

**CROSBY COUNTY HOSPITAL DISTRICT
INDIGENT CARE PROGRAM**

January 2017

The following outlines the Crosby County Hospital District Indigent Care Program (CCIP). Although excluded from regulations of the Indigent Care and Treatment Act of Texas which addresses the responsibilities of counties without hospital districts, the Crosby County Hospital District recognizes the responsibilities placed upon it under its enabling legislation and subsequent amendments thereto, as well as the Chapter ___ of the Texas Health and Safety Code, to “provide medical care to the indigent citizens of Crosby County”.

Coverage under the CCIP applies only to those patients who do not have any assets and for whom all other sources of financial assistance have been exhausted. Patients who qualify may be classified into one of the following categories:

Medically Indigent. Individuals who do not have any governmental or commercial insurance coverage, yet their annual income is above the U.S. Department of Health and Human Services (HHS) poverty guidelines.

Federally Indigent and CCIP Indigent. Individuals who do not have any governmental or commercial insurance coverage and their income is below the U.S. Department of Health and Human Services poverty guidelines.

I. APPLICATION

The application process will begin at Crosbyton Clinic Hospital. A patient’s eligibility for indigent care may be determined prior to, or after, medical services are rendered.

A. INCOME

CCIP income guidelines are set at 21% of the Federal Poverty Guidelines. Income may be averaged for a three-month period. This schedule agrees with the 2016 Federal Poverty Guidelines. No deductions are made for children or other dependents, living expenses, work-related or any other items.

B. Applications will be reviewed by Crosbyton Clinic Hospital for eligibility.

C. Denied applications will be reviewed only if requested in writing by a denied applicant within ten (10) days by a committee made up of the following:

1. A Board Member, to be appointed by the Board President.
2. The Hospital Chief Executive Officer, or his designee
3. The Director of Business Services

Other Crosby County Hospital District staff members may attend the committee meeting to provide information. The decision of the committee shall be final.

- D. The applicant must give the CCIP full authority to investigate and verify the accuracy of all information supplied to or requested by the CCIP.
- E. Applicant must be at least 19 years of age.
- F. It is a crime to give false or misleading information on an application for indigent care assistance or to fail to report any material change which would affect a recipient's continued eligibility. All applicants will be informed of this law and will be required to sign a statement acknowledging that they have read and understand the law. It will be the policy of the Crosby County Hospital District to refer all violations of the law for criminal prosecution as well as to seek repayment of any funds due to the Crosby County Hospital District.
- G. Applicant will be required to sign an authorization for release of information for medical records upon the request of the Business Office Director. Any and all information contained in the medical record may be used to verify the accuracy of the completed application and compliance with this policy. Release of entire medical record will include drug and alcohol/mental-health/communicable disease information, including HIV test results and AIDS related information, if any.

II. ELIGIBILITY

A. RESIDENCE REQUIREMENTS

1. (A) The applicant must have been a resident of Crosby County for a minimum of six (6) months. Proof of residency must be provided in a manner satisfactory to CCIP and may include a driver's license, utility bill, and rental agreement, deed to a homestead or other satisfactory proof.
 - (b) The applicant must be a U.S. citizen or a legal permanent resident of the U.S. Legal permanent residents must provide documentation of U.S. residency by providing copy of legal permanent resident card.
2. Persons do not lose their residency status because of short, temporary absences from the County. However, such absences must be purely temporary.
3. Persons not considered residents include, but are not limited to:

- a. Inmates of State or Federal correctional facilities
- b. Individuals who are temporarily residing within Crosby County, such as students, whose permanent home address is outside Crosby County
- c. Residents of other counties who are incarcerated in the Crosby County Jail
- d. Residents of other counties or states who are temporarily visiting Crosby County

B. INCOME

1. CCIP income guidelines are 21% of the Federal Poverty Guidelines. Income may be averaged for a three-month period. No deductions are made for children or other dependents, living expenses, work-related or any other items.
2. Income refers to all sources of income, before taxes, including but not limited to salary and wages, dividends, capital gains, interest, social security, unemployment benefits, veteran's benefits, retirement or pension benefits, welfare, workers' compensation, food stamps, AFDC, rent receipts, child support, alimony, court ordered payments from any source; payments for part-time or temporary work, training stipends, strike benefits from union funds, military family allotments, annuity payments, royalties, periodic receipts from estates or trusts; oil, gas or mineral leases; military pay or retirement of any kind; disability pay; sale of assets of any kind; net self-employed income; income or assistance received from family members; the fair market value of housing, utilities or other parties; or assistance received from any local, state or federal government program; income or assistance from any charity program and any and all other sources of income and assistance.
3. The CCIP may require proof of income or lack thereof from any source and it shall be the responsibility of the applicant to provide proof in a form satisfactory to the CCIP. All applicants must sign a release allowing the CCIP to investigate and verify all sources of potential income.

C. EXISTING RESOURCES

1. Total household resources cannot exceed \$1,000. Household resources include, but are not limited to, cash, checking accounts, savings accounts, certificates of deposit, stocks, bonds, IRA's,

vested retirement amounts, cash value of life insurance policies, mineral rights, real estate equity other than a homestead, other investments or other than a homestead, other investments or bank accounts, boats, recreational vehicles or any other motorized vehicles, campers, trailers, temporary buildings, televisions, radios and other audio or visual entertainment systems.

2. Exempt one vehicle per household if the household owns and uses it for transportation and the equity value is less than \$10,000. If the equity value exceeds \$10,000, count the excess amount. Count the equity value of all other vehicles. Generally, equity value is based on the average trade-in or wholesale value listed in the National Automobile Dealer's Association Used Care Guide, less amounts still owed on the vehicle.
3. The equity (fair market price, less mortgage pay-off balance) in an applicant's homestead cannot exceed \$5,000 and the fair market value of the applicant's homestead cannot exceed \$35,000, as determined by an independent appraisal or current CTA appraisal.
4. The CCIP reserves the right to verify all personal resources and it shall be the responsibility of the applicant to provide any information requested by the CCIP.
5. If an applicant sells, trades or otherwise disposes of any household resources or other assets in order to qualify for material change which would affect a recipient's continued eligibility. All applicants will be informed of this law and will be required to sign a statement acknowledging that they have read and understand the law. It will be the policy of the Crosby County Hospital District to refer all violations of the law for criminal prosecution as well as to seek repayment of any funds due to the Crosby County Hospital District.
6. If an applicant transfers household resources or other assets to another person in any manner and, in the sole opinion of the CCIP, this transfer was made to qualify for assistance from the CCIP, the CCIP reserves the right to include those assets in determining the applicant's eligibility.

D. HOUSEHOLD vs. FAMILY

1. The applicant's household shall be used to determine eligibility for income, resource, employment, other coverage and all other requirements for eligibility.
2. The term "household" as used in this policy shall include:
 - a. Person living alone;

- b. Two or more persons living together who are legally responsible for the support of the other person.
 - c. Spouse of the applicant, including common-law and estranged or separated spouses, even if they are not living in the same residence;
 - d. The parents or legal guardians of a minor applicant, married or unmarried, if they are living in the same residence.
 - e. Cohabitants, either related or non-related who reside in the same household.
3. The applicant's family size shall be used to determine the number of people who will be eligible for assistance.
4. The term "family" as used in this policy shall include:
- a. The applicant and spouse;
 - b. All unmarried children under the age of 18 or disabled adult Children for whom the applicant has financial responsibility.

E. EMPLOYMENT

1. All applicants and all adult members of their household must demonstrate a willingness and be either employed for at least 20 hours per week or actively seeking employment as evidenced by registration with the Texas Workforce Commission (TWC), or hold a physician's certification of medical disability. Applicants must produce a TWC registration form, which will be documented with signature of TWC office personnel. Applicants and adult members of their household must accept jobs that they are offered.
2. Exceptions may be made to this policy in the following situations:
- a. The person provides a dated, written statement from their assigned primary care physician which certifies that the person is medically unable to work.
 - b. The person is solely responsible for the care of one or more children who have not yet reached the age of five years.
 - c. The person is currently incarcerated in a jail or prison.

F. OTHER COVERAGE

1. Any person who has coverage, or who is potentially eligible for coverage from Medicare, Medicaid, Blue Cross-Blue Shield, group or individual insurance (indemnity or self-insured), HMO coverage, Veteran's Administration, Texas Rehabilitation Commission, Workers Compensation, crime victims program, benefits from auto insurance or any other liability insurance policy, court-ordered payments of any kind for medical assistance, disability coverage, employer provided medical benefits or any kind, or any other federal, state, local or private health insurance or medical assistance plan is ineligible for coverage under the CCIP. An applicant will be ineligible for coverage if the claim is the result of an on-the-job injury and his or her employer does not carry workers compensation insurance. If an applicant is denied AFDC/Medicaid/SSI because he failed to cooperate with the application process (missed appointments, failed to provide required information), the CCIP application *is* denied.
2. Applicants are required to apply for any coverage for which they may be eligible and to produce proof of non-coverage when requested by the CCIP. It is the sole responsibility of the applicant to apply for coverage and obtain any proof of non-coverage when requested by the CCIP.
3. Applicants must reimburse the CCIP for any payments made in the applicant or covered family members later receives or becomes eligible for other health insurance coverage or medical assistance which applies retroactively.

G. PATIENT COMPLIANCE

1. Recipients must comply with instructions given by their assigned Primary Care Physician and all other authorized healthcare providers. Recipients who do not comply with instructions from healthcare providers will not be eligible for further assistance from the CCIP.
2. The types of instructions with which recipients must comply include, but are not limited to:
 - A. diet
 - B. smoking cessation
 - C. exercise and other activity
 - D. medication
 - E. hospitalization

- F. frequency of physician visits
- G. any recommended treatment or therapy
- H. alcohol consumption
- I. drug abuse with legal or illegal drugs.

H. PERIOD OF COVERAGE

1. The applicant and eligible family members will be covered for a maximum period of six (6) months, or for such lesser period of time deemed appropriate by the CCIP. When coverage expires, the applicant must reapply for eligibility. The CCIP may, at its option, require a complete re-application or allow updating of information from the previous application.
2. Applicants must apply for coverage within two (2) working days of the time that services were received in order to have those services covered. Services provided to an applicant before the two days application deadline will not be covered. If an applicant's medical condition prevents him from applying, the application may be made within two working days of the time when the applicant first becomes medically able to apply for coverage. Applications must be completed within thirty (30) days from the date of application in order for services provided before the date of application to be covered.

III. BENEFITS AND COVERED SERVICES

- A. Covered services include hospital care, outpatient diagnosis and treatment, physician services, ambulance services, prescription drugs and certain dental services, subject to all terms, conditions and restrictions in this policy.
- B. Services which are NOT covered by the CCCIP include, but are not limited to:
 1. Chiropractic care;
 2. Podiatric care;
 3. Services provided by a psychologist, counselor or social worker;
 4. Treatment for alcoholism or alcohol abuse;
 5. Treatment for drug addiction or drug abuse;

6. Treatment for psychiatric conditions or nervous, emotional or mental conditions;
7. Tempomandibular joint (TMJ) syndrome;
8. Vision care, including examinations, corrective lenses of any type;
9. Radial Keratotomy;
10. Any procedure, test or treatment which is considered experimental;
11. Organ transplants of any kind;
12. Sterilization reversal procedures;
13. Sex change operations;
14. Treatment of any injury received during or incident to the commission of alleged felony or misdemeanor;
15. Pain Management Clinic services;
16. Sleep studies; sleep apnea;
17. Carpal Tunnel Syndrome;
18. Any service or benefit which would not be available to the employees of Crosby County Hospital District or the Crosby County Hospital District under the then current employee benefit plan;
19. Any service or benefit which would not be covered by Medicare under then current regulations;
20. Any service or benefit which would not be covered by Medicaid under then current regulations;
21. Services for which the patient is not legally required to pay;
22. Services provided by a family member, related by the 1st or 2nd degree by marriage or consanguinity;
23. Services which are covered by any other insurance or assistance program listed in item II, F1 of this policy;
24. Treatment for self-inflicted injuries, including drug and alcohol overdoses;
25. Cosmetic surgery, except when related to a covered injury;

26. Injuries resulting from an act of war or civil insurrection;
27. Any drug not approved by the FDA for the use for which it was prescribed;
28. Nursing home care, at either the ICF or SNF levels;
29. Personal care services;
30. Any services, treatments, tests or medications not requiring a physician's order;
31. Durable medical equipment;
32. Any service or benefit which, in the sole judgement of the CCIP and the assigned Primary Care Physician, is not medically necessary;
33. Surgical treatment for any condition for which medically appropriate conservative;
34. Orthodontics;
35. Dental care, other than as specified in section VIII;
36. Replacement of an original prosthesis;
37. Dental prophylaxis;
38. Well-baby exams or check-ups;
39. Routine immunizations;
40. Preventive care;
41. Services provided by the Texas Department of Health or local Public Health Clinic;
42. Services provided by another hospital when those services meet the requirements of the hospital's Hill-Burton obligations;
43. Lab, X-rays, and other ancillary services that can be provided at CCH will not be reimbursed

IV. SELECTION OF PROVIDERS

- A. The CCIP reserves the right to select the provider of all covered services. Any services provided by a provider not approved by the CCIP will not be covered.
- B. Each recipient will be assigned to a Primary Care Physician. The recipient may not receive covered services from any other provider without advance permission and referral from their assigned Primary Care Physician, except in cases of emergency defined elsewhere in this policy.
- C. Recipients will not be allowed to change their assigned Primary Care Physician without advance approval from the CCIP.
- D. Primary Care Physicians must be physician members of the Active Medical Staff of Crosby County Hospital District in general practice, family practice, or general internal medicine who have indicated a desire to participate in the CCIP. If medically appropriate referrals will be made.
- E. Recipients are always free to seek any type of medical care from any provider they wish if they do not want payment from the CCIP. This policy is not intended to prevent a recipient from seeking any medical services that they feel are necessary.
- F. Special hospital-sponsored clinics may be established which can be used by recipients in addition to their assigned Primary Care Physician.
- G. The Primary Care Physician must provide CCIP with a written evaluation within five (5) working days of first visit to qualify for payment of services.

V. PAYMENT RATES

- A. The amount of approved payment for various providers is described in the following sections of this policy.
- B. Providers may not collect from the recipient the difference between their usual and customary fee and the amount paid by the CCIP.
- C. Recipients who do not make their required payments to Crosby County Hospital District or the CCIP may be ineligible for further assistance.
- D. The maximum payment made to all providers other than Crosby County Hospital District for one recipient during each fiscal year of the CCHD shall be \$5,000.

VI. PHYSICIAN CARE

A. PRIMARY CARE PHYSICIAN

1. Each recipient will be assigned to a Primary Care Physician, as defined in Section IV. This physician will provide all medical services within his capability and will authorize referrals to physician specialists and other providers when medically necessary and appropriate.
2. Regular office visits will be limited to three (3) per calendar month.
3. Primary Care physicians will be reimbursed at 125% of Medicaid.

B. OTHER PHYSICIANS

1. Other physicians will be paid only when the patient is referred by their assigned Primary Care Physician or in accordance with the emergency care provision of this policy.
2. Other physicians will be reimbursed at 125% of Medicaid rates.

C. EMERGENCY ROOM

1. The CCH emergency room is not to be used as a substitute for care by the patient's assigned Primary Care Physician. The emergency room should be used only for true emergencies. Patients who use the emergency room for non-emergency conditions may be ineligible for further assistance from the CCIP.

VII. HOSPITAL CARE

A. CROSBYTON CLINIC HOSPITAL (CCH)

1. Recipients must receive all hospital care, inpatient and outpatient, at Crosbyton Clinic Hospital (CCH) unless CCH is not able to provide appropriate care.
2. The CCIP will pay for care at CCH by paying the percentage from Schedule A of the CCH's usual and customary fee.
3. All inpatient admissions at CCH will be subject to the utilization review guidelines currently in use for CCH employee insurance.

B. OTHER HOSPITALS

1. Recipients may use hospitals other than CCH only when transferred by CCH or referred by their assigned Primary Care Physician and approved by CCIP.
2. Payments to other hospitals will be the percentage from Schedule a times the hospital's charges times the hospital's Medicaid interim rate of 65%, whichever is less, but may not exceed the maximum limit during any fiscal year.

VIII. DENTAL CARE

- A. Dental care will be limited to treatment of jaw fractures and oral infections which the recipient's assigned Primary Care Physician has certified must be treated for medical reasons.
- A. Payment will be made at the percentage from Schedule A applies to either the then current Medicaid price or 65% of the dentist's usual and customary fee, whichever is less.

IX. PHARMACY

- A. Only drugs legally requiring a physician's prescription, prescribed by a physician approved by the CCIP and for a purpose approved by the FDA will be covered.
- B. Prescriptions must be filled at a pharmacy approved by the CCIP. Generic drugs must be used whenever available.
- C. Recipients will be limited to three prescriptions per calendar month. Quantities will be limited to a thirty day supply or an appropriate dispensing quantity.

- D. Payment will be made at rates determined by agreement between the CCIP and individual pharmacies.
- E. Only drugs contained in the CCIP formulary will be approved to be prescribed.

X. AMBULANCE

- A. Whenever possible, all emergency ambulance service will be provided by the ambulance service operated by CCH. Non-emergency transfer by ambulance must be pre-authorized by the CCIP.
- B. Whenever it is necessary to use an ambulance service other than CCH for emergency situations, payment will be made at 65% of current CCH rates.
- C. Air ambulance service is covered at 100% of CCH ground transportation rates.
- D. Ambulance service, including CCH, is not to be used for routine or non-emergency use. Recipients who violate this provision may be ineligible for further assistance from the CCIP.

XI. EMERGENCY CARE

- A. When a recipient is outside Crosby County it may be necessary to seek emergency medical care from a provider other than CCH or the assigned Primary Care Physician. Such care will be covered when returning to CCH would have resulted in probable loss of life, limb or function or caused permanent impairment or undue pain and suffering.
- B. When a recipient seeks emergency care from another provider, the provider must notify the CCIP prior to beginning treatment. If the recipient's medical condition precludes such advance notification, the provider must notify the CCIP or CCH within 24 hours of beginning treatment. When these procedures are not followed, the CCIP will not be liable for payment of services. CCIP reserves the right to have the patient transferred to CCH or another hospital of its choice as soon as medically feasible.
- C. Recipients of emergency care must apply for eligibility and meet all other requirements of this policy before payment will be made.

XII. FUNDING

- A. Funding for the CCIP will be from tax-generated revenue collected countywide.

- B. An annual amount for indigent healthcare will be determined in the CCHD budget and approved by the Board of Directors.

XIII. MISCELLANEOUS PROVISIONS

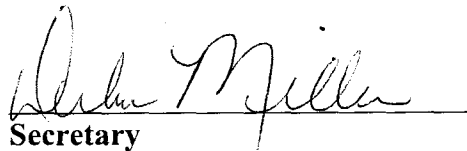
- A. All providers seeking payment from the CCIP must provide, on request, at no cost to CCIP, a complete copy of the recipient's medical records and billing information. It shall be the responsibility of the provider to obtain consent from the recipient to release medical records to CCIP.
- B. The Board of Directors of CCHD reserves the right to modify these policies at any time.
- C. If any portion of these policies is found to be unenforceable, invalid, or illegal, that shall not affect the enforceability of all other provisions of this policy.
- D. If the CCIP shall waive or modify or fail to enforce any portion of these policies, that shall not serve as a precedent requiring future waiver, modification or failure to enforce any portion of these policies.
- E. The CEO, or Director of Business Services, is authorized to make exceptions to policies in an unusual situation when he/she believes it is in the best interest of the CCHD to do so.
- F. Prisoner Care. The eligibility or ineligibility of persons incarcerated in the Crosby County Jail will be evaluated as of the date of their incarceration. Prisoners must meet all requirements of this policy, unless specifically exempted herein. Eligibility of prisoners will automatically terminate at the end of their incarceration. Re-application for coverage must be made upon release from custody.

**APPROVED BY THE BOARD OF DIRECTORS OF THE CROSBY COUNTY
HOSPITAL DISTRICT ON THE 1st DAY OF October, 2006
TO BE EFFECTIVE ON SAID DATE.**

January 1, 2007

Reviewed January 2017

President



Secretary