

# Medical Insurance Guidelines

We will accept Medicare assigned payment as “payment in full” for the services we provide as long as you meet the qualifying requirements and the services are covered by Medicare.

Medicare will act as third-party payor for most, but not all, services of McLeod Health, for qualified patients. Medicare or another third party would not pay home health aide, homemaker, or personal companion costs.

The following items are required for Medicare to pay for your home health care services:

- You are homebound. This means that due to your illness or injury, you are unable to leave your home without a considerable taxing effort and absences are short and infrequent. Trips are usually for medical reasons.
- You have had a recent illness or injury (or worsening of a condition) that requires the care of a Registered Nurse, Physical Therapist, or Speech Therapist.
- You are under the care of a doctor who has ordered the treatment or services we are providing. If the services are not medically necessary and specifically ordered by your doctor, Medicare will not pay for those services.
- Care is provided on an intermittent basis. This means Medicare will not pay for our health care staff to stay with you for an extended period of time. We will only visit you for the length of time it takes to provide the specific treatment ordered by your doctor for a specific episode of illness.

If all of these requirements are met, Medicare will also pay for medically necessary Occupational Therapists, Medical Social Services, Home Health Aides, and approved medical supplies through a bundled service and supply benefit. Our agency will bill Medicare for our services on your behalf.

Please notify the agency immediately if you decide to enroll in a Medicare or private HMO (Health Maintenance Organization) or Hospice. Medicare may not pay for the services we are providing if you are enrolled in an HMO or Hospice.

If services are ordered that the Medicare program does not cover, you will be notified by the agency in advance so that you can make other financial arrangements for the necessary care.

Exceptions to these requirements will be made for private insurance and self-pay patients on a case-by-case basis.