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Area Administration

Patient Financial Assistance Program - Medically Indigent Program - Presumptive Financial Assistance

Purpose:

To establish a guide for Gonzales Healthcare Systems to identify residents who are eligible for Patient Financial Assistance by determining their indigency.

Definition:

Eligible applicant for indigent health care assistance - resident of Gonzales County who has a gross yearly household income less than or equal to 300% of the Federal Poverty Guidelines and who is not Medicaid or Medicare eligible and/or does not have health insurance coverage.

Eligible applicant for medically indigent health care assistance - a patient whose health coverage, if any, does not provide full coverage for all of medical expenses and that the medical expenses, in relationship to the individual's income, would make the person indigent if they were forced to pay full charges.

Gross Income - For Adults - the sum of the total gross yearly income minus allowable deductions of all employed household members in the household of an applicant who are eligible for assistance under this policy. For minors, "gross yearly household income" means the sum of the total gross yearly income minus allowable deductions of the minor applicant and (1) the applicant's parents who are legally responsible for the minor's support or (2) the applicant's managing conservator.

Allowable deductions:

- A standard work-related expense deduction of \$120.00 a month for each employed household member.
- Deduct 1/3 of the remaining earned income for each employed household member.
- Deduct payables for actual costs for the care of a dependent child or incapacitated adult, if

necessary for employment. The maximum dependent care deduction is \$200.00 per month for each dependent or incapacitated adult.

Indigent Program Council - is made up of the CEO and CFO. When necessary other health care staff may be consulted. Others to consult may include but is not limited to the CNO, Physician, Board President, Compliance Officer and/or legal counsel will be consulted.

Policy:

Gonzales Healthcare Systems has an obligation to provide indigent health care assistance to eligible residents of Gonzales County Hospital District. As part of its commitment to its community, Gonzales Healthcare Systems also provides medically indigent health care assistance to residents who do not qualify for indigent health care assistance but, who are unable to pay for health care services.

Gonzales Healthcare Systems has set up specific rules, procedures and guidelines to comply with its responsibility to provide this indigent care in accordance with the applicable provisions of Texas Health and Safety Code, Chapter 61, and to provide charity health care assistance.

When an applicant has been approved for Indigent Healthcare Assistance the effective date will be 30 days before the date the application was received.

If an applicant has a credit on any account and/or has paid on services within Gonzales Healthcare Systems no refund will be issued.

Applications:

Each patient applying for health care assistance needs to complete a Gonzales Healthcare Systems Health Care Assistance Application.

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

- Applicant's full name and address.
- Applicant's social security number, if available or other legal documents.
- All the names of other household members and their relationship to the applicant.
- Applicant's district of residence proof (voter registration, automobile registration, Texas driver's license, enrollment certification in a public or private school, payment of property tax, mail addressed to the applicant at the address, statement from landlord, neighbor or other reliable source).
- Information about any medical insurance, and hospital or health care benefit that household members may be eligible to receive.
- Applicant's Medicaid denial letter.
- Information about the applicant's gross yearly household income.
- Information about the applicant's costs for care of dependent child or incapacitated adult.
- Other qualifying documentation
- The applicant's signature and the date the form is completed.
- All required verifications.

Applicant Responsibilities

The applicant is responsible for:

- Correctly filling out the form and providing all required verifications 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 Gonzales Healthcare Systems 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 application form. By signing the application form, the applicant spouse, or authorized representative:

- Swears the truth of the information supplied, and
- Assigns to Gonzales Healthcare Systems the household 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 Gonzales Healthcare Systems.

If approved for indigent 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 that he or she is not entitled to receive are responsible for reimbursing Gonzales Healthcare Systems for the cost of benefits they were ineligible to receive.

A person is not considered a resident of the Hospital District if that person attempts to establish residence solely to obtain health care assistance.

Application Processing

Gonzales Healthcare Systems will process each application for assistance to determine if the applicant meets the eligibility requirements for health care assistance. Gonzales Healthcare Systems will review each application and will accept or deny the application no later than the 14th day after the date on which Gonzales Healthcare Systems received the completed application.

If an incomplete application is received, Gonzales Healthcare Systems will 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 will be denied.

Gonzales Healthcare Systems will provide each applicant written notification of its decision. If Gonzales Healthcare Systems denies assistance, the written notification will include the reason for the denial and an explanation of the procedure for appealing the denial.

If an applicant is denied assistance, the applicant may resubmit an application at any time circumstances justify a re-determination of eligibility. An applicant who is denied indigent health care assistance may be considered for charity health care assistance at the discretion of Gonzales Healthcare Systems.

If the applicant is approved, the effective date will be 30 days prior to the application date.

Presumptive Financial Assistance Screening

As an alternative to the application process, Gonzales Healthcare Systems may use Presumptive Financial Assistance Screening to determine eligibility for assistance. If a Gonzales County resident is uninsured and has not paid his/her bill or otherwise provided data under the Charity Care or Financial Assistance policy, Gonzales Healthcare Systems will look at other supporting documentation to determine eligibility for assistance. Gonzales Healthcare Systems may use outside agencies in determining estimated income amounts for the basis of determining charity care eligibility and potential discounts amounts.

Eligibility Requirements

1. **Residency** - Applicants must live in the Gonzales County Hospital District. Residency is not based solely on owning property in Gonzales Hospital District. A person lives in the District if the person has a fixed habitation located in the Gonzales County 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 time of the year but maintains a fixed home and returns to that home after 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: voter registration, automobile registration, Texas driver's license, enrollment certification in a public or private school, payment of property tax, mail addressed to the applicant at the address, or statement from landlord, neighbor or other reliable source.

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 residence. 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 questioned, are considered District residents.

Incarcerated inmates of Gonzales County or Gonzales City jail will be considered residents of Gonzales County only during the time they are current inmates.

2. **Income** - Gonzales Healthcare Systems will provide indigent health care assistance with no obligation to pay for services rendered to those uninsured residents who have a gross yearly household income less than or equal to 300% of the current Federal Poverty Guidelines minus allowed deductions and who are not Medicaid or Medicare eligible. For adults, "gross yearly household income" means the sum of the total gross yearly income minus allowed deductions of all employed household members in the household of an applicant who are eligible for assistance under this policy. For minors, "gross yearly household income" means the sum of the total gross yearly income minus allowed deductions of the minor applicant and (1) the

applicant's parents who are legally responsible for the minor's support or (2) the applicant's managing conservator.

Gonzales Healthcare Systems shall request 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 Application, Gonzales Healthcare Systems will request such documentation from the applicant.

3. **Presumptive Financial Assistance eligibility** - There are instances when a patient may appear eligible for assistance under this policy, but there is no financial assistance application on file due to lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which can provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Gonzales Healthcare may use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 1. State-funded prescription programs;
 2. Homeless or received care from a homeless clinic;
 3. Participation in Women, Infants and Children programs (WIC);
 4. Food stamp eligibility;
 5. Subsidized school lunch program eligibility;
 6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down);
 7. Low income/subsidized housing is provided as a valid address; and
 8. Patient is deceased with no known estate.
 9. Historical significance of non-payment that establishes a justification of future non-payment and lack of ability to pay.

Presumptive Financial Assistance Eligibility does not convey an entitlement for future services. Gonzales Healthcare Systems will not disclose the presumptive determination nor do we have access to the decision data utilized by our outside agency.

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 must submit the appeal and the reasons why the applicant should be considered eligible for indigent healthcare assistance in writing to Gonzales Healthcare Systems, P.O. Box 587, Gonzales, Texas 78629 within 90 days of receipt of the notice of denial.

Eligibility Review

Applicants will be informed that they must report to Gonzales Healthcare Systems any changes 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 will be reviewed by Gonzales Healthcare Systems annually after approval, at which time the household must provide Gonzales Healthcare Systems with documentation establishing current eligibility.

Document Retention

Gonzales Healthcare Systems will maintain the records relating to an application for assistance for at least three years after the date on which the application is submitted. Such records shall include at least the application, applicant's gross yearly household income and any supporting documentation, and a copy of the written notification of approval or denial for assistance.

Payer of Last Resort

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

Indigent Health Care Assistance

Gonzales Healthcare Systems will provide the following basic health care services to the extent it is financially able to do so in accordance with Texas Health and Safety Code § 61.055.

In order for an applicant to qualify for Indigent Health Care Assistance the applicant must be uninsured.

- Primary and preventive services - Physician Services - Provided at Sievers Medical Clinic, Gonzales, Waelder and Shiner. .
 - Immunizations for qualifying children up to 18 years of age and based on the (CDC) Center for Disease Control recommendation. Only the Immunizations listed in this policy are covered for adults.
 - Immunizations for qualifying adults are limited to Flu Immunization annually, Pneumonia Immunization once every five years and T-Dap Immunization once every 10 years.
 - COVID-19 Immunizations for qualifying children and adults.
 - Medical screening services: Occult Blood, Blood Sugar, Pregnancy Testing, Wet Prep, Rapid Strep, Urinary Analysis, Hemoglobin & Hematocrit
 - Physical examinations
 - Once per year for qualified individuals.
 - Physical examinations for monitoring such health concerns as heart rate, weight and vision and/or acute health conditions.

- Inpatient services will be provided to maintain a patient's basic health.
- Outpatient Services provided at Gonzales Healthcare Systems.
 - EKG's
 - IV antibiotics
 - Transfusion of Blood and Blood Components
 - Therapeutic Phlebotomy
 - Emergency Center - all patients are screened by the physician to determine if an emergency medical condition exists. The patient will be treated according to the severity of the condition.
 - Immunizations for qualifying adults are limited to Flu Immunization annually, Pneumonia Immunization once every five years and T-Dap Immunization once every 10 years.
- Basic laboratory testing
- Imaging services
 - Basic x-rays
 - Basic Ultrasound
 - Education and local resources regarding Family Planning Services will be provided.

Services not listed above may be submitted to the Indigent Program Council for review to determine if services requested are basic healthcare services. The District may make exceptions to this policy if the treating provider submits a written statement that the individual's life and/or well-being are in immediate jeopardy.

The services provided by Gonzales Healthcare Systems 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 Gonzales County Hospital District.

The above services shall not be provided as health care assistance under this policy at a facility other than Gonzales Healthcare Systems, Gonzales, Texas.

Medical Indigent Health Care

Gonzales Healthcare Systems may, at the discretion of the Administrator, provide Medically Indigent health care assistance to persons who do not qualify for indigent health care assistance for any reason, but who are medically indigent and are unable to pay for their care.

Initial Assessment for Medical Indigent Health Care a person must:

1. Have medical or hospital bills from Gonzales Healthcare Systems which, after payment by third-party payers, exceed 10% of the person's gross yearly household income and be unable to pay the amount remaining owed after payment by any third party payer
2. Have a gross yearly household income greater than 200% but less than or equal to 500% of the

- Federal Poverty Guidelines; or
3. Have remaining Gonzales Healthcare Systems medical bills greater than 50% of the person's gross yearly household income; or
 4. Be a deceased patient who has no estate or is deemed to have no income for the purpose of determining eligibility.

All applicants' financial information will be reviewed and the level of assistance will be determined based on the Gonzales Healthcare Systems Financial Assistance Eligibility Discount Guide.

An applicant for Medically Indigent Health Care Assistance must complete the above application process and provide any additional information requested for process of their application.

If an applicant is approved for Medically Indigent Health Care and they do not pay their agreed upon portion of their bill, the assistance allowance will be reversed and the account will be considered for full collection activity.

If a Medically Indigent Health Care allowance is applied and a third-party payment is later received, the allowance will be reversed by the amount of the additional payment.

Patients that qualify for Medically Indigent Health Care allowance are not eligible for additional prompt pay discounts.

All applications for Medically Indigent Health Care will be reviewed and approved by either the CEO/Administrator or the CFO.

Nothing herein will limit the authority of the CEO/Administrator of Gonzales Healthcare Systems or the Board of Directors to declare an individual eligible for Medically Indigent Health Care assistance.

Approval Procedure

Gonzales Healthcare Systems will complete an "Approval Form" for each patient granted status as Financially Indigent or Medical Indigent. The Approval Form allows for the documentation of administrative review and approval process utilized by Gonzales Healthcare Systems to grant financial assistance.

Re-evaluation of Indigent Health Care assistance status will be required every 12 months.

Changes to Eligibility Standards or Services Provided

In accordance with Texas Health and Safety Code § 61.063, any change in this policy to make eligibility standards for indigent health care assistance more restrictive or to reduce the health care services offered shall not be made unless Gonzales Healthcare Systems complies with this section.

Not later than the 90th day before the date on which a change would take effect, Gonzales Healthcare Systems shall publish notice of the proposed change in a newspaper of general circulation in Gonzales County and set a date for a public hearing on the change to be held not later than the 30th day on which the change would take effect. The published notice must include the date, time and place of the public

meeting, and is in addition to the notice required by the Texas Open Meetings Act. The meeting must be held at a convenient time in a convenient location and members of the public may testify at the meeting.

Gonzales Healthcare Systems may adopt any proposed change if the Board of Directors finds that, based on the public testimony and other relevant information; the change would not have a detrimental effect on access to health care for the residents of Gonzales County Hospital District and formally adopts such findings.

Attachments

[GHS-035 Patient Financial Assistance Program Application.pdf](#)

[GHS-035A Financial Assistance Program Addendum - inmates 2005.pdf](#)

[GHS-035DG - PFA Discount Guide.pdf](#)

[GHS-035L - PFA Letter.doc](#)

[Gonzales County Indigent Program Guide](#)

Approval Signatures

Step Description	Approver	Date
Board of Directors Approval	Juli Clay	10/2024
CEO Approval	Brandon Anzaldua	10/2024
CFO Approval	William Bailey	10/2024
Director of Revenue Cycle	Robin Harvey	09/2024
	Juli Clay	09/2024