



Marion County Hospital District  
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

## **PROGRAM OVERVIEW**

### **Policy and Procedures**

The Indigent Health Care Program provides limited medical assistance to qualifying residents of Marion County, Texas. All services and reimbursements are subject to eligibility, pre-approval, and program guidelines.

### **SERVICE AREA & RESIDENCY**

#### **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.

### **RESIDENCY REQUIREMENTS**

Applicants must provide proof of residency, such as a current utility bill showing their name and address.

### **ELIGIBILITY STANDARDS**

#### **Income & Resources**

- Household income must be at or below **250%** of the Federal Poverty Income Guidelines or the threshold set by the Board of Directors.
- Resources must be less than \$2,000, or \$3,000 if the applicant or a household member is elderly or disabled.
- A homesteaded property on one acre or lot is excluded from resource calculations.

#### **Definitions**

- **Income:** Regular or predictable monetary gain received by any household member.
- **Resources:** Liquid assets, vehicle value, and real property equity. Transfers of property within 3 months prior to application or after certification are considered resources.

### **GOVERNMENT ASSISTANCE EXCLUSION**

- Applicants will be **denied** if any household member over 18 is eligible for other government assistance unless they fall within income

guidelines. Proof of application and **denial** from Texas Medicaid and other programs is required.

### **HOUSEHOLD DEFINITION**

A household includes:

- A single person living alone
- Two or more people legally responsible for each other's support (e.g., married couples, parents and minor children, managing conservators)

Legal documentation, such as a divorce decree, may be required.

### **APPLICATION PROCEDURES**

Applicants must:

- Present a valid State or Federal photo ID
- Complete the official application
- Meet income and resource guidelines

Applications are available:

- In person at 1113 N. Walcott Street, Suite B, Jefferson, TX
- Online at [www.mctxhd.org](http://www.mctxhd.org)
- Office hours: Monday–Friday, 8:00 a.m.–12:00 p.m. (excluding holidays)
- Applications must be returned in person by the applicant.

### **APPEALS PROCESS**

Denied applicants may appeal in **closed session** before the Board of Directors.

- Must notify the Indigent Health Care Office **72 hours in advance**
- May appoint a representative if unable to attend

### **PAYMENT RATES AND LIMITS**

- Maximum payment: **\$50,000 per person, per fiscal year**
- Covered services: Hospital/medical care, doctor visits, prescriptions
- Reimbursement follows Texas Department of Health rates for **Texas Providers ONLY**
- Fiscal year: **October 1 – September 30**

### **COVERED SERVICES**

- Medically necessary In-patient hospital care and emergency services (including ambulance) Made within 95 days of date of dismissal.
- Eye care: Up to **2 exams** and **2 pairs of lenses** per year

- Dental care: Extractions, fillings, and limited approved services
- Sleep Study – In hospital ONLY
- Cataract Surgery – Upon doctor recommendation ONLY.

### **PRE-APPROVAL REQUIREMENTS**

All services must be **pre-approved** by an Eligibility Representative **after** application approval. This includes:

- Hospitalization
- Doctor visits
- Prescriptions
- Dental and eye care
- Psychiatric counseling
- Ancillary services

### **PRESCRIPTION POLICY**

- Coverage includes prescriptions issued at dismissal from hospital, ER, or doctor's visit
- Program does not cover ongoing care, over-the-counter medications, or transportation

### **NON-COVERED SERVICES**

The program **does not** cover:

- Over-the-counter medications
- Doctor prescribed narcotics beyond 10-day supply
- Long-term care, nursing home, or home health
- Contact lenses
- Smoking deterrents
- Weight loss treatments or surgery
- Reproductive care, pregnancy, birth control
- Cosmetic procedures
- Erectile dysfunction treatments

### **PATIENT RESPONSIBILITIES**

- Patients must choose their own providers and verify acceptance of the program
- The program **does not** make appointments or select providers
- A **Letter of Authorization** is required **prior** to receiving non-emergency services

### **PAYMENT PROCEDURES**

All reimbursement requests and inquiries should be directed to:

#### **Marion County Hospital District**

Indigent Health Care Program  
1113 N. Walcott Street, Suite B  
Jefferson, TX 75657  
Phone: (903) 665-2161

### **CONFIDENTIALITY & RECORDS**

All applicant information is confidential. No records will be released without:

- A notarized authorization from the applicant, or
- A court subpoena

### **PUBLIC NOTICE**

Policies and procedures are published:

- At the start of each fiscal year
- Whenever amended by Board action
- In a newspaper that complies with state law

Adopted by order of the Board of Directors of MARION COUNTY HOSPITAL DISTRICT on February 12, 2024.



**Susan Anderson**  
Board Secretary



**Karen R. Kent**  
Board Chair