



Marion County Hospital District (MCHD)

Indigent Health Care Program

1113 N. Walcott St., Suite B

Jefferson, Texas 75657

Open Monday – Friday 8:00 am 12:00 Noon (Excluding Holidays)

Phone 903-665-2161 Fax 903-665-8011

Webpage: mctxhd.org

POLICY AND PROCEDURES

SERVICE AREA BOUNDARIES

Only Adults eighteen (18) years of age or older, who reside within the boundaries of MARION COUNTY, TEXAS are eligible to apply for medical care under the guidelines of the Marion County Hospital District's INDIGENT HEALTH CARE PROGRAM.

RESIDENCY REQUIREMENTS

Any person requesting an application to the INDIGENT HEALTH CARE PROGRAM of the Marion County Hospital District **must provide proof** they reside within the boundaries of Marion County, Texas, and **will be required to furnish proof** of their residency within the county, such as a current utility bill with their name and address listed.

ELIGIBILITY STANDARDS

A person will be considered indigent if the **ENTIRE HOUSEHOLD INCOME** is at or below 100% of the Annual Federal Poverty Income Level or the income guidelines adopted by the Board of Directors of the Marion County Hospital District, and they have resources less than Two Thousand (\$2,000.00) Dollars or Three Thousand Dollars (\$3,000) if applicant or a relative of the applicant living in the same dwelling is aged or disabled. For purposes of determining resources, a homesteaded home on one (1) acre or lot will not be considered a resource.

RESOURCES are defined as the amount of liquid assets, the fair market value of vehicles, and the equity value of real property that the household member(s) own. Any transfer of title of a countable resource, including real property, that the applicant has made within three (3) months before application or any time after certification will also be considered as a resource. **INCOME** is defined as any monies received by any member of a household that is a regular or predictable gain or a benefit to a household.



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Any person applying for assistance with the INDIGENT HEALTH CARE PROGRAM of Marion County Hospital District will be DENIED if any person in the household over eighteen (18) is eligible for assistance from any other government program, whether local, state or federal unless under the income guidelines. Applicants will be asked to furnish to the INDIGENT HEALTH CARE PROGRAM proof of application and DENIAL from Texas Medicaid for Medical Programs and any other programs available to applicant.

HOUSEHOLD is defined as a single person living alone; or two or more persons living together, who are legally responsible for the support of the other person(s). Legal responsibility for support exists between persons who are legally married (including common-law marriage), a legal parent and a minor child, or a managing conservator and a minor child. If divorced, the legal divorce decree will be required as proof.

APPLICATION PROCEDURES

Any person requesting assistance under the INDIGENT HEALTH CARE PROGRAM must present a current State or Federally issued photo identification, such as a driver's license, and complete the adopted application of the Marion County Hospital District. Applicants **MUST** qualify under the approved income guidelines. Anyone can request an application in person at the office of the INDIGENT HEALTH CARE PROGRAM of Marion County Hospital District, presently located at 1113 North Walcott Street, Suite B, Jefferson, Texas. Office hours are 8:00 a.m. to 12:00 p.m., Monday through Friday, excluding holidays. Applications can also be downloaded from the Marion County Hospital District website at www.mctxhd.org. All applications **MUST** be personally returned by Applicant. Applications will be reviewed by the INDIGENT HEALTH CARE COMMITTEE and approved or denied by the Marion County Hospital District Board of Directors.



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APPEALS AND REVIEW OF DENIED APPLICATIONS

Any person applying for assistance from the INDIGENT HEALTH CARE PROGRAM of Marion County Hospital District will have the right to appear before the Board of Directors in CLOSED SESSION at any regular or special meeting of the Board of Directors, to appeal a determination of denial by the Board. Any person wishing such hearing **MUST** notify the INDIGENT HEALTH CARE OFFICE at least 72 hours in advance of such meeting requesting to appear before the Board. Any person who is unable to appear in person before the Board may appoint a representative to appear for them.

PAYMENT RATES AND LIMITS

The Marion County Hospital District **will consider payment for services** up to a maximum of \$50,000.00 which will include; Hospital/Medical Care, Doctors office visit, and/or prescription(s), per person, per fiscal year. Reimbursement will be at the current approved payment rates as published by the Texas Department of Health for **Texas providers only**. All claims submitted will be paid according to CIHCP as published. The Marion County Hospital District's fiscal year begins October 1 and ends September 30 of the following calendar year.

SERVICES PROVIDED

Marion County Hospital District **will consider payment for** medically necessary in-patient hospital care or emergency room care (including emergency ambulance service) when application for assistance under the INDIGENT HEALTH CARE PROGRAM is made within **95 days** of the date of dismissal from the hospital or emergency care center.

The Marion County Hospital District will pay for Two (2) Eye examinations **per fiscal year** and will provide up to Two (2) spectacle/corrective lenses **per fiscal year** with provided prescription/prescription changes.

The Marion County Hospital District offers Dental care and will pay for extractions, and fillings primarily, and other limited services upon approval.



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Hospitalization, Doctors Office visits, Prescription(s), Dentist, Eye Doctor, Psychiatric Counseling and Ancillary services **MUST** be **Pre-Approved** by an Eligibility Representative after the patient has completed the INDIGENT HEALTH CARE PROGRAM Application and has been approved as qualified under the Marion County Hospital District guidelines.

The Marion County Hospital District will pay for the Prescription(s) prescribed by the physician at the time of dismissal from the Hospital, Emergency Room, or Doctors Office visit, up to a limit of **thirty (30) prescriptions per fiscal year.** The INDIGENT HEALTH CARE PROGRAM of Marion County Hospital District does NOT assume responsibility for continuation of medical care, prescription(s), over-the-counter medications, or private transportation of the patient(s).

The Marion County Hospital District will **NOT** consider payment for the following: Over the counter medications, narcotics (exceptions following surgery) Continuation of Care, Long-term Care/Nursing home/Home Health, Contact lenses, smoking deterrent prescriptions, weight loss prescriptions or surgery, Reproductive Care/Pregnancy/Birth control, Cosmetic Medications or surgery, or Erectile Dysfunction Prescriptions and surgery.

IT IS THE PATIENT'S RESPONSIBILITY TO CHOOSE HIS/HER PHYSICIAN, HOSPITAL, ETC.AND TO VERIFY BEFOREHAND THEIR PROVIDER(S) WILL ACCEPT MARION COUNTY HOSPITAL DISTRICT'S INDIGENT HEALTH CARE PROGRAM.

Marion County Hospital District's Indigent Healthcare Program **DOES NOT MAKE APPOINTMENTS NOR CHOOSE PROVIDERS FOR PATIENTS.**

A **LETTER OF AUTHORIZATION** for **each** Doctors Office Visit, Outpatient Visit for Ancillary services, Prescription(s) or Admission to Hospital (other than emergencies) **MUST** be obtained from the INDIGENT HEALTH CARE PROGRAM OFFICE of Marion County Hospital District **PRIOR** to receiving approved services.



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PAYMENT PROCEDURES

All requests for reimbursement or questions regarding the INDIGENT HEALTH CARE PROGRAM'S patient should be addressed to:

INDIGENT HEALTH CARE PROGRAM

Marion County Hospital District

1113 N. Walcott Street, Suite B

Jefferson, Texas 75657

(903) 665-2161

RECORDS

All applications and information obtained from any source about applicants under the INDIGENT HEALTH CARE PROGRAM are confidential, and NO information from any files will be released without a notarized authorization from the applicant directed to the Marion County Hospital District, or upon subpoena from a court of competent jurisdiction.

PUBLIC NOTICE

The Policies and Procedures of the INDIGENT HEALTH CARE PROGRAM of Marion County Hospital District will be published at the beginning of the fiscal year of Marion County Hospital District, and at any time the policies and procedures are amended by Board action. Notices will be published in a newspaper which complies with state law for such publication.

Adopted by order of the Board of Directors of MARION COUNTY HOSPITAL DISTRICT on March 14, 2024

Susan Anderson

Secretary for the Board

Tammy Cornett

Chairman of the Board