



GREGG COUNTY INDIGENT HEALTH CARE PROGRAM
405 East Marshall Avenue - Room 102
Longview, TX 75601

INSTRUCTIONS FOR ASSISTANCE

Application for benefits must be made **IN PERSON**
with a Case Worker.

Interview times are Monday through Friday
8:00-11:00 a.m. & 1:00-4:00 p.m.
No Appointments are Necessary

Application Process:

1. You must be interviewed by one of our caseworkers to determine if you are eligible
2. Your medical records will be reviewed by our Medical Director, a representative will call to schedule a New Patient appointment

If you have any questions after reading this entire sheet, please call one of the
Case Workers listed below for assistance:

Tammy Cook (903) 237-2623

Meredith Beebe (903) 237-2624

You must have the following information (if it applies to you):

- Verification of your social security number and photo I.D.
- Verification of residency in **Gregg County**: current voter registration, lease agreement or current utility bill are all accepted.
- Proof of household income for at least 2 pay amounts but not more than 45 days before interview.
 - Current tax return, paycheck stubs, child support printout from AG's office, Social Security award letter, un-employment benefits letter, etc.
- SNAP foods benefits printout

- Documentation of any application pending with Social Security Disability, unemployment, workman's compensation, etc.
- Adult Medicaid Denial (within the last 12 months)
 - The DSHS office is located at 1750 North Eastman Road in Longview
- Any current banking or savings account statements
- Medicaid card(s) if any members of the household receive these benefits
- Bring any life insurance policies
 - Applicants for Indigent Health Care may now apply at Apply IHS on the Gregg County website. All verification documents can be uploaded at that time.

<u>ADDITIONAL INFORMATION NEEDED FOR UTILITY ASSISTANCE</u>
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YOU MUST HAVE VERIFICATION THAT YOU HAVE BEEN IN THE HOSPITAL OR HAVE LOST YOUR JOB WITHIN THE LAST 4 WEEKS

- UTILITY SERVICE MUST STILL BE CONNECTED & UTILITY BILL NEEDS TO REFLECT A “**DISCONNECT**” NOTICE.
- ANY AMOUNT DUE OVER **\$125.00** NEEDS TO BE PAID BEFORE ASSISTANCE IS GIVEN. YOU **MUST** ALSO BRING THE RECEIPT(S) SHOWING THE BALANCE HAS BEEN PAID.
- IF ON HOUSING, BRING HOUSING CONTRACT (**IF RECEIVING ANY UTILITY SUBSIDY, YOU WILL NOT QUALIFY**).
- WE CAN ONLY HELP WITH UTILITY ASSISTANCE **EVERY TWO (2) YEARS**.

Revised April 8, 2024



GREGG COUNTY INDIGENT HEALTH CARE GUIDELINES

- 1) Applicants should apply in person (if able) and provide one or more of the following:
 - Social Security Card (SS # will be verified through the Social Security Administration)
 - Taxpayer Identification Number (TIN)
 - Current Texas Drivers License or Texas ID
 - Voter Registration and/or
 - Other appropriate documents to prove residence.
- 2) Applicant must be a resident of Gregg County, burden of proof of residency or intention to reside in Gregg County will be on the applicant. One of more of the following should be provided:
 - Verification must be by utility bills, lease agreement, and/or mail received with postmark dates,
 - Verification of mail forwarded to a Gregg County address from an out of County address,
 - Voting records,
 - Automobile registration
 - Enrollment of children in a public or private school; or
 - Payment of property tax.
 - A person is not considered a resident of governmental entity or hospital district if the person attempted to establish residence solely to obtain health care assistance.

Information provided by Applicant:

- Each applicant is required to provide at least the following information:
 - a. The applicant's full name and address,
 - b. The applicant's social security number or Taxpayer Identification Number (TIN), if available
 - c. The number of persons in the applicant's household, excluding person receiving Temporary Assistance for Needy Families (TANF), Supplemental Security Income, or Medicaid benefits;
 - d. The applicant's county of residence,
 - e. The existence of insurance coverage or other hospital or health care benefits for which the applicant is eligible,
 - f. Any transfer of title to real property that the applicant has made in the preceding 24 months,
 - g. 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;
 - h. The amount of the applicant's liquid assets and the equity value of the applicant's car and real property.
 - i. Applicants, who are medically able to work, must provide documented evidence of active job seeking efforts. (Gregg County Employment Contact Form)

- 3) In-depth verification of documentation will be conducted. Applications must be complete (all documentation provided) before approval will be done.
- 4) The Medical Director has the authority to approve and/or amend forms necessary for the eligibility process and use of the Gregg County Health department to assure compliance with GCIHC Guidelines.
- 5) Use of Medicaid rate for outpatient procedures or surgeries.
- 6) Use of State percentage payment rates for inpatient and outpatient services.
- 7) Hospitals must notify Gregg County by telephone (or fax) no later than seventy-two (72) hours after the provider determines the patient's county of residence, or by mail postmarked no later than the fifth working day after the date on which the provider determines the patient's county of residence.
- 8) \$30,000 limit per 12 month period, per patient. (12 month period begins at time of patient certification.
- 9) Invoices must be submitted within 95 days from date of service or date service provider determines patients' county of residence to be considered for payment (Refer to #7 above). Submitted medical expenses incurred by patient prior to Gregg County medical benefit certification must be approved by the Medical Director for payment.
- 10) Patients must furnish all information required by pharmaceutical companies to aid in the process of the County Health Department applying for free medications on behalf of indigent patients.
- 11) Medically necessary procedures only. Elective procedures will not be approved.
- 12) Clients not in agreement with medical decisions made by the Medical Director/ Health Authority must submit a written request for review no less than 10 days from the date of the decision. The Medical Director will review the request and respond within 10 days from receipt of request. If a second review is requested the client must submit a written request for review to their respective County Commissioner. The Commissioner will respond within 10 days from receipt of request.
- 13) Certified patients will receive a thirty (30) day supply of medications per month. Medication must be written or approved by the Medical Director and medically necessary. The Medical Director will determine the total number of prescriptions (over 3) provided by the County. Medications must be picked up by the patient.
- 14) Verification of income for the previous 4 weeks. (21% of the Federal Income Poverty Guidelines)
- 15) Each applicant will be provided with a complete copy of the Gregg County Fraud Policy.

Adopted by Gregg County Commissioner Court October 28, 2004



Gregg County Health Department Indigent Health Care Fraud Policy & Procedures

Gregg County, Texas has adopted the following as the Fraud Policy & Procedures for the Indigent Health Care Program effective 12/01/04.

Bill Stoudt, County Judge

Date

General Provisions

- I.** Indication of fraud-intention program violation consists of intentionally committing any of the following actions:
 - a. Making a false and/ or misleading statement
 - b. Misrepresenting, concealing, or withholding facts
- II.** Possible Misrepresentations-Situations are varied in which an applicant or recipient might intentionally withhold information or present false information to obtain assistance or benefits to which he/she is not entitled. Examples include, but may not be limited to:
 - a. Information misrepresented or concealed at the time any of the Gregg County IHC forms are completed.
 - b. Information misrepresented at the time legal requirements are tested for initial certification or recertification;
 - c. Information misrepresented concerning income or resources;
 - d. Information misrepresented concerning composition of family group
 - e. Information misrepresented concerning county of residency
 - f. Information misrepresented concerning some element of need;
 - g. Information misrepresented to obtain prescribed drugs,
 - h. Information misrepresented or concealed concerning incapacity;
 - i. Information misrepresented or concealed by a member of the recipient's family; authorized representative or any other individual(s) who assists recipient in obtaining Gregg County Indigent medical services;
 - j. Information misrepresented concerning child support payments, including payments being paid in arrears;
 - k. Use of fictitious names and/ or sources of identification;
 - l. Misrepresentation on guardianship or custody of children in the household
 - m. Misrepresentation of dependent status for adults in the household, to include but not limited to military dependents status and alien sponsorship.
- III.** The caseworker refers any case for investigation of suspected fraud in which there has been an intentional falsification or omission, which was material in obtaining assistance.
 - a. The caseworker evaluates all situations in which a recipient failed to report changes in circumstances between reviews.
 - b. If the caseworker determines changes were intentionally concealed, a referral will be completed.
- IV.** A fair hearing shall be conducted.

Procedures for Hearing

- I.** The purpose of the hearing is to determine if an intentional program violation has been committed. The respective Gregg County Commissioner conducts the hearing and makes the decision.
- II.** The Commissioner's decision is final. The hearing determination is not subject to appeal.
- III.** Notice of the hearing will be sent by certified and regular mail not less than 30 days before the hearing.
 - a. An individual(s) has a right to one postponement, not to exceed 30 days from the date of the initial hearing. If the individual wishes to postpone the hearing, he must submit a written request for postponement to the Gregg County Health Department within 14 days from the date the notice was sent.
 - i. The Gregg County Health Department will notify the Commissioner of the request.
 - ii. The Commissioner will determine the new hearing date.
 - b. If the individual does not contest the accusation of fraud and/ or does not attend the hearing, the Commissioner will determine the disqualification period, as long as proof of notice is present.
 - c. The Commissioner will notify the client of the decision and the length of disqualification in writing within 14 days. The disqualification period will begin the date of the determination of fraud.
- IV.** At the hearing the Commissioner places the participant(s) under oath.
- V.** The hearing is not open to the public but the individual(s) may bring a legal or other authorized representative to the hearing. The individual(s) are responsible for any legal fees incurred for their representation.
- VI.** The hearing will be recorded. Individual(s) may obtain copy (ies) upon written request and at the individual(s) expense.
- VII.** The Commissioner must notify individual(s) of the decision within 14 days of the hearing. If it is determined that the individual committed a violation, the individual(s) will be disqualified for:
 - a. 12 months for the first violation
 - b. 24 months for the second violation
 - c. Permanent for the third violation
 - d. All medical expenditures in the individual(s) behalf must be reimbursed to Gregg County prior to reconsideration for future eligibility of those who have been assessed a 12 or 24 month violation.
- VIII.** The Commissioner also has the option to determine:
 - a. If the case will be referred to the District Attorney for prosecution.

ADOPTED BY GREGG COUNTY COMMISSIONER COURT OCTOBER 28, 2004