

BRAZOS VALLEY COMMUNITY ACTION AGENCY, INC.
Health Services

Policies and Procedures

Policy Subject/Title:	County Indigent Health Care Programs
Applicability:	All Sites Accepting County Indigent Health Care Programs as a Payor Source
Purpose:	To provide access to medical care for those unable to access these services as a direct result of their personal financial resources.

Policy: It is the policy of Health Services to participate in payor sources' programs that will increase access to health care for the medically underserved in the counties that we serve.

Procedure:

- 1) All patients interested in applying for the County Indigent Health Care Program or qualified under the County Indigent Health Care Program may be found eligible for a sliding fee scale payor code in case their eligibility for the County Indigent Health Care Program is lost.
- 2) When a patient has unmet need in the area of financial resources the patient will be given a copy of the information from <http://www.bvcog.net/?s=programs&pg=ihc> and encouraged to access these resources.
- 3) To be eligible to receive County Indigent Health Care each patient must complete an application and be approved for the County Indigent Health Care Program in their county by submitting their application to the Brazos Valley Council of Governments offices at P. O. Drawer 4128, Bryan, Texas 77805.
- 4) The Brazos Valley Council of Governments, County Indigent Health Care Program will notify applicants when they are approved for services and what provider(s) of medical services has been assigned to them.
- 5) Per the County Indigent Health Care Program, if a patient becomes ill and requires services prior to them being approved for the program they may obtain emergency medical services at St. Joseph Hospital in Bryan, Texas.
- 6) A payor code for the County Indigent Health Care Program in each county will be set up in the HealthPro system (see attachment).

- 7) When a patient registers/calls for an appointment their coverage through the County Indigent Health Care Program will need to be verified and documented in the medical record and the electronic system.
 - A. Verify County Indigent Health Care Program coverage by calling 979.595.2800.

OUTLIERS:

- 1) There **is no** presumed eligibility.
- 2) If a patient registers/makes an appointment and informs us that they are approved through the County Indigent Health Care Program obtain a telephone number where the patient can be reached and inform the patient that we will verify their coverage. If we are unable to verify their coverage the patient will be informed by telephone prior to their appointment. They may keep their appointment and pay according to sliding fee scale rates if they have been found eligible for sliding fee scale.

ENCLOSURES:

Verification form for County Indigent Health Care Funds

Webpage for Information on the County Indigent Health Care Programs:
http://www.dshs.state.tx.us/CIHCP/CIHCP_info.shtm

Brazos Valley Community Health Centers Payor Codes

Referral Process for County Indigent Health Care Program Participants

Covered Services By The County Indigent Health Care Program

Brazos Valley Community Health Centers

Bryan-College Station

Grimes County

**Madison County
Community Health Center**
813 S. State Street, Ste. 105
Madisonville, TX 77864
Phone: 936-348-3396

**Robertson County
Community Health Center**
1002 West Brown Street
Hearne, TX 77859
Phone: 979-279-0701

**Leon County
Community Health Center**
607 Lassater
Centerville, TX 78533
Phone: 903-536-3687

Community Health Center
3370 S Texas Avenue
Bryan, Texas 77802
Phone: 979-595-1700

Community Health Center
1905 Dove Crossing
Navasota, TX 77868
Phone: 936-825-0000

VERIFICATION OF CURRENT ELIGIBILITY FOR COUNTY INDIGENT HEALTH CARE FUNDS

PATIENT'S NAME: _____

CLINIC SITE: _____

Date and Time of Appointment: _____

Date of Verification: _____

_____ I called the County Indigent Health Care Program at
979.595.2800 and spoke with _____

Name of BVCOG Staff Person

**to confirm CURRENT eligibility for payment of services
under the County Indigent Health Care Program.**

_____ **Patient is currently eligible for services.**

_____ **Confirmed termination date of coverage is _____.**
(Date)

Staff Signature

Date

PAYOR CODES FOR COUNTY INDIGENT INSURANCE PROGRAM

Claims to be sent to:

Brazos Valley Council of Governments
P.O. Drawer 4128
Bryan, Texas 77805

Telephone Numbers:
County Indigent Health Care Program: 979.535.2800
County Indigent Health Care Program **FAX:** 979.595.2814

ATTENTION: County Indigent Health Care Program - CLAIMS

PAYOR CODE	SITE
37	Brazos County Indigent
HQ	Robertson County Indigent
LQ	Leon County Indigent
MQ	Madison County Indigent
NQ	Grimes County Indigent

REFERRAL PROCESS FOR COUNTY INDIGENT HEALTH CARE PROGRAM PARTICIPANTS

When a **referral** is made for a County Indigent Health Care Program participant by a Brazos Valley Community Health Centers provider a copy of the referral will be **faxed** to the County Indigent Health Care Program at **979.595.2814**.

COVERED SERVICES BY THE COUNTY INDIGENT HEALTH CARE PROGRAM

BASIC HEALTH CARE SERVICES ARE:

Physician services
Annual physical examinations, including mammograms by referral
Immunizations
Medical Screening, i.e. blood pressure, blood sugar, cholesterol screening
Lab and x-ray services
Family planning services
Skilled nursing facility services
Prescription drugs
Rural health clinic services
Inpatient hospital services
Outpatient hospital services

In addition to the above Basic Services the following services **may be** reimbursable under the program that would be applicable to BVCHC:

Advanced practice nurse services (NP, CNS, CNM, CRNA)
Colostomy medical supplies & equipment
Dental Care
Diabetic medical supplies & equipment
Durable Medical Equipment
Emergency medical services
Home and community health care services
Physician Assistant services
FQHC services

Specific **Exclusions** That May Pertain to BVCHC Services:

Treatment of flat foot (flexible pes planus) that is solely cosmetic in nature.

ALL SERVICES OR SUPPLIES MUST BE REASONABLE AND MEDICALLY NECESSARY FOR DIAGNOSIS AND TREATMENT.