



Gregg County

INDIGENT HEALTH CARE PROGRAM

405 East Marshall Avenue Room 102

Longview, Texas 75601

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## 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 “Pavor 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](http://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: \_\_\_\_\_