



d/b/a CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
POLICY & PROCEDURE STATEMENT

Subject: Financial Assistance Program
Level: Organization
Authorization: Board of Directors
Effective Date: March 24, 2021

POLICY:

Chambers County Public Hospital District No. 1 (CCPHD1) shall fulfill its obligations to provide indigent care assistance to the eligible individuals residents of the District in accordance with and as set forth in the applicable provisions of the Texas Health and Safety Code, Chapter 61.

PURPOSE:

This policy establishes a framework by which CCPHD1 identifies and provides for District residents who are eligible for financial/indigent care assistance.

PROCEDURE:

Covered Services

1. CCPHD1 shall provide/be financially responsible for only those services directly provided by District operations and/or personnel.
2. CCPHD1 shall not provide, nor be financially responsible for any other services no matter where nor by whom provided.

Eligibility, Residence:

1. Services shall only be available to those individuals verified as being residents of CCPHD1.
2. Residency shall be verified through the presentation and validation of at least two of the following:
 - a. Voters registration certificate
 - b. Automobile registration certificate in the name of the applicant
 - c. Property tax receipts in the name of the applicant, or responsible party (parent/guardian) in the case of a minor
 - d. Three (3) consecutive months of receipts in the name of the applicant for:
 - i. Utility bills
 - ii. Rent/mortgage payments
3. Once residency has been established, the applicant will not lose residency status for temporary absences from the District. Temporary absences are defined as the intent of the applicant to return to a fixed habitation located within the boundaries of the District, no matter the length of the absence.

Eligibility, Financial:

1. Services shall be provided to those residents of the District who have a gross yearly income less than or equal to 200% of the Federal Poverty Income Level, and who are not eligible for Medicare, Medicaid or any other health care reimbursement programs.

2. CCPHD1 shall request that the applicant verify his or 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. Paycheck Stub
 - d. Social Security Remittance Advice
 - e. Workers Compensation Remittance Advice

Application Process:

1. The applicant shall be responsible for the completion and submission of a Financial Assistance Application.
2. Applications will be provided or forwarded on the same day requested.
3. The applicant shall be provided assistance in the completion of the application if requested.
4. An application will be considered complete only if it includes these components:
 - a. the applicant's full name and address
 - b. the applicant's social security number, if available
 - c. the names of all other household members and their relationship to the applicant
 - d. the applicants district of residence
 - e. information about any medical insurance, and hospital or health care benefits that household members may be eligible to receive
 - f. complete and accurate information about the household's members' assets and property and the equity value of any vehicles or property
 - g. information about the applicants and any household members' gross yearly income
 - h. the applicants signature and date completed
 - i. all needed verifications as requested, including authorizations to release information.
5. Incomplete applications, in any form or fashion, may be denied.
6. Denied applications may be appealed at any time a change in circumstances or conditions justify a re-determination of eligibility
7. Persons who intentionally misrepresent information to receive benefits they are not entitled to receive shall be responsible, to the fullest extent of the law, for the cost of those services received.

Determination Process:

Once an individual has completed the necessary application, including the submission of the required documentation, the application shall be reviewed against the program eligibility requirements. If the client/patient is deemed eligible, all bills for services rendered at and/or by any CCPHD1 facilities (**OmniPoint Health**) in the same calendar year approved shall be charged off to charity care, and the client/patient will have no further responsibility for those bills-except for Emergency Room care that is deemed non-emergency.

Appeals Process:

1. Applicants have the right to appeal a denial of their application or eligibility.
2. All appeals must be filed within ninety (90) days of a denial.
3. Appeals shall be submitted to the Administrator/CEO of the District and state the reason(s) why the applicant should be considered eligible.
4. All appeals shall be in writing.
5. The Chair of the Board of Trustees of CCPHD1 shall serve as the Hearing Officer or shall appoint another member of the Board as the Hearing Officer.

6. The Hearing Officer 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.
7. The Hearing Officer's decision is administratively final and non-appealable
8. Appellant will be notified in writing of the Hearing Officer's decision
9. Copies of all hearing decisions will be maintained for a period of one (1) year in the offices of the CCPHD1 Indigent Care Assistance Program office.

Making payments in full:

Requires for the patient to make full payment before a 45-day period.

Making Payment arrangements:

Requires patient to make each payment in a 30-day period for no longer than 12 months. Any request to extend payments past 12 months requires the approval of the District Administrator.

Payer of Last Resort:

CCPHD1 shall always be the payer of last resort. This policy shall not alter or modify other policies regarding efforts to obtain payments from third-party payers, patient transfers, or emergency care.

Recertification:

The approved applicant will be responsible for notifying the program their intent to recertify each calendar year. The process will begin as soon as the new application, income tax forms and other eligibility documents are received for the previous year. The approval process will follow the same requirements as when initially approved for the program.

Patients that qualify for SFS/PHC:

After all collection efforts have been made, accounts will be reviewed, and if patient is on the Sliding Fee Scale (SFS)/FQHC and/or Primary Health Care (PHC) grant program during the past year, regardless of whether the patient resides within the district, then the accounts will be adjusted for Charity Care.

Qualified grant patients who receive recurring services (i.e. Diabetic Outpatient Training, Physical Therapy and Wound Care) would be responsible, at the time of service, for a \$25.00 nominal fee per recurring visit.