

# HARRIS HEALTH SYSTEM

Policy No. 5.02  
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Effective Date: 12/07/2000  
Board Motion No: 00.12-499

## POLICY AND REGULATIONS MANUAL

**TITLE: HARRIS COUNTY HOSPITAL DISTRICT FINANCIAL ASSISTANCE PROGRAM**

**PURPOSE:** To establish the criteria for determining patient eligibility for financial assistance for discounted medical services provided by or through the Harris County Hospital District dba Harris Health System.

### **POLICY STATEMENT:**

Residents of Harris County, Texas are determined to be eligible for discounted hospital and medical care from Harris Health System (Harris Health), based upon the income and residency criteria described in this policy. The granting of financial assistance is delegated to the Harris Health Patient Eligibility Services Department (Patient Eligibility Services Department); and requires that the eligibility criteria be met by the applicant seeking benefits and that the applicant agree to abide by the terms of participation requirements. The Patient Eligibility Services Department and the applicant will attempt to identify the applicant's eligibility for Medicaid, Medicare, or other alternate sources of funding to assure that the Harris Health Financial Assistance Program is utilized as the final option for payment of medical services.

### **POLICY ELABORATION:**

#### **I. DEFINITIONS:**

- A. **INDIGENT:** A Harris County resident is indigent, if his or her gross family income, as it relates to family size, falls at or below one hundred and fifty percent ( $\leq 150\%$ ) of the Federal Poverty Guidelines. Homeless individuals without permanent housing, who may live on the street, stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle or in any other unstable situation in Harris County, and meet the income eligibility criteria defined herein, are also classified as indigent.
- B. **NONRESIDENT:** A person whose primary home or fixed place of habitation to which the person intends to return after a temporary absence is located outside of Harris County, Texas. A person is considered a nonresident of Harris County, Texas, if the person attempts to establish residence in Harris County solely to obtain health care assistance.
- C. **PARTICIPATION:** Harris County residents who meet eligibility criteria are eligible for participation in the Harris Health Financial Assistance Program.

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Participants will be assigned a primary care clinic and will also be assigned a level of financial responsibility based on the participant's ability to pay.

- D. **RESIDENT:** A person is a Harris County resident, if the person's primary home or fixed place of habitation to which the person intends to return after a temporary absence is located in Harris County, Texas.
- E. **SELF-PAY:** A Harris County resident is determined to be self-pay, if his or her gross family income as it relates to family size, exceeds one hundred and fifty percent (>150%) of the Federal Poverty Guidelines, and the resident has no third-party health insurance coverage.
- F. **MY HARRIS HEALTH PROGRAM:** A program that provides self-pay patients, who are Harris County Residents and have no affordable (as defined in the Affordable Care Act) access to third-party health insurance coverage, a monthly payment plan, based on family size and income, for healthcare services received at Harris Health.

## II. BACKGROUND:

The Patient Eligibility Services Department assists Harris County Residents using Harris Health medical services in qualifying for financial assistance. The Patient Eligibility Services Department will provide education to patients regarding the benefits and responsibilities of participation in the available benefit programs, including the assignment of a primary care clinic and the promotion of preventive and wellness services.

## III. PARTICIPATION CRITERIA:

- A. Individuals who seek to participate in the Harris Health Financial Assistance Program must meet all eligibility criteria. It is the applicant's burden of proof to provide the requested documentation. Acceptable forms of proof are listed in the Harris Health Patient Eligibility Services Department Operations Manual for demonstration of proof of identity and Harris County residency.
- B. Harris County residents who meet eligibility criteria but have other healthcare coverage, may be eligible to participate in the Harris Health Financial Assistance Program for medical services that are provided by Harris Health but are not covered under their benefit plans. To qualify for this assistance,

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the applicant's insurer must be under contract with Harris Health, and the applicant must use Harris Health for medical services. An applicant's financial assistance classification may also be applied to deductibles, co-insurance, and co-payments of other healthcare coverage, as allowed by federal billing regulations and other third party payer agreements.

### IV. PARTICIPATION REQUIREMENTS:

A. Participants must agree to the following requirements:

1. Actively participate with Harris Health in identifying and applying for other funding sources. Cooperation includes providing evidence of ineligibility for insurance through the Health Insurance Exchange (under the Affordable Care Act), Medicare, Medicaid, CHIP, CHIP Perinatal, Supplemental Security Income (SSI), or other assistance programs;
2. Agreeing to make financial contributions at the time of services as established by the participant's ability to pay;
3. Selecting a primary care clinic for each family member; and
4. Being a participant in good standing. Participants are considered to be in good standing when they contribute their full financial contribution requirement. If a participant does not make the required payments, his or her financial assistance classification may be revoked. Harris County residents who have had their financial assistance classification revoked will be eligible for reinstatement after making satisfactory arrangements for past due amounts and agreeing to make full payments in the future.

B. Participants shall comply with the following payment expectations based on his or her financial assistance classifications.

1. ***Harris Indigent Plan:***

All patients in this classification will be asked for a nominal co-payment for covered medical and pharmacy services provided, subject to applicable laws and regulations. In the event an Indigent patient is unable to pay the requested co-payment amount, services will be provided. Co-payment amounts shall be established by Harris Health and will be communicated to the participant upon establishment of

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eligibility. All charges in excess of the expected co-payment amount will be adjusted off of the patient account as a charity discount.

### 2. ***Self-pay (Uninsured):***

All patients in this classification will be expected to pay for covered medical services at a rate equal to the then current Medicare allowable reimbursement. Expected payment for emergency room visits, outpatient pharmacy and/or other outpatient supplies shall be established by Harris Health, and will be communicated to the participant upon establishment of eligibility. All charges in excess of the expected payment will be adjusted off of the patient account as an uninsured patient discount. Patients who do not qualify for the My Harris Health Program or elect not to participate in the My Harris Health Program are expected to pay in full for all healthcare services and supplies at the point of service. If minimum payment expectations cannot be met, non-emergent services may be rescheduled to a later date. Balances that are not paid in full will be billed to the patient.

### 3. ***My Harris Health Program:***

Eligible Participants are required to pay for services via a monthly minimum payment (a sliding scale based on family income). The participant will sign an agreement confirming their responsibility for monthly payments. Payments do not begin until services have been provided, and no additional payments are due if the discounted fees for all cumulative services have been paid in full.

## V. **EMERGENCY SERVICES:**

Harris Health will not delay in providing emergency services, specifically a medical screening examination and necessary stabilizing treatment, in order to perform a financial screening or inquire about a patient's method of payment or insurance status.

## VI. **APPEALS PROCESS:**

The Patient Eligibility Services Department Operations Manual shall include a written appeals process for participants seeking to appeal decisions related to

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determinations of Harris County residency and financial obligation. Copies of this policy will be made available upon request.

### VII. GENERAL GUIDELINES:

- A. All applicants for financial assistance shall undergo a financial screening to determine potential funding sources and his or her ability to pay. The extent to which an individual will be financially responsible will be determined based upon pre-established financial criteria located in the Patient Eligibility Services Department Operations Manual.
- B. Participants must notify the Patient Eligibility Services Department within fourteen (14) days of any change in his or her financial circumstances, Harris County residency, or family size that could potentially affect the member's eligibility for the program. Failure to report any such changes may cause the participant to lose his or her eligibility in the program, and to be held liable for all benefits received while ineligible. Further, if it is determined that a member has knowingly provided incorrect information or has knowingly withheld information for the sole purpose of establishing or maintaining eligibility in the program(s), he or she will be responsible for all benefits wrongfully received as well as potentially facing legal action.
- C. Review of Eligibility:  
  
Each participant's eligibility status (Harris County residency and ability to contribute financially) will be reviewed at least annually.

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### REFERENCES/BIBLIOGRAPHY:

Indigent Health Care & Treatment Act, Texas Health and Safety Code, Chapter 61.  
 Harris Health System Patient Eligibility Services Departmental Operations Manual

### OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Executive Vice President and Chief Financial Officer

### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revisions Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (If Board of Managers Approved, include Board Motion #)
12/7/2000	1.0		Board of Managers (No. 00.12-499)
	2.0	Reviewed 11/26/2002	Patient Eligibility Services
	3.0	Approved 03/03/2009	HCHD Policy Review Committee
	4.0	Approved 11/08/ 2011	Operations Policy Committee
12/1/2011	5.0	Approved 12/1/2011	Board of Managers (Board Motion Number 11.12-152)
		Reviewed 05/12/2015	Operations Policy Committee
		Approved 12/08/2015	Operations Policy Committee
		Approved 01/28/2016	Board of Managers