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HARRISHEALTH

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Financial Assistance Program_5.02

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PURPOSE:

To establish the procedure by which Harris County residents apply for financial assistance for discounted medical services provided by or through Harris Health.

POLICY STATEMENT:

Harris Health's Patient Eligibility Services Department oversees Harris Health's financial assistance program (FAP). Residents of Harris County, Texas are determined to be eligible for discounted hospital and medical care from Harris Health based on the income and residency criteria described in this policy. Furthermore, participants in the FAP must agree to abide by the FAP's participation requirements and assist Harris Health in locating other alternate sources of funding so that the FAP is utilized as the final option for payment of medical services. Patients are advised that the FAP is not an insurance plan. Harris Health does not provide health insurance coverage under the Federal Health Insurance Marketplace Exchange.

I. DEFINITIONS:

A. **INDIGENT:** A Harris County resident:

1. Whose gross family income, as it relates to family size, falls at or below ≤150% of the Federal Poverty Guidelines; or
2. Who is a homeless individual without permanent housing, who may live on the street, stay in a shelter, mission, single room occupancy facility, vehicle, abandoned building, or in any other unstable living situation in Harris County.

B. **NONRESIDENT:** A person whose primary home or fixed place of habitation where the person intends to return after a temporary absence is located outside of Harris County, Texas. A

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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. **PARTICIPANT:** An individual who has met all requirements for participation in the FAP.

D. **RESIDENT:** A person whose primary home or fixed place of habitation where the person intends to return after a temporary absence is located in Harris County, Texas.

E. **SELF-PAY:** A patient who does not meet the eligibility criteria to become a Participant in the FAP.

II. APPLICANT ASSISTANCE:

A. The Patient Eligibility Services Department assists Residents using Harris Health medical services to apply for the FAP. The Department will provide education to patients regarding the benefits and responsibilities of participation in the available benefit program.

B. There are no charges associated with applying for a FAP application and employees are prohibited from charging patients for assistance in completing a FAP application. Further, if it is discovered that an employee has charged or accepted any payment for assistance in completing a FAP application, the employee will be subject to immediate termination.

C. Participants who abuse the FAP by charging others to complete the application on their behalf may be subject to the loss of their eligibility.

D. Applications are available online and by mail. Application forms are available upon request at the Health or Eligibility Centers listed on the patient eligibility page of Harris Health's website.

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III. PARTICIPATION CRITERIA:

A. To become a Participant in the FAP, a person must:

1. Submit a financial assistance application and all required materials; **AND**
2. be a Resident; **AND**
3. be Indigent; **AND**
4. Agree to the Participation Requirements listed below.

Failure to meet any of the above requirements will disqualify a person from being a Participant in the FAP

B. Any individual who has Medicare must also complete and submit a Medicare Asset Form.

C. Applicants must meet all eligibility criteria. It is the applicant's responsibility to provide documentation sufficient to show that they meet all eligibility criteria

D. 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. In addition to the Harris Health Patient Eligibility Services Department Operations Manual, the acceptable forms of proof can also be found on the Harris Health Eligibility website at https://www.harrishealth.org/access-care-hh/eligibility.

E. Harris County Residents who meet eligibility criteria but have other healthcare coverage may

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be eligible to participate in the FAP for medical services that are provided by Harris Health but not covered under their benefit plans. To qualify for such assistance, 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.

F. Certain patients may be presumed to be Indigent or Resident for limited periods as described in Policy 6.04.

G. Patients who do not qualify for the FAP will be deemed Self-Pay Patients. Self-Pay Patients must pay for covered medical services at a rate equal to the current Medicare allowable reimbursement.

IV. PARTICIPATION REQUIREMENTS:

A. Participants must agree to the following requirements:

1. To actively assist Harris Health in identifying and applying for other funding sources. Cooperation may include but is not limited to providing evidence of ineligibility for, and submitting applications for, insurance through other assistance programs including but not limited to CHIP, CHIP Perinatal, Medicaid, TANF (Temporary Assistance for Needy Families), SSI (Supplemental Security Income), or Healthy Texas Women Program (HTW), the Health Insurance Exchange (under the Affordable Care Act), or Medicare;
2. To make financial contributions at the time of services as established by the participant's ability to pay. All Participants will be asked for a nominal co-payment for covered medical and pharmacy services provided, subject to applicable laws and regulations.

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

V. FAILURE TO ESTABLISH OR LOSS OF ELIGIBILITY

A. Patients who fail to establish or lose their eligibility for the FAP will be deemed Self-Pay Patients. Self-Pay Patients must pay for covered medical services at a rate equal to the current Medicare allowable reimbursement.

B. Participants must re-apply once a year in order to maintain their eligibility for the FAP, otherwise their eligibility in the FAP will expire. Participants must notify the Patient Eligibility Services Department within 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

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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.

VI. 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.

VII. APPEALS PROCESS:

The Patient Eligibility Services Department Operations Manual includes a written appeals process for participants seeking to appeal decisions related to determinations of Harris County residency and financial obligation. Copies of this policy will be made available upon request.

REFERENCES/BIBLIOGRAPHY:

Indigent Health Care & Treatment Act, Texas Health and Safety Code, Chapter 61.

Harris Health Patient Eligibility Services Departmental Operations Manual

OFFICE OF PRIMARY RESPONSIBILITY:

SVP of Revenue Cycle

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Approval Signatures

Step Description	Approver	Date
Publisher Approval	Laurabeth Gonzalez: Document Owner	7/3/2025
Policy SOS Committee	Lauren Banks: Executive Owner	7/3/2025
Policy Owner	Pollie Martinez: Document Owner	6/24/2025
Workflow Start Notification	Nathan Peeples: Executive Owner	6/23/2025

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