**WORKLIFE HOSPITAL DIRECT**
**PROGRAM DESCRIPTION**

Med Center Health – WorkLife contracts directly with employers who own a self-insured health plan to offer an additional, Direct-To-Employer, discount on select services within Med Center Health for the employer and their Covered Members who meet program requirements. This Program is offered at no cost to the member. Here you will find program details and enrollment information.

## SECTION A: DEFINITIONS

1. CMS Global Period is defined in the Medicare Claims Processing Manual Chapter 12 Section 40.1 and generally refers to a period of time determined by Centers for Medicare & Medicaid Services (CMS) starting with a surgical procedure and ending some period of time after the procedure. The period may include post-operative services received within the predetermined period of time.
2. Covered Member is an individual who is actively covered under the Employer's Health Benefit Plan.
3. Covered Service means the health services to be provided to Members, as provided in the Health Benefit Plan, which services must be, among other requirements, Medically Necessary as defined in the Health Benefit Plan and which are within the scope of the Participating Provider's professional license and training
4. Direct-to-Employer (DTE) Discount means and additional discount offered to the Employer and Employer's Health Benefit Plan Covered Members that is applied to Eligible Services after the Employer's Health Benefit Plan Administrator reimburses Eligible Hospital Facilities and Providers
5. Eligible Member is a Covered Member who meets the eligibility requirements to participate in the Program
6. Eligible Member Enrollment Form is a document each Eligible Member signs upon enrollment in the Program in acknowledgement that Program guidelines and instructions are understood
7. Eligible Provider means a physician, physician extender (i.e. PA, APRN) who is employed by Med Center Health or a Med Center Health owned Hospital Facility
8. Hospital Facility means a hospital facility where health care services are provided, but does not include a provider office or clinic
9. Health Benefit Plan is a self-insured health plan owned by Employer to provide health benefits to Covered Members
10. Health Plan Administrator refers to a third party administrator (TPA) under contract with Employer to administer the Health Benefit Plan
11. Ineligible Provider is a Provider who is neither employed nor billing as a Med Center Health provider, therefore their services are not eligible for the DTE Discount
12. Medically Necessary means a Covered Service or treatment the Health Plan Administrator has determined to be appropriate and necessary
13. Non-Covered Services means health services the Health Plan Administrator determines are not covered by the Health Benefit Plan
14. Scheduled Services means hospital services that are planned and scheduled in advance of the date of service. This does not include emergent or urgent hospital services that are not previously scheduled.

**SECTION B: ELIGIBLE HOSPITAL FACILITIES AND PROVIDERS**

1. Med Center Health Hospital Facilities:
    i. The Medical Center at Bowling Green
    ii. The Medical Center at Franklin
    iii. The Medical Center at Scottsville
    iv. The Medical Center at Caverna
    v. The Medical Center at Albany
    vi. The Medical Center at Russellville (program integration in process)
2. Med Center Health employed Eligible Providers who render services at one or more Med Center Health Hospital Facilities.

Med Center Health employed provider services not rendered at a Med Center Health Hospital Facility are not included in the Program.

**SECTION C: ELIGIBLE SERVICES**

Eligible Services are Covered Services which are also Scheduled Services, and are provided by Eligible Hospital Facilities and Eligible Providers that include the following:

1. Inpatient surgeries, procedures, or medical admissions beginning at the time of admission;
2. Outpatient surgeries or procedures including post-surgery or post-procedure hospital charges such as observation or admissions;
3. Charges billed in accordance with an applicable CMS Global Period;
4. Professional Services billed as part of an Eligible Hospital Facility admission or procedure by an Eligible Provider.

Eligible Services are at determined at the sole discretion of Med Center Health.

**SECTION D: INELIGIBLE SERVICES**

Ineligible Services excluded from this Agreement include, but is not limited to, the following:

1. Non-scheduled surgeries and procedures;
2. Outpatient laboratory services that are not part of an applicable CMS Global Period;
3. Outpatient diagnostic/radiology services that are not part of an applicable CMS Global Period:
4. Services that are not covered by the Employer's Health Benefit Plan;
5. Services that are not Medically Necessary;
6. Services that are provided by Ineligible Providers;
7. Services provided by an Eligible Provider outside of a Med Center Health hospital facility (e.g. office visits);
8. Professional Services billed as part of an Eligible Hospital Facility admission or procedure by an Ineligible Provider

Ineligible Services are determined at the sole discretion of Med Center Health.

## SECTION E: ELIGIBLE MEMBER GUIDELINES

1. Eligible Member must actively be a Covered Member by Employer's Health Benefit Plan on the date(s) of service of Eligible Services.
2. Eligible Member must not have coverage through any federal health benefit plan or other secondary health benefit plan.
3. Eligible Member must enroll in Program prior to each separate Eligible Service occurrence.
4. DTE Discount will be applied to the Health Benefit Plan's negotiated reimbursement to Eligible Provider.
5. DTE Discount is not transferable to another covered member, nor may be applied to previous accounts for services unrelated to the DTE Service identified in the enrollment form.
6. DTE Discount is applicable only to Eligible Services provided at/by Eligible Providers.
7. DTE Discount does not apply to any non-medical services or services provided by Ineligible Providers.
8. DTE Discount does not apply to Non-Covered Services of the Employer's Health Benefit Plan.
9. DTE Discount does not apply to services covered by another source of insurance or third party liability involvement.
10. Eligible Member discount is applied after each Eligible Service is rendered, in accordance with the Eligible Member Enrollment Form. If Eligible Member's patient responsibility after Health Benefit Plan processing is less than the DTE Discount, the Eligible Member's patient responsibility will be no less than $0.
11. Eligible Member is responsible for paying any remaining patient responsibility or entering into a Med Center Health payment plan within 30 days of the initial patient statement date.

## SECTION F: PROGRAM ENROLLMENT AND INSTRUCTIONS

Once Eligible Services are Scheduled:

1. Eligible Member must incur office visit with Eligible Provider who determines Eligible Service(s) are needed.
2. Eligible Provider will schedule Eligible Service;
3. Prior to Eligible Services being rendered, Eligible Member must call Program Patient Navigator at 270-796-3525 to enroll in DTE Discount Program.
4. Patient Navigator will review Program eligibility requirements and guidelines with Member and provide via email the Eligible Member Enrollment Form for completion and signature.
5. Patient Navigator will call Eligible Member to confirm once registration is complete.

After Eligible Services Occur:

1. Once the Eligible Member receives the Explanation of Benefits (EOB) from the Health Benefit Plan Administrator, Eligible Member must call Program Patient Navigator at 270-796-3525 to initiate DTE Discount to be applied to patient account balance.
2. Member must call within 90 days after date of services to maintain program enrollment, unless WorkLife agrees to extend the enrollment.
3. Patient Navigator will call Eligible Member to confirm DTE Discount amount.
4. Med Center Health billing department (Commonwealth Financial Resources) will release a new billing statement with adjusted patient responsibility balance reflecting DTE Discount.

## SECTION G: OTHER PROGRAM RULES

1. Services provided prior to enrollment are ineligible.
2. Eligible Member must sign the Program Enrollment Form to be enrolled.
3. Enrollment status expires 90 days after date of Eligible Services, unless WorkLife agrees to extend the enrollment.
4. Eligible Member DTE Discount will not be more than Eligible Member's patient responsibility.