

VAL VERDE COUNTY HOSPITAL DISTRICT

| | |
|---|--------------------------------------|
| SUBJECT: Indigent Care | REFERENCE #: |
| EFFECTIVE DATE: September 28, 2022 | REVISED DATE: August 31, 2022 |
| DEPARTMENT: Accounting | PAGE:1 of 5 |
| APPROVED BY: | |

POLICY STATEMENT: Val Verde County Hospital District has an obligation to provide health care assistance to the eligible indigent residents of Val Verde County Hospital District.

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.

PURPOSE STATEMENT: This policy establishes a framework by which the District identifies residents who are eligible for 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 the County Indigent Clerk at Val Verde Regional Medical Center, 801 N Bedell Ave. 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 the County Indigent office at Val Verde Regional Medical Center at (830) 775-8566 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 and anyone in household, if available;
- The names of everyone who lives in the house with the applicant and their relationship to the applicant,
- The applicant's county or hospital district of residence;
- Information about any medical insurance, and hospital or health care benefits the applicant is eligible to receive;
- Information about the applicant's liquid assets and the equity value of the applicant's vehicles or property;
- The applicant's annual household income, excluding the income of any household member receiving Temporary Assistance for Needy Families, Supplemental Security Income, or Medicaid benefits;
- Any transfer of title to real property that the applicant has made in the preceding 24 months;
- The applicant's signature and the date the form is filled out; and

VAL VERDE COUNTY HOSPITAL DISTRICT

| | |
|---|--------------------------------------|
| SUBJECT: Indigent Care | REFERENCE #: |
| EFFECTIVE DATE: September 28, 2022 | REVISED DATE: August 31, 2022 |
| DEPARTMENT: Accounting | PAGE:2 of 5 |
| APPROVED BY: | |

2. Applicant Responsibilities

The applicant is responsible for:

- Correctly filing 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 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 may be subject to automatic disqualification.

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.

VAL VERDE COUNTY HOSPITAL DISTRICT

| | |
|---|--------------------------------------|
| SUBJECT: Indigent Care | REFERENCE #: |
| EFFECTIVE DATE: September 28, 2022 | REVISED DATE: August 31, 2022 |
| DEPARTMENT: Accounting | PAGE:3 of 5 |
| APPROVED BY: | |

4. Eligibility Requirements

A. Residency

Applicants for indigent health care assistance must live in the Val Verde County. A person lives in the County if the person has a fixed habitation is located in the Val Verde County and intends to return to the County 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 County may be proved by any of the following: mail addressed to the person or to the person's spouse or children if the spouse or children live with the person; automobile registration; Texas driver's license or other official documentation; school enrollment records; payment of property tax receipts; or voter registration.

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

There are no additional requirements for residency. Persons with no fixed residence or new residents in the County who declare their intent to remain in the County and who verify this intent, if questionable, are considered County 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 net monthly income less than or equal to 21 % of the Federal Poverty Guidelines for the household's size, or a less restrictive income standard adopted by the District. Net monthly income is gross monthly income minus allowable deductions. The following are the allowable deductions:

1. Allow a standard work-related expense deduction of \$120 a month for each employed household member.
2. Deduct 1/3 of the remaining earned income for each employed household member.

VAL VERDE COUNTY HOSPITAL DISTRICT

| | |
|---|--------------------------------------|
| SUBJECT: Indigent Care | REFERENCE #: |
| EFFECTIVE DATE: September 28, 2022 | REVISED DATE: August 31, 2022 |
| DEPARTMENT: Accounting | PAGE:4 of 5 |
| APPROVED BY: | |

3. Deduct payments for the actual costs for the care of a dependent child or incapacitated adult, if necessary for employment. The maximum dependent care deduction is \$200 per month for each dependent or incapacitated adult.

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 Districts 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 county every 6 months after approval, at which time the household must provide the District with documentation establishing current eligibility.

7. Documentation 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 Val Verde County Hospital District:

- A. Primary and preventive services designed to meet the needs of the community, including immunizations, medical screening services, and annual physical examinations;
- B. Inpatient and outpatient hospital services provided at Val Verde Regional Medical Center;

VAL VERDE COUNTY HOSPITAL DISTRICT

| | |
|---|--------------------------------------|
| SUBJECT: Indigent Care | REFERENCE #: |
| EFFECTIVE DATE: September 28, 2022 | REVISED DATE: August 31, 2022 |
| DEPARTMENT: Accounting | PAGE:5 of 5 |
| APPROVED BY: | |

- C. Physician services received from a physician on the Active Staff of Val Verde Regional Medical Center;
- D. Family planning services;
- E. Laboratory and X-ray services provided at Val Verde Regional Medical Center;
- F. Payment for not more than three (3) prescription drugs per month at a local pharmacy;
- G. Rural Health or FQHC Clinics in Val Verde County; and
- H. Skilled nursing facility services in Val Verde County, 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 Val Verde County 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

Val Verde County 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.