



**FRIO REGIONAL  
HOSPITAL**

[ *Managed by Methodist Healthcare – San Antonio* ]

<b>DEPARTMENT:</b> Patient & Financial Services	<b>POLICY DESCRIPTION:</b> Indigent Care and Health Care Assistance
<b>PAGE:</b> 1 of 5	<b>REPLACES POLICY DATED:</b> December 1, 2016
<b>EFFECTIVE DATE:</b> January 19, 2018	<b>REFERENCE NUMBER:</b>
<b>APPROVED BY:</b> Frio Hospital District	

**PURPOSE:**

This policy establishes a framework by which the District identifies residents who are eligible for health care assistance.

**POLICY:**

Frio Hospital District (“District”) has an obligation to provide health care assistance to the eligible indigent residents of Frio Hospital District. As part of its commitment to its community, the District also provides health care assistance to residents who do not qualify for indigent health care assistance but who are unable to pay for health care services.

The maximum benefit per patient is \$10,000 per year.

The program maximum is \$300,000 per District Fiscal Year.

The District will use the following rules, procedures, and guidelines to comply with its responsibilities to provide indigent care in accordance with the applicable provisions of Texas Health and Safety Code, Chapter 61, and to provide health care assistance.

**PROCEDURE:**

**1. Applications**

Each patient applying for health care assistance should be asked to complete a Health Care Assistance Application (“Assistance Application”). Applications can be requested from April Monreal, Indigent Healthcare Clerk, at Frio Regional Hospital, 200 S. IH 35,

Pearsall, TX 78061. Hospital staff must give or mail applications the same day requested. A brief explanation should be given to the applicant explaining the process and the applicant's responsibilities. Assistance in completing applications will be provided if needed. Applicants shall be informed that they should contact April Monreal, Indigent Healthcare Clerk at Frio Regional Hospital at 830-334-3617, extension 172 for assistance.

An application will be considered complete if it includes these components:

- The applicant's full name and address;
- The applicant's social security number, if available;
- The names of all other household members (excluding AFDC, Medicaid, or SSI recipients) and their relationship to the applicant;
- The applicant's district of residence;
- Information about any medical insurance, and hospital or health care benefits that household members may be eligible to receive;
- Information about the household members' assets and property and the equity value of any vehicles or property;
- Information about the applicant's gross yearly household income;
- The applicant's signature and the date the form is filled out; and
- All needed verifications.

## 2. **Applicant Responsibilities**

The applicant is responsible for:

- Correctly filling out the form and providing all needed verification for all eligible household members; and
- Reporting any individual, entity, or other third party that may be legally liable for all or any part of the cost of health care services received by the household during the period of eligibility. The applicant must provide the District with necessary information about the third party.

If the applicant is married and his or her spouse is a household member, the spouse also must sign the form. By signing the form, the applicant, spouse, or authorized representative

- Swears to the truth of the information supplied, and
- Assigns to the District the household's rights to recovery of health care costs from any individual, entity, or other third party that may be legally liable for any health care services paid by the District.

If approved for health care assistance, the applicant promises to report any changes in income and resources within 14 days after the change occurs. Persons who intentionally misrepresent information to receive benefits they are not entitled to receive are responsible for reimbursing the District for the cost of benefits they were ineligible to receive.

**3. Application Processing**

The District shall process each Assistance Application to determine if the applicant meets the eligibility requirements for health care assistance. The District shall review each application and shall accept or deny the application not later than the 14th day after the date on which the District receives the completed application.

If an incomplete application is received, the District shall request any needed information from the applicant. If the applicant does not provide the requested information within 14 days of the date the request is received, the application shall be denied.

The District shall provide an applicant written notification of its decision. If the District denies assistance, the written notification shall include the reason for the denial and an explanation of the procedure for appealing the denial.

If an applicant is denied health care assistance, the applicant may resubmit an application at any time circumstances justify a redetermination of eligibility.

**4. Eligibility Requirements**

**A. Residency**

Applicants for indigent health care assistance must live in the Frio Hospital District. A person lives in the District if the person has a fixed habitation is located in the Frio Hospital District and intends to return to the District after any temporary absences. Persons do not lose their residence status because of temporary absences from the District. No time limits are placed on a person's absence from the District. For example, a migrant or seasonal worker may travel during certain times of the year but maintains a fixed home and returns to that home after these temporary absences. The worker does not lose residence status as long as he intends to return to his fixed home.

Residence in the District may be proved by any of the following: Texas driver's license; school enrollment records; housing payment receipts; utility bills; voter registration; or food stamp eligibility letters.

If a person proves District residency at application, the person remains a District resident until factual evidence proves otherwise.

There are no durational requirements for residency. Persons with no fixed residence or new residents in the District who declare their intent to remain in the District and who verify this intent, if questionable, are considered District residents.

**B. Income**

The District shall provide indigent health care assistance with no obligation to pay for services rendered to those uninsured residents who have a gross monthly income less than or equal to 100% of the Federal Poverty Guidelines for the household's size.

The District shall require that the applicant verify his or her gross yearly household income by supplying any of the following: IRS Form W-2, Wage and Earnings Statement; Pay Check Remittance; Tax Return; Social Security, Workers Compensation, Unemployment Compensation or Government Program Determination Letters; telephone verification by employer of the applicant's annual gross income; or bank statements. If this information is not provided with the Assistance Application, the District shall request such documentation from the applicant.

**5. Right to Appeal**

Applicants have the right to appeal a denial of their application or eligibility for indigent health care assistance. To appeal a denial, the applicant should submit any appeal and the reasons why the applicant should be considered eligible for indigent health care assistance in writing to the District within 90 days of receipt of the notice of denial.

**6. Eligibility Review**

Applicants shall be informed that they must report to the District any change in income or resources that might affect the applicant's eligibility within 14 days after the date on which the change occurs. Eligibility for indigent care and charity care shall be reviewed by the District Indigent Healthcare Clerk 1 month after approval, at which time the household must provide the District with documentation establishing current eligibility.

**7. Document Retention**

The District shall maintain the records relating to an application for assistance for at least three (3) years after the date on which the application is submitted. Such records shall include at least the Assistance Application, including the applicant's gross yearly household income and any supporting documentation, and a copy of the written notification of approval or denial of the Assistance Application.

**8. Indigent Health Care Assistance**

The District shall provide the following services to the extent it is financially able to do so as determined annually by the Board of Directors of Frio Hospital District:

- A. Primary and preventive services, including immunizations, medical screening services, and annual physical examinations;
- B. Inpatient and outpatient hospital services provided at Frio Regional Hospital;
- C. Physician services received from a physician on the Active Staff of Frio Regional Hospital;
- D. Family planning services;
- E. Laboratory and X-ray services provided at Frio Regional Hospital;
- F. Payment for not more than three (3) prescription drugs per month at Frio Regional Hospital Pharmacy;
- G. Rural health clinics; and
- H. Skilled nursing facility services, regardless of the patient's age.

The services provided by the District under this policy shall be reviewed annually and may be revised as may be determined from time to time by the Board of Directors of Frio Hospital District. The District reserves the right to establish a cap on annual expenditures for both individual patients and the program as a whole and to deny further claims once such cap has been reached.

**9. Payor of Last Resort**

Frio Hospital District shall always be the payor of last resort. This policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payors, patient transfers, or emergency care.