INDIGENT HEALTH CARE PROGRAM
Gregg County
405 East Marshall Avenue Room 102
Updated 9/30/2025
Longview, Texas 75601

Gregg County Indigent Health Care Program (CIHCP)
Applicant Guide

Program Overview the Gregg County Indigent Health Care Program (CIHCP) provides basic health services for county residents who have no private insurance and do not qualify for state or federal programs. **CIHCP is the "Payor of last resort". Before applying, all other possible assistance options must be pursued.**

1. Eligibility Requirements

Applicants must meet ALL requirements:
- Age: At least 18 years old.
- Residency: Must live in Gregg County or show intent to remain.
- Insurance: Cannot have private health insurance.
- Other Benefits: Must not be eligible for Medicaid, SSI, SSDI, and TANF.
  – Applications will be placed on hold (Pending) until a decision is made.
  – If denied, denial letters must be provided.
- Income: Household income must be at or below 21% of Federal Poverty Guidelines.
- Work Requirement: Applicants medically able to work must show evidence of job-seeking efforts.

2. Required Documents

Applicants must provide:
- Social Security Card
- Driver's License, State ID, or other official photo ID
- Proof of Residency (utility bill, lease, tax record, voting records, auto registration, or official mail)
- Proof of household income for the last 4 weeks (pay stubs, bank statements, Cash App, Venmo, Chime, etc.)
- Information about household size and total annual income

3. Application Process

- Applications are available online via the Gregg County website or in person at the Gregg County Health Department.

• Completed applications must include name, current address, signature, and date
• Walk-in interview times: Monday–Friday, 8:00–11:00 a.m. and 1:00–4:00 p.m.
• Caseworker Contacts:
– Meredith Beebe: (903) 237-2624
– Christine Tyler: (903) 237-2623

4. Review & Determination

• A caseworker may require an in-person interview
• The Medical Director will review application, medical records, and documents.
• If more information is needed, you will be contacted.
• Processing begins once your file is complete. A decision will be made within 14 days.
• You will be notified if you are approved or denied.

5. Coverage for Approved Applicants

• CIHCP ID Card will be issued.
• Coverage period: 3 months (must re-certify every 3 months).
• Annual benefit limit: $30,000 per patient, per 12-month period.
• Coverage includes only medically necessary services (no elective procedures, no durable medical equipment).

Services Provided:

• Physician visits
• Immunizations
• Diagnostic Testing
• Prescription medications (prescribed by Health Authority)
• Inpatient/Outpatient hospital services
• Limited dental/vision (case-by-case)
• Any other basic health services required under Texas Health & Safety Code 61.028

6. Medications

• All prescriptions must be approved by the Medical Director.
• Clients receive a 30-day supply of medications.
• Patient Assistance Programs (PAP) are available **(If you qualify)**
• Bring all medication bottles (full and empty) to every appointment.
• Refill process:
– Call (903) 237-2620, option #4 at least 1 day before running out.
– Hospital prescriptions sent electronically to Louis Morgan Drug #4.

7. Transportation Assistance

• Qualified clients may receive a bus pass, or an appointment for the GoBus.
• Passes may be used only for work or medical appointments.
• Misuse will result in termination of this benefit.

8. Responsibilities of Clients

• Follow the Medical Director's medical advice and treatment plan.
• Appointment Rules:
– All appointments are at 7:30 a.m.
– If unable to attend, call by 8:00 a.m. at (903) 237-2620 (Option #4).
– Failure to call = No Show
• Notify the office within 14 days of any changes in address, income, or employment
• Sign and notarize the Fraud Policy acknowledgment form.
• Maintain respectful and cooperative behavior.
• Non-compliance, fraud, or disruptive conduct may result in removal from the program.

9. Appeals

• If you disagree with a medical decision, submit a written request for review within 10 days.
• The Medical Director will review and respond within 10 days of receiving the request.

Key Notes

• CIHCP is the last option for care — all other resources must be tried first.
• Failure to provide documentation or updates will result in denial or termination.
• Compliance with program rules is required to maintain eligibility.

Contact Information

Gregg County Health Department – Indigent Health Care Program Phone: (903) 237-2620
** *You may go to www.yourtexasbenefits.com to see what services you qualify for and determining eligibility.* **

Rude and disruptive behavior will not be tolerated, and will result in removal from program.

Failure to adhere to above listed requirements could result in you being non-compliant and benefits denied.

Signature: (Client/Patient) _____ Date: _____

Signature: (Caseworker) _____ Date: _____

Gregg County Health Department Fraud Policy

Updated 9/30/2025

Procedure:

When the Gregg County Indigent Health Care Program (CIHCP) staff has reason to believe that Fraud may have occurred, the following procedures shall be followed:

1. The CIHCP staff shall investigate all cases of suspected fraud and shall collect and document evidence.
2. Upon finding of fraud, the client shall be administratively ineligible from CIHCP as follows:
   - **If it is found that you(client) have committed fraud, you shall be removed from the County Indigent Health Care immediately.**
   - **If it is determined that you have misused or transferred your bus pass that was issued through Gregg County Health Department, your bus pass privileges will be immediately terminated.**
3. The CIHCP staff will contact the client who is suspected of fraud by certified letter informing him/her of the withdrawal of eligibility and explaining the allegations. If the client disputes the allegations, the client will be allowed to submit applicable supporting documents/verifications for further consideration.
4. If the dispute remains unresolved, the CIHCP staff shall schedule an administrative hearing to allow the client to defend him/herself by presenting his/her own argument and evidence. The CIHCP staff must disclose any evidence used to prove its case to the client so he/she has an opportunity to dispute it. The hearing will be conducted by the Administrator of the Gregg County CIHCP Program. If the client does not appear, a decision will be rendered, and made within (90) days of the hearing.
5. The Client shall have the right to appeal an unfavorable decision to the Gregg County Health Authority within 10 days of the decision rendered by the Administrator.

Consequences of Fraud

- **Shall reimburse Gregg County for the cost of benefits they were ineligible to receive.**
- **Texas Penal Code 37.10 A person knowingly commits a crime, if the y make a false entry in or false altercation of a governmental record.**

Signature_____ Date_____

State of Texas
County of Gregg

The instrument was acknowledged before me on_____, 20_____
By_____.

Notary Signature_____

Seal_____ Commission Expires:_____