

# Health

## Advantage Manual

### Health Advantage Providers

- Wishard Health Services
- Citizens Health Center
- Gennesaret Free Clinics
- Healthnet
- Raphael Health Center
- Shalom Clinic
- St. Francis Neighborhood Clinic
- St. Vincent Primary Care Center

## History of Health Advantage

The **Health and Hospital Corporation of Marion County** (HHC) has the responsibility to ensure all indigent residents of Marion County receive health care. In 1997, the Health and Hospital Administration realized that some residents of Marion County were receiving care, but frequently received only emergency treatment. That system neither promoted preventive health care, nor encouraged an ongoing relationship with a primary doctor. In response to that realization, HHC created Health Advantage as a means for managing patient care. In 2001, HHC began the process of expanding patient access to primary care providers (PCPs). Along with expanded access to PCPs came the new umbrella name, Health Advantage (“Advantage”).

Advantage became one of the first managed care programs in the nation open to persons who do not qualify for Medicaid but whose income falls at or below 200 percent of the federal poverty guidelines. Advantage is a health cost assistance program, not an insurance plan. The goal of Advantage is to reduce or discount health costs that are not covered or paid in full by payor sources.

Advantage charity care focuses on primary and preventive health care. Greater access to primary care allows better coordination of health care services for low income patients by encouraging them to develop a relationship with a Primary Care Provider. Patients identify a primary care site and are assigned a PCP upon qualification for Advantage. PCPs manage a patient’s primary care, whereas inpatient and specialty healthcare services are provided through Wishard Health Services. For more information about the Health Advantage Program, please contact:

Susan Jo Thomas,  
Director  
of Health Advantage  
Health & Hospital Corporation  
Parker Building  
3838 North Rural Street  
Indianapolis, IN 46205

Phone: 221-3163  
Fax: 221-3169

## Eligibility

### A. Application Process for Health Advantage

1. An electronic application, Indeapp, is available at each Advantage Enrollment Site. The list of necessary verifying documents is case specific, and the verification requirements are generated by Indeapp. At the end of each interview, Indeapp provides the interviewer with the necessary documents to successfully enroll in Advantage. All records associated with eligibility are converted to a retrievable medium and are kept indefinitely.
2. Preventive care is a primary goal of the Advantage program. Screening for health coverage programs and enrollment in Advantage should take place before an illness or accident occurs. While pre-screening and enrollment are goals, most people seek coverage only after receiving health care services. Advantage membership is not meant to apply retroactively.<sup>1</sup> Applicants have ten (10) business days to return verification documents from the date of interview or discharge from treatment. Documents can be returned to any Indeapp enrollment site. When all documents are received, the application can be submitted to the Advantage Review Team. As a courtesy, the person submitting the application should notify the person who completed the initial interview.
3. Advantage is not an insurance product and should be the last resort for reduced-cost care. All applicants for Advantage must be screened for eligibility in all available programs. Applicants must comply with the program requirements of any program for which he or she may be eligible through the Indeapp application process. Advantage can be awarded during the 'pending' process of application for other programs. Written notice will be provided and Advantage will be discontinued if a patient voluntarily cancels or withdraws from other coverage that is made available to them through the Indeapp application process. Notification and written confirmation of non-compliance should be sent to the HHC Advantage Director for action.
4. Advantage can be used to supplement programs that have limited coverage or benefits. For example, Emergency Medicaid may cover labor and delivery costs, but not prenatal care; Advantage may provide cost assistance for prenatal care that Medicaid does not cover. The Advantage program will reduce enrollees' costs for services that are not covered or paid in full by other benefits. Advantage cost assistance will not be applied until all payor sources are exhausted.

### B. Eligibility Standards

There are three tests that must be satisfied when eligibility for Advantage is determined: residency, identification and income. All application materials are considered confidential and should not be shared outside the clinical setting.

#### 1. Marion County Residency

Verification of Residency - Advantage is limited to Marion County residents. Residency begins when one "acquires" an address. Even if an applicant reports he or she "intends" to reside in Marion County, Advantage can be awarded only when an address is

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<sup>1</sup> If special circumstances dictate, a member of management may request retroactive coverage by Advantage. Such situations are rare and will be handled on a case-by-case basis by the HHC Advantage Director.

“acquired.” Time spent outside of Marion County is not considered a change of residence, unless the member changes his or her permanent address.

Marion County addresses are verified by actual location on the map and not through the United States Postal Service. Proof of residency can include a lease agreement, a mortgage statement, a rent receipt with address, a letter from a Marion County homeless shelter, a utility bill with applicant’s name and address, a copy of delivered mail (other than advertisements), vehicle registration documents or a voter registration card. Mail originating from an Advantage provider cannot be used as proof of residence. A signed statement from a person providing room and/or board in Marion County will not suffice as proof of residency. A Driver’s License, State ID Card or a blank personal check is not sufficient proof of residency in Marion County.

Post Office Box - It is not uncommon for patients to request that business mail such as an award letter, membership cards, bills, etc. be mailed to a Post Office box. However, with the application there must be proof of the actual Marion County address. Homeless persons can use a Post Office box, but must still provide a letter from a shelter proving they stay primarily in Marion County.

## **2. Identification**

Personal Identification - While completing an Advantage application, the patient should be asked for picture identification. Most hospital and clinic registration processes request such ID, and this documentation is useful with spelling patients’ names and discerning one patient from another when patients have similar names. An active, government-issued, picture ID is preferred, but not required. A driver’s license and work or school ID with the applicant’s name and picture are acceptable forms of picture identification.

Citizenship - Advantage does not require proof of US citizenship or a Social Security Number.

## **3. Income Verification**

Cash Payments from earnings or financial support from family members, organizations or other individuals is considered income. Verification of the support must be documented in writing and dated and signed by the giving party; a phone number should also be included for verification, if necessary.

Earnings from Employment are counted as income. Check stubs showing gross pay are sufficient verification of earnings. For the most accurate estimation of earnings, three consecutive months of check stubs should be collected. Consider the following formula when determining income:

- Average the gross weekly earnings then multiply by the number of weeks in a year (52) to arrive at annual salary.
- Annual income can also be calculated using the Year-to-Date (YTD) gross earnings. In order to have an accurate estimation, the most recent check stub should be used. It is crucial to verify the date employment began and the actual number of weeks worked. The calculation should be as follows: YTD earnings divided by weeks worked equals average weekly income. Average weekly income multiplied by weeks in a year (52) equals estimated annual income.

Part-time Employment is verified in the same way full-time employment is documented. Applicants' should be questioned about more than one source of income. Day workers and those working for temporary services must prove income with check stubs or a statement from employer. Statements from the employer should be on company letter head and should be signed and dated by a ranking officer of the company. Part-time employees should obtain a wage inquiry from iNET/Work One as proof of only one source of income.

Self-employment income can be verified by quarterly/yearly income tax records, company income/expenses information or ledger books. Self-employed persons must provide an iNET/Work One wage inquiry to show there are no other sources of income.

Student Grants and Loans are counted similar to self-employment. Proof of the total amount of loan or grant must be supplied. The costs of tuition, books, and school related items can be deducted and are not included in calculating the yearly income. (Housing and food allowance are not counted as relating to education for purposes of deducting from yearly income amounts.)

Unemployment Compensation is income and must be counted as such. If an applicant has UCB pay stub, it can be assumed that each installment will be the same amount. On the face of the stub there is a column with the actual total amount of compensation awarded. Each consecutive stub should show the total, less that week's increment. Any document from iNET should have an iNET stamp for authenticity or the iNET logo from the on-line payment system.

Child Support Payments received are included as income. Verification of support paid through the courts can be obtained at the County Clerk's Office. If necessary; receipts may be used as proof of payment. If the applicant reports no child support is received, it is not necessary to verify the absence of payments. However, if an interviewer learns that child support may be obtained, but the applicant says it is not, the interviewer may verify that no child support is being received. That information may be obtained at the County Clerk's Office. The interviewer should make notes as to the reason for an additional request.

One copy of a Child Support check is sufficient proof if it includes the increment of payments. Payments may be received weekly, biweekly, or monthly. When calculating the income, it is presumed that payments are received as ordered by the court. If the payments are not regularly received, the applicant should provide proof of variation. A divorce decree that includes an order is not sufficient proof of receipt or payment of child support.

Child Support Payments made are deducted from gross income in an effort to encourage patients to be in compliance with Child Support orders. Verification of support paid through the courts can be obtained at the County Clerk's Office. If necessary; receipts may be used as proof of payment and may be obtained at the County Clerk's Office.

One copy of a Child Support check is sufficient proof if proof includes the increment of payments. Payments may be made weekly, biweekly, or monthly. When calculating the income, it is presumed that payments are made as ordered by the court. If the payments

are not regularly made, the applicant should provide proof of variation. A divorce decree that includes an order is not sufficient proof of payment of child support.

Social Security payments are income. Beneficiaries may pay a monthly premium which is deducted from their Social Security checks to obtain Medicare Part B, Part C or Part D coverage. In an effort to encourage patients to continue to carry Part B,C,D coverage, Advantage reviewers use net income rather than gross income in the calculation.

In-Kind support should be verified. If someone other than the applicant pays the applicant's bills, then written explanation is necessary. The statement must include the name and signature of person supplying support, along with a phone number at which he or she can be reached. The income and resources of the person supplying support are not requested or collected; however, proof of his/her Marion County residence may be requested. The amount paid is not considered income, but is necessary to understand the financial arrangements of the applicant. If someone other than the applicant refuses to provide verification, the application should be sent to the HHC Advantage Director for review.

Interest on Bank Accounts is counted as income. The total sum in the bank account is not added into the annual income. Monthly interest earned is considered income and should be verified. Three months of checking account statements and/or one quarterly savings account statement should be used as verification. If the account value is over \$20,000, the application should be sent to the Director of Health Advantage for review.

Interest on Money Market Funds, Certificates of Deposit is counted as income. Statements are necessary to prove the amount of interest earned on money deposited therein. If the account has over \$20,000, the application should be sent to the Director of Health Advantage for review.

Non-Working Family Members should present proof that they are not working with a wage inquiry from iNET/Work One. If an applicant is on medical leave documentation from employer indicating when leave started, along with any salary or benefits paid during the period, should be requested and will be counted as income.

Pensions are often received in addition to Social Security retirement payments. All income must be included and verified. If the annual award letter is not available, the applicant can use the most recent bank statement reflecting the amount of the pension and Social Security payment. If there is over \$20,000 in the savings or checking account, the application should be sent to the Director of Health Advantage for review.

Persons without a Valid Social Security Number must verify earnings and support just as citizens. If an adult applicant is not working, he or she must obtain a statement of support from the person who is paying room and board on the applicant's behalf. The statement can be in any language, but must include the name, signature and contact information of the person providing the support.

### C. Additional Guidance

Application for Advantage: It is expected that the Indeapp interview will be completed in its entirety by a trained staff member. Preliminary eligibility for several programs can be determined upon completion of the application process.

Dependents: To include a dependent in the household, applicants must prove the dependent is living in the home or receiving all support from the household. Items of proof include: Social Security Card, Birth Certificate, Tax Records, or court papers. The ward of a guardian may count as a dependant. Payees cannot count the recipient as a dependent unless the payee is also the parent/guardian to the recipient.

Family defined: Household composition does not necessarily indicate familial relationships. In the Advantage program, only legal relationships are counted. Social arrangements including long-term common law marriage, significant others, boyfriend/girlfriend, etc. should be counted as two separate households. Binding legal agreements may offer guidance on what constitutes a family for purposes of this application. If a couple has a legal relationship, they are considered family. A guardianship and ward relationship may also constitute a familial relationship. Payee status does not count as a familial relationship unless another applicable familial relationship exists. Adult siblings who live together are considered separate households.

All members of the household should be included on the application regardless if he/she is requesting assistance or has a Wishard Medical Record number. Be sure to include the person's race, marital status and mother's first name so a medical record number can be secured.

Payable Programs: Application for Advantage and any payor program available should be completed at the same time. Advantage will be awarded to eligible applicants while they await the State's response to their application for other payor programs. Patients must comply with the requirements of any payor program for which they qualify during the Indeapp application process. If the patient voluntarily withdraws or causes the application to be denied due to his or her failure to cooperate, Advantage will be terminated upon notification date.

Outpatient and Inpatient Coverage: Advantage coverage in inpatient and outpatient venues should be as uniform and consistent as possible. If Advantage is awarded through the outpatient venue and the patient is then admitted to the hospital, the WHS inpatient financial counselor will make cursory assessment for a payable program (e.g., Patient's health is stable until this admission. Then patient shows a worsening or terminal condition that may qualify for Medicaid Disability).

Primary Care Physician (PCP): All Advantage patients choose, or are assigned to, a primary care facility. The patient's PCP at that site provides or coordinates all medical care for the Advantage patient.

Reapplication after denial: A patient can reapply for Advantage ninety (90) days from the last date of denial. If the patient can substantiate a "significant change" (e.g., job loss, divorce), then the HHC Advantage Director may waive the 90 day rule.

Significant Change: A patient is awarded Advantage for one year. If the patient can substantiate a “significant change” in his financial circumstances, the Advantage Plan can be adjusted to reflect the change. Household composition change would also qualify as “significant change.” The change must continue for 90 days before the Advantage award will be affected.

Veterans: Generally, Veterans are not eligible for Advantage, but they may be eligible for charity care assistance on services not available at the VA. If the veteran has never been in the VA system, temporary approval for Advantage may be necessary while awaiting transfer. It is also appropriate to use the Advantage screening process to assist with services not provided by VA (e.g., eye and dental services).

## **Health Advantage Income Guidelines**

See Attachment A

**D. Fast Track to Advantage Eligibility**

Applicants who are recipients of the following benefits or services may go through an expedited Advantage application process. Applicants in these areas need only supply one verified piece of documentation related to the service or benefit they are receiving.

- Food Stamp Recipients: Recipients need only present a copy of their current SNAP (formerly Food Stamp) award letter delivered to a Marion County address (either the Food Stamp verification provided by the State Caseworker, or the award letter). A copy of the EBT card is not sufficient proof of current Food Stamp recipient status.
- Supplemental Security Income Recipients: Recipients need only present a copy of their current Supplemental Security Income (SSI) award letter delivered to a Marion County address.
- Trustee Assistance Recipients: Recipients need only present a copy of their current Poor Relief letter delivered to a Marion County address.
- Homeless Shelter Residents: Residents need only present a letter from a Marion County shelter, dated within the last 30 days, attesting to the applicant’s status as homeless to enroll in Advantage.

## **E. Advantage Eligibility verification**

Advantage disposition letters: Applicants for Advantage receive written notification of the action taken on their application. All notification letters are printed on Health and Hospital Corporation stationery and are signed by an Advantage Reviewer. Award letters include the patient's level of assistance with the listed patient responsibility amounts. The award letter includes a 'wallet size' chart with the patient's name, the Wishard Medical Record Number and the assigned Primary Care Site with phone number. Letters notifying the applicant of denial have the specific reason for denial printed on the face of the correspondence. Requests for duplicate notification letters should be directed to the Advantage Reviewer phone line at 221-3168.

Advantage eligibility verification: Wishard maintains a secured website available to all providers to verify past or present Advantage eligibility. The website can be accessed at <https://advantageeligibility.wishard.edu>.

## **F. Primary Care Provider Changes**

### **Primary Care Site Change Requests:**

- Advantage Members and Advantage Provider Sites may call 221-3168 or complete the Primary Care Provider Change Request Form and mail or fax the completed form to

Susan Jo Thomas,  
Director of Health Advantage  
Health & Hospital Corporation  
Parker Building  
3838 North Rural Street  
Indianapolis, IN 46205

Phone: 221-3163

Fax: 221-3169



*Please fax completed form to the attention of Susan Jo Thomas, Fax# 221-3169*

## Participating Providers

Advantage is a health cost assistance program. Advantage participants may receive services from Advantage providers at minimal, out-of-pocket cost. When an applicant qualifies for Advantage, the applicant will be matched with a Primary Care Site. Advantage PCPs may make referrals for emergency services, specialty care, and diagnostic or laboratory testing that will be offset by Advantage cost assistance. However, if Advantage participants seek services outside of the list of available Advantage providers, they may be responsible for incurred healthcare costs.

### A. Referrals for Emergency and Inpatient Evaluations

A PCP may refer his/her Advantage patient to the Emergency Department (ED) for evaluation and possible Inpatient Care. The PCP can expect ongoing communication with the Staff Physician to whom the PCP transferred the patient's care. The goal is to provide a seamless continuum of health care services to the Advantage patient. At least two phone calls are required to assure a smooth referral process.

1. Referral for Inpatient care will begin in the ED with the Physician Coordinator. The PCP should contact the Physician Coordinator and communicate the reason for transfer to the ED. **Physician Coordinator Phone Number: 630-8647**
2. A staff member from the Primary Care office should call the ED, Charge Nurse. The nurse most familiar with the patient will give a report, convey approximate arrival time, and provide any other relevant information to the ED Charge Nurse. **ED Charge Nurse Phone Number: 630-6622**
3. If at all possible, the Primary Care staff should provide the patient with copies of relevant medical records to be transported with the patient to the ED. If this is not possible, the Primary Care staff member should send, by facsimile, the relevant medical records. **ED Fax Phone Number: 630-6406**
4. In the ED, Nursing Staff will assess a patient's immediate needs and triage the patient to the appropriate area. The ED staff will also verify demographic and insurance information in the registration system.
5. Upon completion of the evaluation, the Physician Coordinator or Attending Staff Physician will contact the PCP and report findings and recommendations. Discharge Planning Staff will send the Discharge Summary to the Primary Care site. If the Staff Physician writes a prescription or orders additional tests, these services can be provided by Wishard Health Services. Care that is routinely provided by the Primary Care site will continue to be the responsibility of the Primary Care site.

## **B. Referrals for Specialty Care**

A successful referral will result in ongoing communication between the Specialist and the patient's PCP. The goal is to provide a seamless continuum of services to the Advantage patient.

1. Referrals to Specialty Care Physicians will begin at the Primary Care site. Staff from the Primary Care office should call the specific clinic to which they are making the referral. **(See below Specialty Referral Information, listing clinic names, locations, and phone and fax numbers.)** If possible, this will occur while the patient is present to confirm the appointment time. If not possible, the Primary Care or Specialty Clinic staff should make the appointment. Patients should not make their own appointment.
2. After the appointment is set, the Primary Care staff member will send, by facsimile, the "Consultation Request & Report Form." The PCP will identify the patient, the diagnosis, and the reason for consultation by completing the top half of the consultation form. **(See Consultation Request & Report.)**
3. The Specialty Care staff will verify demographic and insurance information in the registration system when the patient arrives. Upon completion of the visit, the Specialty Care Physician will report findings and recommendations by completing the bottom half of the consultation form. Specialty Care staff will send, by facsimile, the completed consultation form to the Primary Care site.
4. If the Specialist writes a prescription or orders additional tests, these services can be provided by Wishard Health Services. Care that is routinely provided by the Primary Care site will continue to be the responsibility of the Primary Care site.
5. A Specialty Care Physician must follow the same Medical Management guidelines and policies as the PCP. On occasion, Advantage patients may need tests, procedures, or surgeries that are not available through the Advantage program. Services not available through a Wishard provider may be eligible for cost assistance. Request for assistance for these services should be made by the Specialty Care physician and submitted to Wishard Medical Management. Wishard Medical Management will determine if the services are eligible for cost assistance. The patient may be responsible for charges incurred if the services are not eligible for cost assistance.

**C. Specialty Referral Information**

**[RHC is the Regenstrief Health Center]**

**[PCC is the Primary Care Center]**

Specialty Clinic	Location	Phone	Fax #
Allergy	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Ambulance	Wishard	327-6600	
Ambulatory Surgery	Wishard, West Bldg	630-8282	630-2686
Anesthesiology	Wishard	630-7525	630-6106
Audiology	RHC 3 <sup>rd</sup> Floor	630-7418	287-3166
Bell Flower	Bell Flower	221-8310	221-8330
Cardiology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Center of Hope	Wishard ER	630-7644 day 630-6622 evening	630-6406
Dermatology	RHC 3 <sup>rd</sup> Floor	630-7064	630-6371
Diabetes	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Diabetes Education			
DME – Wishard Medical Supply Store	RHC 1 <sup>st</sup> Floor	630-8393	690-7947
Ears, Nose and Throat (ENT)	RHC 3 <sup>rd</sup> Floor	630-7418	630-8958
Emergency Room	Wishard ER	630-6243	630-7622
Endocrinology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Gastroenterology (GI)	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Gynecology (GYN)	PCC, 3 <sup>rd</sup> Floor	692-2333	692-2352
Heart – Cardiology	Krannert Institute	630-8064	656-7160
Infectious Diseases	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Nephrology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Neurology	RHC 6 <sup>th</sup> Floor	630-7004	630-7906
Obstetrics (OB)	PCC 3 <sup>rd</sup> Floor	692-2333	692-2353
OB High Risk (II Care)	PCC 3 <sup>rd</sup> Floor	692-2365	692-2353
Occupational Therapy	OPE 4 <sup>th</sup> Floor	630-7211	630-7647
Oncology	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Orthopedics	RHC Main Floor	630-7318	630-7288
Physical Therapy	OPE 4 <sup>th</sup> Floor	630-7211	630-7647
Plastic Surgery	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Podiatry	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Special Medicine	RHC 2 <sup>nd</sup> Floor	630-7175	630-6310
Stop Smoking Program	Wishard	630-7410	630-8670
Speech Pathology	OPE 4 <sup>th</sup> Floor	630-7418	630-8958
Surgery	RHC 3 <sup>rd</sup> Floor	630-7266	630-7885
Urology	Myers Main Floor	630-7569	630-7896
Well Women’s Clinic	Wishard F4	630-6021	630-6524
Women’s Immediate	Wishard, Myers 3 <sup>rd</sup>	630-7398	

Care Center	Floor		
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**D. Advantage Referrals for Diagnostic Studies and Laboratory Tests<sup>2</sup>**

A successful referral will result in ongoing communication between the diagnostic facility and the patient’s PCP. Tests that are routinely provided by the Primary Care site will continue to be the responsibility of the Primary Care site. For services not currently offered at the Primary Care site, the Advantage patient can be referred to Wishard Health Services using the following guidelines.

1. Referral to the diagnostic facility will begin at the Primary Care site. Staff from the Primary Care office should call the specific area to which they are requesting a service. **(See below the Diagnostic Testing Information, listing testing site, location, and phone and fax numbers.)** If possible, this will occur while the patient is present to confirm the appointment time. For certain referral services, Primary Care staff must make the appointment on behalf of a patient; however, some laboratory work may not require the appointment to be made by the Primary Care staff. Patients should consult their Primary Care site with questions.
2. If the Specialist writes a prescription or orders additional tests, these services can be provided by Wishard Health Services. Results from any tests performed at the Specialty Clinic will be available to the Primary Care staff.

**Diagnostic Testing Services**

Site	Location	Hours of Operation	Phone Number	Fax Number
GI and GU Studies	Lower Level Dunlop Bldg	7 AM – 4 PM	630-7382	656-4123
Ultrasounds	Lower Level Dunlop Bldg	8 AM – 5 PM	630-6555	656-4123
X-Rays	First Floor Regenstrief	8 AM – 4:30 PM	630-6401	656-4213
CT Scans	Radiology		630-6997	630-7053
MRIs	Radiology		630-6997	630-7053
Laboratory	First Floor Primary Care Center	8 AM – 4 PM	692-2309	
Laboratory	Main Lab Wishard		630-7442	
Mammography – St Margaret’s Breast Center	First Floor Primary Care Center	8 AM – 4 PM	656-3900	656-3982

<sup>2</sup> This section applies to Advantage providers other than Wishard Health Services. This includes: Citizens Health Center, Gennesaret Free Clinics, Healthnet, Raphael Health Center, Shalom Clinic, St. Francis Neighborhood Clinic, and St. Vincent Primary Care Center. Services at Advantage locations may vary. Services (e.g. diagnostic studies and laboratory tests) not typically provided by Advantage primary care providers should be referred to Wishard Health Services.

## Health Advantage Patient Responsibility Matrix

See Attachment B

### Best Practices

#### **Patient Rights:**

Patients can play an active role in their health care, and it is important that patients communicate with their health care providers. This will help Advantage providers give patients the best possible medical care. Patients have the right to:

- Have privacy, dignity, and spiritual and cultural identity respected.
- Have access to care without regard to age, sex, religion, race origin, disability, or sexual orientation.
- File a grievance or appeal about the program or medical care.
- Have an explanation for any papers they are asked to sign.
- Bring someone to be with them (i.e., friend, clergy, family), especially if they do not understand a treatment or procedure, or cannot explain their medical care wishes.
- Be informed that they may create and sign Advance Directives, and that they may change or revoke them at any time.
- Know the physician directing their care and be given the names, positions, and functions of all other staff involved.
- Help make decisions about their care and take part in that care as is medically advisable.
- Ask for and receive information about their diagnosis, treatment, choices, risks, and discharge instructions in ways that are easily understood.
- Accept or refuse treatment, and understand the possible results of that treatment.
- Change their mind about a procedure they have agreed to any time before it takes place.
- Understand and use these rights.

#### **Suggested Patient Responsibilities:**

Patients should:

- Tell Health Advantage staff of special needs they have.
- Give accurate answers and complete medical history information.
- Call their PCP before any non-emergency care.
- Follow referral and authorization procedures.
- Ask for an explanation of papers they are asked to sign if they do not understand them.
- Tell their provider if they do not understand their plan of care.
- Follow their health care provider's instructions for treatment to which they have agreed.
- Be aware of and accept the risks of refusing treatment or refusing to follow a medical provider's instructions.
- Be considerate by limiting noise and the number of visitors, and by observing the "No Tobacco" policy.
- Be responsible for items brought into the office.
- Respect their PCP office, Wishard Health Services property and the property of others.
- Pay for your office visit and/or emergency room copayments at time of service.

**Wishard Health Services Fee Schedule  
Effective 01-01-08**

<b>Wishard Advantage Members</b>										
	Primary Care Visit (\$0 for nurse visit)	Specialty Care Visit	Prenatal Visit (per visit)	Prescriptions (maximum \$30 per visit)	Outpatient Surgery / In Pt Admission (pymt due 72 hrs prior to surgery)	Mental Health	Interventional Radiology Colonscopy / Endo Bronchoscopy Cardiac Cath	Rehab/PT, OT, Speech Therapy	CT Scans, MRI	Emergency Department Visit
Plan A	\$10	\$20	\$5	\$5	\$100	\$10 - \$50	\$40	\$2	\$40	\$20
Plan B	\$15	\$30	\$5	\$5	\$250	\$20 - \$50	\$45	\$2	\$45	\$30
Plan C	\$25	\$40	\$5	\$5	\$500	\$20 - \$50	\$50	\$2	\$50	\$40

**Patients Not Eligible For Assistance (Self-Pay) will receive bill for full charges, less 40% Self-Pay discount**

	Primary Care Visit (\$0 for nurse visit)	Specialty Care Visit	Prenatal Visit (per visit)	Prescriptions	Outpatient Surgery (pymt due 72 hrs prior to surgery)	Mental Health	Interventional Radiology Colonscopy / Endo Bronchoscopy Cardiac Cath	Rehab/PT, OT, Speech Therapy	CT Scans, MRI	Emergency Department Visit
<i><b>MINIMUM DEPOSIT</b></i>										
Point of Service Payment to be requested at time of service	\$70 (50/50 split with IUMG PC)	\$70	\$5	Lesser of \$50 or full cost	<b>In-county:</b> 25% of est. chrg due 72 hrs prior to surgery <b>Out-of-county:</b> 100% of est. chrg due 72 hrs prior to surgery	\$100	APC Reimbursement Rate	\$40 / visit	<b>CT Scan</b> \$200 <b>MRI</b> \$400	\$200

**Patients with other Health Insurance Coverage (Medicare, Medicaid, Commercial, Champus, etc.)**

**Review card for required payment ; \$0 co-pay for nurse visit only**

## ADVANTAGE INCOME GUIDELINES

EFFECTIVE FEBRUARY 15, 2011

PERCENTAGE OF FEDERAL POVERTY GUIDELINE	PLAN	ONE FAMILY MEMBER	TWO FAMILY MEMBERS	THREE FAMILY MEMBERS	FOUR FAMILY MEMBERS	FIVE FAMILY MEMBERS	SIX FAMILY MEMBERS	SEVEN FAMILY MEMBERS
0 - 150%	PLAN A	\$ 0 - \$ 16,335	\$ 0 - \$ 22,065	\$ 0 - \$ 27,795	\$ 0 - \$ 33,525	\$ 0 - \$ 39,255	\$ 0 - \$ 44,985	\$ 0 - \$ 50,715
151 % - 180%	PLAN B	\$ 16,336 - \$ 19,602	\$ 22,066 - \$ 26,478	\$ 27,796- \$ 33,354	\$ 33,526- \$ 40,230	\$ 39,256- \$ 47,106	\$ 44,986- \$ 53,982	\$ 50,716- \$ 60,858
181 % - 200 %	PLAN C	\$ 19,603- \$ 21,780	\$ 26,479- \$ 29,420	\$ 33,355- \$ 37,060	\$ 40,231- \$ 44,700	\$ 47,107- \$ 52,340	\$ 53,983- \$ 59,980	\$ 60,859- \$ 67,620
OVER 200 %	PLAN D	\$ 21,781 OR MORE	\$ 29,421 OR MORE	\$ 37,061 OR MORE	\$ 44,701 OR MORE	\$ 52,341 OR MORE	\$ 59,981 OR MORE	\$ 67,621 OR MORE

FOR FAMILY UNITS WITH MORE THAN 7 MEMBERS, ADD \$ 3,820 FOR EACH ADDITIONAL MEMBER