

Navarro County Indigent Policy and Procedures

Purpose: The purpose of this policy is to establish a minimum eligibility standard, application, documentation, and verification procedure for Navarro County Indigent Health Care.

Application Process: A valid identifiable application must have a name, address and signature. Date stamp the date received. If not identifiable and an address is available, stamp the date received and mail back. With the identifiable application, check for prior accounts, if none, check rapid registration and hospital notification. Assign a client number using rapid registration if available. Set appointments 14 days out if mailing the F3067 and F3068. If handing in the forms, the first available can be used. Reschedules are permitted but be attentive to the age of the application. Once interviewed, allow 14 days to provide pending information. Deny on the 15th day if no information has been received. Complete the case within 14 days once all information has been received.

Documentation: Documentation is important to justify your decision on the case. Please document household compensation, income, resources and management. Also, document if the client will participate in the work registration or if they are exempted and why. If Social Security Disability has been pursued, what is the status on the claim. Please see the work registration policy.

Verification: Verification can be written or verbal. If possible, reach out to sources for verification to complete the case in a timely manner. Identification can be any state issuance. This doesn't verify their residence, just who they are. If there is no State ID available, 3 other forms of ID will be accepted. Examples: school records, mail, church records, social security card, offender card, homeless shelter card, work badge, etc. Use your discretion. If you question who they are, do not accept. CIHCP cannot require someone to pay for a state issued ID.

Income eligibility: Navarro County Indigent Health Care will use the 21 percent of the federal poverty level to determine eligibility.

Services: Navarro County will provide Basic Health Care Services to eligible Navarro County residents through the Dr. Kent E. Rogers Clinic. The Indigent Health Care Program will allow \$30,000 max for each fiscal year (09/01 to 08/31 the following year). This will cover Basic Health Services such as, primary and preventative services, lab and x-rays, immunizations, specialists with approved referral, medical screening services, annual physical examinations, and inpatient and outpatient hospital services. Other medical necessary services may be determined by your primary care provider with an approved authorization referral. It also covers 3 prescriptions per month no more than \$500 each (Generic ONLY) unless generic is not available for the prescription ordered. IHCP does not cover over-the-counter medications.

Navarro County Indigent Policy and Procedures

Referrals and notification of services: Clients will receive medical care through the Dr. Kent E. Rogers Clinic. If a specialist is needed, the Dr. Kent E. Rogers Clinic will send a request to the Navarro County Indigent Health Care Office for a determination. Once a determination is made the Navarro County Indigent Health Care Office will send the decision to the Dr. Kent E. Rogers Clinic and to the client. This is done prior to any services provided by the specialist. The client is responsible for all bills if the referral process is not followed, and Navarro County will not pay for the services. Hospitals, such as emergency services or inpatient services must notify the Navarro County Indigent Health Care Office verbally within 72 hours of admit and a written notification within 5 days of admit. If the notification is not done in a timely manner, the county is not responsible for paying for the services.

Changes: Clients are required to report all changes within 14 days of the change. Process the change within 14 days, per section 3, page 6 of case record maintenance, the effective date is the date the F117 is issued to the household.

Processing appeals: All appeals will be processed by the Coordinator. Per section 3, Case Processing, page 5, if a denial decision is disputed by the household, the household may submit another application, the household may appeal the denial, or the county may choose to re-open the denied application. The client has 30 days to request an appeal via phone, in writing or in person. Once an appeal is received, the Coordinator will review the complete case to validate the decision. Once the decision is made, the client will be notified in writing of the decision. If the denial is not valid, the case will be reopened within 10 days and the effective date is the first day of the month of the identifiable application. If there is still a dispute, the case will be submitted to the County Judge for a final decision. The County Judge will have 45 days to make the final decision. The client will then be notified in writing of the Judge's decision.

Reports: A monthly financial report (Form 3072) will be submitted no later than the 10th day of the following month. The report will be emailed to CIHCP@hhsc.state.tx.us. An end of year report is to be completed at the end of each state fiscal year (after August 31). This is to be completed on a Form 3086 and sent to HHSC CIHCP at 512-776-7203 no later than September 30. All invoices that are received will be processed through Indigent Health Solutions, known as (IHS). The IHS site has all the standard deductions, Medicaid rates, Hospital Inpatient and Outpatient percentages etc. already pre-programmed. Invoices/ Claims that are received will be imported into the IHS, that will fall into a certain batch date based on date of entry, that will be included in the next upcoming commissioner court date. The Wednesday prior to the next commissioner court date all invoices for that period will be entered.

(Example: data entry dates 08/08/24 to 08/21/24 will be processed and ready for the next commissioner court date on 08/26/24).

Navarro County Indigent Agreement-Training

Medical Services: This program provides Navarro County residents that meet the eligibility requirements with Basic Health Care Services. Your primary care provider (PCP) is the Dr. Kent E. Rogers Clinic. You ***must*** use the Dr. Kent E. Rogers Clinic for all your medical needs.

If a specialist is needed, a ***referral*** is required ***prior*** to your visit. The Dr. Kent E. Rogers Clinic should submit the paperwork to this office for approval; however, **it is your responsibility to make sure this office has received and approved the referral prior to the appointment with the specialist.** Without this process being followed, any medical expenses incurred will be denied payment and you will be held responsible for the charges.

Emergency Room Services: Do not use hospital emergency rooms for non-emergency care. Use only in case of an accident or life-threatening emergency. In the event you need emergency care, you are required to schedule a follow-up appointment with your PCP at the Dr. Kent E. Rogers Clinic within 7 days of being discharged. Failure to follow these established procedures may result in loss of eligibility. If abuse of emergency room usage is suspected, you will be required to pay for the services.

Pharmacy: You may use the pharmacies that are listed below for your prescriptions.

- P&S Pharmacy – 829 N Main St. Corsicana, Tx 75110 (Phone: 903-874-5691)
- HEB Pharmacy – 201 S 15th St. Corsicana, Tx 75110 (Phone: 903-874-6546)
- Walmart Pharmacy – 3801 W State Hwy 31 Corsicana, Tx 75110 (Phone: 903-874-8239)
- Apollo Pharmacy – 13971 W 7th Ave. Corsicana, Tx 75110 (Phone: 903-602-5102)
- Hometown Pharmacy – 2800 W Hwy 22 Corsicana, Tx 75110 (Phone: 903-872-3784)

Prescriptions: Make sure you present your eligibility coverage sheet when you pick up your prescriptions. Navarro County will only pay for Generic medications, 30-day supply and 3 prescriptions a month that do not exceed \$500 each. Navarro County will not pay for medications that you can buy over the counter, psych medication, anti-depressants or pain medications. If you need psych medication, please contact Child & Family Guidance at 214-351-3490.

Fraud Policy: Providing false or misleading information will be considered fraud. If it is determined that fraud exists, the individual will be denied future eligibility and will be required to reimburse the county for all money paid out for claims. Such cases will be reported to the Navarro County District Attorney's Office for further investigation and/ or prosecution.

Navarro County Indigent Agreement-Training

Training Acknowledgement

_____ I acknowledge I have received the training on the Indigent Health Care Program.

_____ I understand the rules and procedures for the program.

_____ I understand the county Fraud Policy and have had the opportunity to ask questions.

_____ I have had the opportunity to ask questions and have been provided a copy of this information.

Indigent Client Name: _____

Indigent Client Signature: _____

Date of Training: ____/____/____

Indigent Coordinator Signature: _____



Navarro County Indigent Health Care
Denial of Payment

(Current Date)

(Patients Name)

(Patients DOB)

(Patients Address)

(Ms./Mr. patients name)

This office has received medical expenses from _____ for a date of service of _____. This was not an approved visit as this office was not notified prior to the service provided. At your interview, you signed the Navarro County RX Agreement-Training which states: **it is your responsibility to make sure this office has received and approved the referral prior to the appointment with the specialist. Without this process being followed, any medical expenses incurred will be denied payment and you will be held responsible for the charges.**

Please contact _____ for payment arrangements.

Thank you,

Brianna Caldwell

Navarro County Indigent Health Care Coordinator

903-874-6731

Indigent Monthly Letter

The following information is needed to determine your continued eligibility for this program. Please answer each question and sign/ date the form. This MUST be turned in no later than _____ or we will assume you no longer want the medical assistance with IHCP.

La siguiente información es necesaria para determinar su elegibilidad continua para este programa. Responda a cada pregunta y firme o feche el formulario. Esto DEBE entregarse a más tardar _____ o asumiremos que ya no desea recibir asistencia médica con IHCP.

1. How much income did you receive in August including wages, gifts, loans, Financial aid, ect.?
Cuántos ingresos recibió en agosto, incluidos salarios, regalos, préstamos. ¿Ayuda financiera, etc.?
-

2. How much income do you expect to receive before the first of September? *¿Cuántos ingresos espera recibir antes del primero de septiembre?*
-

3. What is the source of your income? *¿Cuál es la fuente de sus ingresos?*
-

4. Has anything changed since you last communicated with us, including but not limited to, your address, marital status, employment status, and any assistance you may receive?
Yes/ No (You must circle one). If the answer is "YES", please list the change:
¿Ha cambiado algo desde la última vez que se comunicó con nosotros, incluidos, entre otros, su dirección, estado civil, estado laboral y cualquier asistencia que pueda recibir? Sí/ No (Debe marcar uno con un círculo). Si la respuesta es "Sí", indique el cambio:
-

5. Do you have an application and/ or appeal pending for Social Security Disability or SSI?
¿Tiene una solicitud y/o apelación pendiente para el Seguro Social por Discapacidad o SSI?
-

6. Have you received any mail this month concerning your Social Security Disability or SSI?
_____ If so, please send a copy to this office.
¿Ha recibido algún correo este mes con respecto a su discapacidad del Seguro Social o SSI?
_____ Si es así, por favor envíe una copia a esta oficina.

Attention Regarding Fraud: Fraud is the deliberate misrepresentation of some material fact for the purpose of acquiring benefits. If fraud is confirmed, the County can pursue restitution and/or prosecution along with administrative ineligibility.

Atención con respecto al fraude: El fraude es la tergiversación deliberada de algún hecho material con el propósito de obtener beneficios. Si se confirma el fraude, el Condado puede solicitar la restitución y/o el enjuiciamiento junto con la inelegibilidad administrativa.

Signature/ Firma

Date/ Fecha

Monthly Letter Policy and Procedure

Purpose: The purpose of the Monthly Income Letter is to ensure any changes are reported in a timely manner and Job Searches are validated.

The monthly income letter will be mailed out on the 4th Monday of the current month and due on the 3rd Friday of the following month. This gives the client 4 weeks to complete and return it to the IHC office. If not returned by the due date, the F117 will be mailed by the 4th Monday of the month with the denial date as the last day of the current month.

Example: mailed out on 01/23, due 02/17. If the F117 is needed it must be mailed out by 02/20. Denial effective 02/28.

If the monthly income letter is received and it shows any changes that have occurred, the changes are then applied. If the change makes the client ineligible for the program, the denial effective date is the date that is printed on the F117 per Chapter 61, section 3, page 6.

Per Chapter 61, section 3, page 4, the reason for denial must be noted on the F117. Navarro County Indigent Health Care will also note on the notice if a sanction is imposed and when the client is eligible to reapply.

Example: The monthly income letter and job search was not completed. You may reapply on or after _____.



Navarro County Indigent Health Care

Citizenship

Chapter 61 sites, Eligible County resident as a resident of the county. Navarro County also includes citizenship as an eligibility definition, as someone that resides in Navarro County that has a current and legal documentation verifying entry in the United States. This includes but is not limited to birth certificates, INS card or passport. A visitors Visa does not meet that requirement based on the expiration and intent to stay in the county. This program will only cover Navarro County residents that meet this requirement and intend to continue to live in this county.

Fraud

Sec. 61.043 Requires a county to adopt reasonable procedures for minimizing the opportunity for fraud. Navarro County adopts the following policy: Providing false or misleading information will be considered fraud. If it is determined that fraud exists, the individual will be denied future eligibility and will be required to reimburse the County for all the money paid out for claims. Such cases will be reported to the Navarro County District Attorney's office for further investigation and/or prosecution.

Notification of Provision of Emergency Services

Sec. 61.032 If a nonmandated provider delivers emergency services to a patient who the provider suspects might be eligible for assistance under this subchapter, the provider shall notify the patient's county of residence that emergency services have been or will be provided to the patient. This is done by verbal notification within 72 hours from admit and a written notification within 5 days from admit. This policy affects all providers and services received during this emergency.

Navarro County Indigent Health Care
Referral Procedure

Policy: Indigent Health Care is mandated by the State of Texas and has provided policy stated as Chapter 61.

Sec. 61.031 Notification of Provision of nonemergency services. (a) a county may require any provider, including a mandated provider, to obtain approval from the county before providing nonemergency health care services to an eligible county resident.

(e) If a provider delivers nonemergency health care services to a patient who is eligible for assistance under this subchapter and fails to comply with this section, the provider is not eligible for payment for the services from the patient's county of residence.

Procedure: When services are required by a specialist or other entity outside of the Dr. Kent E. Rogers Clinic the following procedure will be required:

- (1) Dr. Kent E. Rogers Clinic will set up the appointment for the patient.
- (2) Dr. Kent E. Rogers Clinic will send a referral request form to the Navarro County Indigent Health Care office showing the facility to see the patient, date, time, why they will be seen outside of the Dr. Kent E. Rogers Clinic and what the other facility will be doing for the patient.
- (3) Navarro County Indigent Health Care will then review the form and determine if the referral is appropriate.
- (4) Navarro County Indigent Health Care will then complete the appropriate referral form showing the approval or denial of the referral. Will then be faxed to the Dr. Kent E. Rogers Clinic and the referred facility of the decision.
- (5) Navarro County Indigent Health Care will also contact the client either via phone or mail (depending on the time availability) of the decision.

If this procedure is not followed: Navarro County will not pay claims if this procedure is not followed as stated by the Chapter. The client will then be responsible for the expenses incurred. It is requested that all facilities check with the Navarro County Indigent Health Care coordinator prior to rendering services to our clients.

Hospitals

Verbal Notification is required within 72 hours once the patient's county of residence is determined and Written Notification is required within 5 days of Admit or ED Visit. This is required even if the patient is not an Indigent Health Care client at the time of service. If Notification is not complete, the claim will not be paid.

Work Registration Requirements

Navarro County, Texas has adopted the following as the Work Registration Policy for the Indigent Health Care Program.

General Provisions:

1. Failure to register and actively seek employment through the Texas Workforce Commission constitutes a program violation of the Indigent Health Care Program.
2. Persons are exempt from having to register and seek employment if they meet one of the following criteria:
 - Receive unemployment insurance benefits or have applied but not yet been notified of eligibility.
 - Physically or mentally unfit for employment, a statement from your primary care physician (Dr. Kent E. Rogers Clinic) is required.
 - Undocumented alien
 - Age 60 or older
 - Participates in an outpatient substance abuse treatment and rehabilitation program who are not allowed to seek employment while in treatment.
 - Full time student participating in a work study program.
 - Employed or self-employed 20 hours per week or receive earnings at 20 hours per week at federal minimum wage (20hours x \$7.25).
3. Job searches must be within your experience and qualifications. Searches not within your qualifications will not be counted.

Consequences:

1. If a non-exempt applicant or CIHCP eligible resident fails without good cause to comply with the work registration requirements he/she will be disqualified from the County Indigent Health Care Program for a period of 3 months.
2. Persons deemed not disabled by Social Security Administration guidelines at the hearing level will be required to seek employment.
3. Terminating employment solely for the purpose of becoming eligible for Indigent Health Care may cause disqualification from the program for a period of 6 months.

Job searches will be randomly checked to validate our programs participation. I hereby acknowledge that I have read and understand the above information stated in this document.

Signature

Date

Navarro County Indigent Health Care Program

Work Registration / Job Search

State policy section 1, page 3:

An entity that chooses to establish an optional work registration procedure may contact its local Texas Workforce Commission office to determine how to establish the county procedure and negotiate what type of information can be provided. If a nonexempt applicant fails without good cause to comply with the work registration requirements, disqualify him from the County Indigent Health Care Program benefits as follows:

- 1 month for the first non-compliance
- 3 consecutive months for the second non-compliance
- 6 consecutive months for the third or subsequent non-compliance

Navarro County adopts the following policy:

If a nonexempt applicant fails without good cause to comply with the work registration requirements, he/she will be disqualified from the County Indigent Health Care Program for a period of 3 months. After 3 months the applicant could reapply. There are no increases in disqualification.

Navarro County Indigent Health Care
Monthly Work Search Log (8 REQUIRED work searches)

Name _____ DOB _____ Social Security # _____

Week of _____ to _____ Verified By _____ Date of

Submission _____

Job	Results	Contact Info.	Date
Company Name: _____ _____ Position: _____ _____	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hiring <input type="checkbox"/> Application Submitted <input type="checkbox"/> Other (details): _____ _____	Name: _____ Phone: _____ Contacts Position: _____ _____	Date: _____ Submission of Application: _____ _____ (Example: online, newspaper, workforce, etc.)
Company Name: _____ _____ Position: _____ _____	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hiring <input type="checkbox"/> Application Submitted <input type="checkbox"/> Other (details): _____ _____	Name: _____ Phone: _____ Contacts Position: _____ _____	Date: _____ Submission of Application: _____ _____ (Example: online, newspaper, workforce, etc.)
Company Name: _____ _____ Position: _____ _____	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hiring <input type="checkbox"/> Application Submitted <input type="checkbox"/> Other (details): _____ _____	Name: _____ Phone: _____ Contacts Position: _____ _____	Date: _____ Submission of Application: _____ _____ (Example: online, newspaper, workforce, etc.)

_____	_____	_____	workforce, etc.)
Company Name: _____	_____ Hired _____ Not Hiring _____ Application Submitted _____ Other (details): _____	Name: _____ Phone: _____ Contacts Position: _____	Date: _____ Submission of Application: _____ (Example: online, newspaper, workforce, etc.)
Position: _____	_____	_____	_____
Job	Results	Contact Info.	Date
Company Name: _____	_____ Hired _____ Not Hiring _____ Application Submitted _____ Other (details): _____	Name: _____ Phone: _____ Contacts Position: _____	Date: _____ Submission of Application: _____ (Example: online, newspaper, workforce, etc.)
Position: _____	_____	_____	_____
Company Name: _____	_____ Hired _____ Not Hiring _____ Application Submitted _____ Other (details): _____	Name: _____ Phone: _____ Contacts Position: _____	Date: _____ Submission of Application: _____ (Example: online, newspaper, workforce, etc.)
Position: _____	_____	_____	_____
Company Name: _____	_____ Hired _____ Not Hiring _____ Application Submitted _____ Other (details): _____	Name: _____ Phone: _____ Contacts Position: _____	Date: _____ Submission of Application: _____ (Example: online, newspaper, workforce, etc.)
Position: _____	_____	_____	_____
Company Name: _____	_____ Hired _____ Not Hiring _____ Application Submitted	Name: _____ Phone: _____	Date: _____ Submission of Application: _____

Position: _____ _____	Other (details): _____ _____	Contacts Position: _____ _____	(Example: online, newspaper, workforce, etc.)
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