

Huntsville Memorial Hospital Walker County Indigent Care Program Facts

HMH Financial Assistance Policy - Attachment E

IMPORTANT: *Prior to rendering services*, please confirm the patient's calendar year benefit maximum has not been exhausted.

SCHEDULE OF BENEFITS

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| Benefit Plan Year: | January 1 st through December 31 st | |
| Benefit Plan Maximums per Plan Year: | The first of the following to occur in any one Benefit Plan Year: Total plan payments of \$30,000 or 30 days Inpatient Hospital and/or Skilled Nursing Care maximum | |
| Eligibility Re-certification: | Every 180 days or as needed | |
| Mail all Claims and Correspondence to: | Payor: | Huntsville Memorial Hospital |
| | Mailing Address: | Attn: Financial Counseling 125-B Medical Park Lane Huntsville, TX 77340 |
| | Customer Service: | (936)291-4543 |
| Claims Filing Deadline: | 95 days from Date of Service | |

REFERRAL REQUIREMENTS

The HMH Medical Clinic – Huntsville is the primary care provider (PCP) for this patient population. A referral from the patient's HMH Medical Clinic PCP is **required** for any and all services provided outside of their PCP. If a referral to a specialist is granted and the Specialist refers the patient to another Specialist, the patient must first report back to their HMH Medical Clinic PCP to secure the additional referral. **ALL REFERRALS MUST ORIGINATE FROM THE HMH MEDICAL CLINIC.**

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BASIC HEALTH CARE SERVICES

- A. Inpatient hospital services must be medically necessary and provided in an acute care hospital to hospital inpatients, by or under the direction of a physician, and provided for the care and treatment of patients. An itemized bill is required.
- B. Outpatient hospital services must be medically necessary and provided in an acute care hospital or hospital-based ambulatory surgical center provided to outpatients and provided by or under the direction of a physician, and are diagnostic, therapeutic or rehabilitative. An itemized bill is required.
- C. Physician services must be medically necessary and provided by a physician in the doctor's office, a hospital, a skilled nursing facility, or elsewhere.
- D. Colostomy medical supplies and equipment.
- E. Durable medical Equipment including but not limited to crutches, canes, walkers, wheelchairs, hospital beds, home oxygen equipment including all supplies associated with, and glucometers.
- F. Immunizations, only when deemed a medically necessary service.
- G. Skilled Nursing facility services (SNF) must be medically necessary, ordered by a physician, and provided in a skilled nursing facility that provides daily services on an inpatient basis.
- H. Rural health clinic services must be provided in a rural health clinic by a physician, a physician's assistant, a nurse practitioner, a nurse midwife, or other specialized nurse practitioner.
- I. Laboratory and x-ray services are technical laboratory and radiological services ordered by and provided by, or under the direction of, a physician in an office or a similar facility other than a hospital outpatient department or clinic.
- J. Medical screening services include blood pressure, blood sugar, and cholesterol screening.
- K. Annual physical exams are examinations provided once per calendar year by a physician or a physician's assistant (PA). Associated testing, such as mammograms, can be covered with a physician's referral. These services may also be provided by an Advanced Practice Nurse (APN) if they are within the scope of practice of the APN in accordance with the standards established by the Board of Nursing Examiners and published in 22 Texas Administrative code, 221.13.
- L. Ambulance transportation when medically necessary due to an immediate life (or limb) threatening situation or with preapproval for transportation from one facility to another.
- M. Ambulatory Surgical Center (ASC) services. These services must be provided in a freestanding ASC, and are limited to items and services provided in reference to an ambulatory surgical procedure, including those services on the Center for Medicare and Medicaid Services (CMS) approved list and selected Medicaid-only procedures. An itemized bill is required.
- N. Physician Assistant (PA) services. These services must be medically necessary and provided by a PA under the direction of a physician and must be billed by and paid to the supervising physician.
- O. Advanced Practice Nurse (APN) services. An APN must be licensed as a registered nurse (RN) within the categories of practice, specifically, a nurse practitioner, a clinical nurse specialist, a certified midwife (CNM), and a certified registered nurse anesthetist (CRNA), as determined by the Board of Nurse Examiners, APN services must be medically necessary, provided within the scope of practice of an APN and covered in the Texas Medicaid Program.

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EXCLUSIONS AND LIMITATIONS

1. Services not specifically provided by the Walker County Indigent Care Program.
2. Services that are not medically necessary or performed outside of the United States.
3. Services that are provided to a patient before or after the time period that the patient is eligible for the program.
4. Separate fees for completing or filing a claim under the program.
5. Services or supplies that are not reasonable and necessary for diagnosis and/or treatment.
6. Immunizations. See the HMH Medical Clinic – Huntsville for immunizations.
7. Services provided by a patient's immediate relative or household member.
8. Services that are payable by or available under any health, accident, or any other insurance coverage; by any private or other governmental benefit system; by any legally liable third party; or under any other contract.
9. Services that are provided by military medical facilities; Veterans Administration facilities; or United States public health service hospitals.
10. Services that are related to any condition covered under the worker's compensation laws.
11. Services resulting from a vehicular accident.
12. Separate payments for services and supplies to an institution that receives a vendor payment or has a reimbursement formula that includes the services and supplies as a part of institutional care.
13. Whole blood or packed red cells available at no cost to the patient.
14. Take home items and drugs or nonprescription drugs.
15. Acupuncture.
16. All podiatry services (except for diabetics).
17. Prosthetic devices. Orthotic devices, except for diabetics.
18. Recreational therapy.
19. Custodial care (except for skilled nursing facility care).
20. Autopsies.
21. Prescriptions for and the cost of supportive devices for the feet.
22. Hearing aids and hearing exams.
23. Chiropractors.
24. Dental care.
25. Routine vision care including eyeglasses, except for diabetics.
26. Family planning services.
27. Maternity.
28. Infertility.
29. Hospice services.
30. Mental Health / Counseling Services. Social and educational counseling. Psychotherapy services must be medically necessary based on a physician referral and provided by a licensed professional counselor (LPC), a licensed master social worker-advanced clinical practitioner (LMSW-ACP), a licensed marriage family therapist (LMFT), or a PH. D. psychologist. These services may also be provided based on an APN referral if the referral is within the scope of their practice in accordance with the standards established by the Board of Nurse Examiners and published in 22 Texas Administrative Code 221.13.
31. Services for Alcohol, Chemical dependency or Substance abuse.
32. Diabetic medical supplies and equipment including but not limited to lancets, syringes, test strips, and pens.