

COUNTY INDIGENT HEALTH CARE

MISSION

The mission of the Indigent Health Care is to provide primary and specialty health care to county residents who qualify as Indigents as determined by State and County guidelines. The Department provides eligibility for this qualified population to receive the necessary medical care to improve their health through the County's self-funded indigent health care program, while the Department exercises appropriate stewardship over County Taxpayer funds for its' efficient use and management in the provision of reasonable and necessary health care to qualified persons with appropriate claims processes and procedures.

VISION

The Indigent Health Care Department is committed to providing medical care to qualified county residents in a timely manner, to reduce the amount of unpaid medical bill and unnecessary emergency room visits which helps minimize the rising cost of health insurance in our local county, to eliminate program abuse through the institution of programs that will insure the resident that need assistance are receiving it and to insure that the information submitted is true.

GOALS

Administration:

1. To implement new programs that will generate cost savings for the county taxpayers, i.e. document imaging, additional asset checks.
2. Contract patient education, case management, and integrated utilization, which will eliminate unnecessary procedures and result in greater cost effectiveness. Revert to in-house payment of claims to insure proper claims management and consistency in payment of claims.
3. Develop a network of Providers throughout Fort Bend County to provide easy and timely access to primary and specialty care as needed.
4. Take proactive measures with area programs that would coincide with Indigent Health Care services and to refer eligible and not eligible residents to respective programs that will assist them with current needs.
5. To ensure employees comply with HIPPA regulations and eligibility guidelines and procedures.

Eligibility:

1. Develop point of service access for Applicants close to the area of resident, i.e. Precinct 2 and Precinct 3.
2. Continue to have applications mailed in or dropped off in order to maintain efficiency in our application process and keep minimal office traffic and backlog, if any.
3. Through present software, provide a more effective means of qualifying and disqualifying county residents for the program.

Implementation of programs:

1. Continue to build on interactive document imaging, which would eliminate paper files and allow a paperless process within our office. It will also allow immediate view of entire client files, minimize time spent sorting through documents, searching misfiled folders, and time spent retrieving files from our storage areas.
2. Increase security, reduce fraud activities and provide a greater accountability for clients' and caseworkers' actions.

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Training:

1. To attend seminars provided by the county and state to improve efficiency within the eligibility office. Become proficient in Medicaid/ Medicare processes and familiar with other programs eligibility requirements to be able to direct qualified and non-qualified clients to other available resources.
2. Continue to attend Regional 5/6 S Meetings in order to keep consistency with neighboring counties and within our eligibility office.
3. To cross train between billing, eligibility and reception workers to allow a greater flexibility and departmental flow.

Client Services:

1. Continue to determine a client’s eligibility within fourteen days of receipt of a completed application.
2. Continue to review and schedule emergency cases the same day an application is received in order to certify and expedite medical care if necessary through our clinic or the E.R.
3. Continue to re-evaluate cases every three to six months to detour program abuse and ensure that clients still meet program guidelines.
4. Implement a periodic survey that would measure all aspects of the Indigent Health Care Department, i.e. eligibility, billing, clinical services, to ensure more efficient department and to better serve our community.
5. Claims and Medical Referral Management for the Fort Bend County Sheriff’s Office.

PERFORMANCE MEASURES	2009 ACTUAL	2010 ACTUAL YTD (APRIL)	2011 PROJECTED
Number of clients serviced annually	1314	2100	2100
Cost per client annually	Up to \$30,000	Up to \$30,000.00	Up to \$30,000.00
Number of clients who are not eligible for Recertification or Get Well	61	0	0
Number of Social Security Appellants serviced	18	25	25
Number of Jail Inmates serviced	0	0	0

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FUND: 100 General

ACCOUNTING UNIT: 100640100 County Indigent Health Care

EXPENSE BUDGET

CATEGORY	2009 ACTUAL	2010 ADOPTED	2011 ADOPTED
Salaries and Personnel Costs	\$ 487,068	\$ 494,045	\$ 535,482
Operating Costs	\$ 4,799,380	\$ 4,417,810	\$ 4,413,074
Information Technology Costs	\$ 959	\$ 908	\$ 7,273
Capital Acquisitions	\$ 12,399	\$ 0	\$ -
TOTAL	\$ 5,299,807	\$ 4,912,763	\$ 4,955,829

2011 AUTHORIZED POSITIONS

Job Title	Job Code	Grade	Count
Clerk II	J06007	G06	1
Clerk III	J07008	G07	4
Senior Eligibility Clerk	J08068	G08	1
Claims Analyst	J08082	G08	1
Administrative Coordinator	J09002	G09	1
Indigent Health Care Manager	J13046	G13	1
Total Authorized Positions			9

NEW POSITIONS

Job Title	Job Code	Grade	Count
Clerk III	J07008	G07	1
Total Authorized Positions			1

ORGANIZATION CHART



