 2. Within 95 (ninety-five) days from the date of service for services provided after the approval date.
- C. The payment standard is determined by the day the claim is paid. WSHD ICAP approved providers must dispense services and supplies.

D. Prescriptions Drug Information

1. WSHD prescription drug service includes a minimum of three medications per month regardless of the price of the medication, excluding experimental or cancer medications. In the alternative, if a Client has more than three medications and the cost of the three medications is less than \$150.00, the WSHD will pay up to a total of \$150.00 for the Client's medications.
2. For example, if a Client has six prescriptions that need to be filled each month and three prescriptions cost \$25.00 each (or \$75.00 total), the Client would have \$75.00 left over each month to use on other prescriptions.
3. The quantity of drugs prescribed depends on the prescribing practice of the provider and the needs of the Client. However, each prescription is limited to a 30-day supply.
4. New and refilled medications count equally toward the three medications per month total. Drugs must be prescribed by a physician or other practitioner within the scope of practice under law.
5. The quantity of each prescription depends on the prescribing practice of the physician and the needs of the Client.

E. Basic and Extended Health Care Services do not Include Services and Supplies that:

1. Are provided to a Client before or after the time period that Client is eligible for the WSHD ICAP;
2. Are payable by or available under any health, accident, or other insurance coverage; by any private or governmental benefit system; by a legally liable third party, or under other contract;
3. Are provided by military medical facilities. Veterans Administration facilities, or United State public health service hospitals;
4. Are related to any condition covered under the worker's compensations laws or any other payor source.

IX. PROCEDURE TO CHANGE ELIGIBILITY OR SERVICES PROVIDED: Pursuant to Section 61.063 of the Health and Safety Code, WSHD may not change its eligibility standards to make the standards more restrictive and may not reduce the health care services it offers unless it complies with the requirements of this section:

- A. Publish Notice of Intent to Change: Post Notice in Newspaper ninety (90) days before the date on which a change would take effect. This notice of the proposed change must be published in a newspaper of general circulation in the hospital's service area and set a date for a public hearing on the change. The published notice must include the date, time, and place of the public meeting. The notice is in addition to the notice required by Chapter

551, Government Code.

- B. Public Hearing: The WSHD shall have a public hearing no later than the 30th day before the date on which the change would take effect. The meeting must be held at a convenient time in a convenient location in the hospital's service area. Members of the public may testify at the meeting.
- C. Formally Adopt Policy Change: If, based on the public testimony and on other relevant information, the WSHD's Board finds that the change would not have a detrimental effect on access to health care for the residents the WSHD serves; the WSHD may adopt the change. This finding must be formally adopted.

X. RESOURCES: To find out more about the State of Texas's Indigent Health Program, please view the following links:

- A. Program Guide: <https://www.dshs.state.tx.us/topicrelatedcontent.aspx?itemsid=759>
- B. Q & A Indigent Program: https://www.dshs.state.tx.us/cihcp/FAQ/cihcp_faq.shtm
- C. State Eligibility Criteria: <https://www.dshs.state.tx.us/cihcp/eligibility.shtm>
- D. Application: https://www.dshs.state.tx.us/CIHCP/Program_Handbook/Revision_04-4/Forms_04-4/Formspg_04-4.shtm
- E. Texas Benefits (assist with eligibility): <https://www.yourtexasbenefits.com>
- F. Medicare Benefits: <http://www.benefits.gov/ssa>
- G. Chapter 61 Indigent Health Care Act:
<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.61.htm>

County	Hospital	Address	Inpatient Rates	Outpatient Rates	Hospital SDA
Chambers	Bayside Community Hosp	200 Hospital Dr Anahuac, TX 77514	100%	71%	\$3,856.69
	Winnie Community Hospital	538 Broadway Winnie, TX 77665	76%	65%	\$3,101.52
Cherokee	East Texas Medical Center	501 S Ragsdale St Jacksonville, TX 75766	20%	16%	\$3,550.86
	Mother Frances Hospital	2026 S Jackson Jacksonville, TX 75766	29%	35%	\$3,719.51
Childress	Childress Regional Medical	901 Hwy 83 N Childress, TX 79201	67%	33%	\$3,022.81
Clay	Clay County Memorial Hospital	310 W South St Henrietta, TX 76365	88%	57%	\$2,018.31
Cochran	Cochran Memorial Hospital	201 East Grant Morton, TX 79346	90%	100%	\$3,653.47
Coleman	Coleman County Medical	310 South Pecos Coleman, TX 76834	45%	39%	\$2,676.09
Collin	Baylor Regional Medical Center	4700 Alliance Blvd Plano, TX 75093	38%	22%	\$3,794.70
	Centennial Medical Center	12505 Lebanon Rd Frisco, TX 75035	28%	16%	\$3,947.12
	Columbia Medical Center	4500 Medical Center Dr McKinney, TX 75069	19%	11%	\$3,436.11
	Columbia Medical Center	3901 W 15th St Plano, TX 75075	25%	12%	\$4,477.42
	Frisco Medical Center	5601 Warren Parkway Frisco, TX 75034	39%	26%	\$3,392.99
	Plano Specialty Hospital	1621 Coit Rd Plano, TX 75075	80%	80%	\$3,653.47
	Presbyterian Hospital of Allen	1105 Central Expy N Allen, TX 75013	42%	26%	\$3,615.21
	Presbyterian Hospital of Plano	6200 West Parker Rd Plano, TX 75093	41%	27%	\$3,465.91
	Presbyterian Plano Center For Diagnostcs	6020 West Parker Rd Plano, TX 75093	42%	61%	\$4,014.09
	The Heart Hospital Baylor - Plano	1100 Allied Drive Plano, TX 75093	41%	49%	\$4,735.91
Collingsworth	Collingsworth General	1013 15th St Wellington, TX 79095	100%	46%	\$2,731.81
Colorado	Colorado-Fayette Medical	400 Youens Dr Weimar, TX 78962	58%	47%	\$2,421.63
	Columbus Community Hospital	110 Shult Dr Columbus, TX 78934	80%	57%	\$2,264.42
	Rice Medical Center	600 S Austin Rd Eagle Lake, TX 77434	100%	93%	\$3,242.56