

WYATT

HEALTH

PLAN

Medical and Dental
Benefits

As contracted
By the
Amarillo Hospital District
Revised September 2011

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Wyatt Health Plan Overview

The Amarillo Hospital District (AHD) was established by House Bill 70 of the 56th Legislature of Texas to provide healthcare to the indigent residents of the Amarillo Hospital District. The benefits of the Amarillo Hospital District Plan are effective only if you complete the application for acceptance into the plan, are determined to meet the eligibility guidelines for coverage, and receive notification that you have been accepted into the plan and are now covered. You must remain covered in accordance with the rules of eligibility.

The costs of the benefits of this plan are paid by Northwest Texas Healthcare System (NWTHS), from revenues generated from the Amarillo Hospital District. The benefits are determined in accordance with the guidelines established by the Board of Managers of the Amarillo Hospital District. NWTHS has developed the Wyatt Health Plan through which these services are provided.

This booklet serves as the description of the benefits provided by the Wyatt Health Plan, and supersedes any and all previous material and descriptions issued to you by any employee or agent.

Policy of the Wyatt Health Plan

1. Hospital care of Members (qualified indigents) shall be provided in facilities contracted with NWTHS only, except as noted below.
2. Medical and dental treatment of non-hospitalized Members shall be delivered at ambulatory facilities of NWTHS unless specifically pre-approved by NWTHS Administration.
3. The Wyatt Health Plan shall seek optimal, cost effective alternatives for treatment.
4. Payments will not be made for the transfer of delivery of medically necessary services rendered outside the NWTHS contracted facilities, unless NWTHS Administration specifically authorizes such services.
5. The term “Member” (qualified indigent) of the Wyatt Health Plan has the following meaning:
 - a. The Member shall have their only place of abode within the Amarillo Hospital District which encompasses the whole of the City limits of Amarillo and all of Potter County. Only that part of Randall County within the Amarillo City limits is within the Amarillo Hospital District. If eligible for Medicaid and accepted in the Medicaid program, Member will be eligible to receive benefits from the Wyatt Health Plan only when such benefits are not benefits of Medicaid. If accepted into the Medicare program, Member will be eligible to receive benefits from the Wyatt Health Plan only when such benefits are not benefits of Medicare. Co-payments and deductibles due under the Medicare program are benefits of the Wyatt Health Plan. If Member is eligible for VA benefits and accepted into the VA plan, Member will be eligible to receive benefits from the Wyatt Health Plan only when such benefits are not benefits of the VA program.
 - b. The financial requirements apply to any and all persons legally responsible for the patient. All such persons must apply and qualify.
 - i. If legally competent, the client will fill out a Wyatt Health Plan application to be a member.

- ii. If client is a minor, mentally incompetent, physically incapable or in legal custody, a Wyatt Health Plan application will be filled out by a parent, guardian, nearest relative, custodian or conservator.

To be considered a Member, the following income resource criteria will apply:

- c. The base annual income allowance is determined by the Federal Poverty Guidelines.

Income: Base annual income refers to total cash receipts before taxes, from all sources. These include money, wages, lump sum payments, settlements and salaries as described in the County Indigents Health Care Rules and Regulations of Senate Bill 1 of the 69th Texas Legislature.

Allowance: The dollar amount of income which may be retained before any funds are considered available for medical expenses.

- d. In order for medical expenses to be paid, the value of personal property and equity in property or real estate must total \$5000 or less. Furnishings in a household, household articles, clothing and tools are excluded from the calculation of equity.

- e. Persons whose income and/or equity exceeds the base will be requested to partially pay for each visit for any inpatient or outpatient service. Table of Partial Payment will begin @ 107% of the Federal Poverty Guidelines.

- 6. The determination of whether a person is qualified as a Member of the Wyatt Health Plan will be within 14 calendar days of the completion of an application, including all documentation and supporting documents.

- 7. **It is the responsibility of the Member or Member's approved representative (as defined in this agreement) to initiate renewal of eligibility of the Wyatt Health Plan. You will need to make an appointment with FNAC (Financial Needs Assessment Center) 60 days prior to your expiration date. Failure to renew eligibility will result in termination from membership in the Plan, and, therefore, all benefits will cease.**

- 8. At the time the Member no longer meets the necessary qualifications, that person will immediately become responsible for medical and hospital payments.

9. Medical services provided must be **medically necessary** services provided by a NWTHS contracted or pre-approved physician, nurse, or other licensed practitioner of the healing arts, within the scope of their practice, credentials and State law, to treat disease, disability, or other adverse health conditions or their progression.
10. Medically necessary dental services will be those services provided by a NWTHS contracted dentist, oral surgeon, or other licensed practitioner of the dental health arts, determined to be the treatment of choice or an essential part of an overall treatment plan for a medical condition as determined by a physician or nurse practitioner in consultation with a dentist.
11. Persons determined to have moved to the Amarillo Hospital District boundaries for the sole purposes of becoming a Member are not eligible and membership will be terminated
12. Members of Wyatt Health Plan are required to report any changes including but not limited to: changes in financial situation, new job, new address or phone number, etc. Members not reporting all changes could result in membership being terminated immediately.
13. **There will be co-pay for Emergency Room visits of \$25.00 for any non-emergent visit.**

Eligibility Guidelines

In order to determine eligibility, you must provide information and documentation on at least one item from each category of the following items. You will be required to produce-provide information and documentation on more than one item.

Proof of Household Size/Identification

- Birth Certificate (s)
- Social Security Card (s)
- Driver's License (s)
- Other Official Identification
- Employee Badge with a picture
- Voter Registration Card (s)

Proof of Residency

- Property Tax Receipt
- Mortgage Payment
- Rent Receipt
- Utility Bill
- Business Mail Addressed to the Applicant
- Statement From a Reliable Source

Proof of Income

- Earning Statement From Employer
- Paycheck or Paycheck stubs
- Pension Award Letter
- Disability Award Letter or Check
- Unemployment Compensation Award Letter or Check.
- Retirement Check.
- Military Allotment Check.
- Self-Employment Bookkeeping.
- Federal Income Tax Return.
- Social Security Award Letter or Check.
- Veterans Administration Benefit Pension.
- Workers Compensation.
- Child Support.
- TANF (Temporary Assistance for Needy Families)
- Alimony

Resources

- Vehicle Payment Book
- Checking Account Statement
- Savings Account Statement
- Property Tax Notice or Receipt
- Lump-Sum Payments
- IRAs or CDs

Wyatt Health Plan eligibility is approved for varying periods of time, based on each patient's determination.

It is the sole responsibility of the member or approved member's representative (as defined in this agreement) to apply for Wyatt Health Plan Coverage, and if approved, to renew their eligibility **before** their eligibility expires. **All benefits, including oxygen therapy and medical services will be discontinued if renewal is not accomplished.**

Your application for medical assistance through the Wyatt Health Plan is also being considered for the following programs:

- CSHCN (Children with Special Health Care Needs)
- Medicaid
- CHIP (Children's Health Insurance Program)
- Other programs for which you may be eligible

The Wyatt Health Plan, whose benefits are determined in conjunction with the Amarillo Hospital District, is a payor of last resort. Failure to complete application to all other sources for which applicant may be eligible will result in Wyatt Health Plan benefits being denied or canceled.

Individuals committing fraudulent acts to qualify for eligibility to become Members of the Wyatt Health Plan may have their eligibility to receive benefits terminated and criminal charges may be filed against such individuals.

Summary of Benefits

It is the adopted policy of the Amarillo Hospital District Board of Managers to furnish Members with coverage for his or her medical needs as identified by the medical staff and approved by the Review Organization. The Wyatt Health Plan has been designated to adhere to this policy. It is hoped that medical needs of patients and patient's personal desires are the same; however if conflict exists, the patient will be offered the care recommended by the attending physician and determined to be medically necessary. Should the patient desire other than what has been determined to be medically necessary, he or she is advised that the Wyatt Health Plan will not assume responsibility for that care.

Elective services provided by contracted physicians, non-contracted physicians, hospitals, agencies, or facilities outside of the Amarillo Hospital District require pre-approval of the Review Organization and/or NWTHS Administration. Payment for such services **will not be paid unless a written referral is initiated prior to the date of service.**

List of Covered Dental Services Provided at Amarillo College West Campus 6222 W. 9th, Jones Hall 1st Floor. Phone: 356-3652. Amarillo College dental hygiene services are available for dental cleanings and hygiene instruction once a year for Members.

Adults 18 and older:

Services offered by the Dental Clinic are **limited to acute care** for adults which may be necessary for the management of pain. **(Wyatt Benefits do not include dentures, partials, crowns, bridges, root canals, or permanent fillings and some services that may not be listed).**

Children under 18:

The Wyatt Health Plan recognizes the need to provide preventative services to the children of Members of the Wyatt Health Plan, (if Medicaid does not cover the service). Cleanings and sealants are \$5.00 each and are provided through Amarillo College.

Medically Indicated Dentistry:

Medically necessary dental services will be provided by the dentist, oral surgeon, or other licensed practitioner of the dental health arts, when determined to be the treatment of choice or to be an essential part of an overall treatment plan for a medical condition. That such condition qualifies as **medically necessary** is determined by a JO Wyatt Medical Director in consultation with the Dental Clinic dentist.

Hospitalization Benefits (NWTHS)

- Semi-private hospital room and board, (private hospital room is a benefit only when under direct order of attending physician or for convenience of the hospital.)
- Use of operating rooms and recovery areas
- Use of delivery rooms
- Use of Intensive and Special Care units
- General nursing care
- Maternity and newborn care
- Laboratory examinations for the diagnosis and treatment of medical conditions
- Diagnostic Imaging services
- Drugs and medicine on NWTHS Formulary list for use in the hospital
- Anesthesia and use of anesthesia equipment
- Oxygen and use of equipment for its administration
- Physical and Occupational Therapy and Rehabilitation Services provided by NWTHS and facilities contracted with the Amarillo Hospital District.
- Plaster casts, dressings and other special treatments
- Dietary services
- Psychiatric services
- Chemical and substance abuse services
- Reconstruction after mastectomy

Outpatient Benefits

- Podiatry services if medically necessary and approved by Medical Director.
- Outpatient health services.
- Services of nurses, physicians, nurse practitioners, surgeons, specialists and allied health professionals contracted with NWTHS.
- Northwest Texas Hospital services required for medical or surgical diagnosis or treatments.
- Use of NWTHS ambulatory surgical facilities and services.
- With the following conditions, pharmaceutical services for medically necessary drugs on the Wyatt Clinic Formulary List.
- Prescriptions for controlled substances or narcotics.
 - Drugs not on formulary require Pharmacy Director Approval/Designee.
 - The prescription may be limited to a 30, 60 or 90-day supply, depending on medication.
- Non-prescription drugs and medicines may be provided as an alternative to prescription drugs for the treatment of medical conditions.
- Blood transfusions, including the cost of blood and blood products.
- Radium, X-rays and nuclear medicine services.
- Physical Therapy which is not maintenance regimen, for maximum number of 20 visits per calendar year.
- Dietary counseling.
- Treatment of medical conditions of the eye.
- Surgical dressings, splints, casts and other consumable items.
- Voluntary sterilization as outlined in the Medicaid guidelines: Persons under 21 years of age, mentally incompetent or institutionalized are excluded and will not be considered for a tubal ligation or a vasectomy without a court order or permission of the legal guardian.
- Rental of contracted durable medical equipment, as authorized by the Medical Director or Referral Specialist upon orders by the primary care physician.

- Purchase of medical equipment requires Medical Director or Referral Specialist approval.
- Non-contract items require Medical Director or Referral Specialist approval.
- Emergency medical services only when the sudden onset of a medical condition is of such severity that the absence of immediate medical attention could result in placing the Member's health in serious jeopardy, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.
- Prostheses and appliances may be provided, if recommended by the Primary Care Physician and he or she feels it is necessary to prevent serious complications of a medical condition. Approval of the Medical Director is required. Wyatt criteria for Prosthetic, Orthotic, and Brace policy must be met.
- Dialysis
- Therapeutic radiology and /or chemotherapy for proven malignancy, if standard of care.
- Pain Clinic services, if approved by the Medical Director on recommendation of the attending physician.
- Removal of benign skin lesions, if approved by the Medical Director and if considered to have potential for malignancy.
- Treatment for the basic conditions of alcoholism or drug addiction.

Services NOT COVERED by the Wyatt Health Plan

- **Primary Examinations to establish the presence and Characteristics of Disability (Such as Social Security Disability).**
- Second Opinions, unless at the request of the review Organization or the attending physician (Medical Director Approval required).
- Dentures, partials, root canals, permanent fillings, crowns or bridges.
- Non-emergency services in facilities other than those designated by the Wyatt Health Plan.
- Services and supplies not necessary for diagnosis and/or treatment.
- Custodial Care.
- Chronic Mental Illness (maintenance).
- Mental Retardation (primary medical care accepted).
- Home Physician services.
- Treatments covered by Worker's Compensation, Medicaid, Medicare, VA, or other benefit plans or resources.
- Private inpatient hospital rooms unless medically necessary or for the convenience of the hospital.
- LDRP Obstetrical Services, unless at the convenience of the hospital.
- Non-emergent transportation ambulance.
- Physical therapy beyond acute care or acute rehabilitation or exceeding 20 visits per calendar year.
- Recreational Therapy.
- Services of private duty or special duty nurses.
- Hypnosis, biofeedback or other such special treatments not specially listed as a covered benefit.
- Home Health Services.
- Cosmetic surgery, unless it is required for emergent repair of an accidental injury or required for restoration of the function of a malformed body part.

- Bariatric Surgeries.
- Abortions, except when the mother's life would be endangered by carrying the infant to term.
- Fertility studies and treatment.
- Impotence studies and treatment.
- Vasectomy reversal and tubal reversal.
- Sex change operations.
- Circumcision, unless medically indicated.
- Organ transplants, anti-rejection medications or subsequent care and testing.
- Stem Cell Transplants.
- Ineffective treatments determined by Review Organization or a contracted Wyatt.

Wyatt Health Plan Locations

Northwest Texas Hospital

1501 S. Coulter
Amarillo, Texas 79106
(806) 354-1000 Main number
(806) 354-1701 Scheduling

Financial Needs Assessment Center (FNAC)

824 Martin Road
Amarillo, Texas 79106
(806) 468-4660
(Please leave a message if no answer)

Women's and Children's Clinic's

814 Martin Road	1800 SE 34 th Ste. 1900
Amarillo, Texas 79107	Amarillo, Texas 79118
(806) 468-4390	(806) 468-4673

Dental Clinic

6222 W. 9th, Jones Hall-First Floor
Amarillo, Texas 79106
(806) 356-3652

JO Wyatt Community Health Center

1411 Amarillo Blvd. East Amarillo, Texas 79107

Main Number (806) 351-7201

Pharmacy (806) 351-7240

X-ray and Supply (806) 351-7280

Medical Records (806) 351-7300

Patient Liaison (806) 351-7203

Social Worker (806) 351-7317

Dr. Pickens Team (806) 351-7361

Dr. Carrizo's Team (806) 351-7214

Dr. Novak's Team (806) 351-7429

Dr. Martindale's Team (806)351-7228

Dr. Hudson's Team (806) 351-7230

Specialty Team (806) 351-7230

Referral Specialist (806) 351-7301 or (806) 351-7351

Reimbursement (806) 351-7254

Dr. Michael Ryan (806) 352-5426

Amarillo Public Health Department

1000 Martin Road

(806) 378-6300

Disenrollment- Process

Reasons for Disenrollment from the Wyatt Health Plan are not limited to but can occur for the reasons listed below:

- Habitual no-shows for appointments.
- Not meeting eligibility criteria through FNAC.
- Failure to renew eligibility through FNAC.
- Non-compliance of treatment plan.
- Inappropriate use of prescriptions.
- Abusive or inappropriate behavior, including physical or verbal.
- Fraud of any kind.
- Any illegal activity on JO Wyatt or NWTHS property.
- Patient is using more than one Primary Care Physician.
- Patient is utilizing the Emergency Department at NWTHS rather than the Wyatt Clinic for routine medical care.
- **Any patient can be disenrolled/terminated immediately if the offense is deemed a serious violation by Administration or the Medical Director.**

Acknowledgement of Receipt of
Wyatt Health Plan Benefits Booklet

This is to certify that I have received a copy of the Wyatt Health Plan Benefits Booklet which outlines my privileges and obligations as a member of the Wyatt Health Plan.

I will familiarize myself with the information contained in this booklet. I further agree to accept the guidelines and provisions as outlined in this benefits booklet.

Date: _____

Members Name: _____

Member Signature: _____

Medical Record Number: _____

Witness: _____